

Contact the Centre for Nursing & Midwifery Research:

CYP@Salford.ac.uk

Jill Potter
(Research Administrator)
Tel: +44 (0) 161 295 2751
E-mail: j.potter@salford.ac.uk

www.nursing.salford.ac.uk/research/childrenandyoungpeople

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Evaluation of the Blackpool Family Intervention Projects

FINAL REPORT



**Joan Livesley
Mike Ravey
Tony Long
Debbie Fallon
Michael Murphy**

October 2010



Acknowledgement

The project team wishes to acknowledge the families, practitioners and managers who contributed their experiences and perspectives to make the evaluation possible.

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The Project Team

CYP@Salford.ac.uk

The project was undertaken by a team with wide expertise and experience of both practice and research in health and social care with children, young people and families. All members of the research team had current CRB clearance.

Joan Livesley is published in the field of children in hospital and evidence-based practice, and undertakes research into improving safety in hospital in partnership with children. Qualified in adult and children's nursing, she leads a postgraduate programme of advanced practice in health and social care, and has a clinical background in services for children in hospital and the community, and links with a sexual health clinic.

Mike Ravey is Senior Lecturer in Learning Disabilities. He is experienced in family work in relation to both children and adults. He specialises in working with men who have a learning disability, and men from that group who sexually abuse others, and he has published in this field. He researches in the field of new ways of working with families.

Dr Tony Long is Professor of Child and Family Health. A Registered Child Health Nurse, his personal research programmes are in evaluation of early intervention in health and social care services for children and families, parental coping, and clinical research on quality of life outcomes for children and families after treatment for cancer.

Dr Debbie Fallon is Senior Lecturer in Child Health (Youth, Wellbeing and Society). She has an academic interest in issues on the boundary of health, social care and education for children and families, taking the lead on research with young people. She is well-known in the field of teenage pregnancy and adolescent risk behaviour, and is a Trustee at Brook (Manchester) and for The Association for Young People's Health.

Michael Murphy is Senior Lecturer in Social Work. A qualified social worker and counsellor, he has wide experience in dealing with substance misuse, looked after children, chaotic families, and safeguarding children, and has published widely in these areas. He acts as a training consultant to several training organisations, is Chair of Bolton Substance Misuse Research Group, and was an executive member of PIAT.

Research With Children and Families



This research group includes child health nurses, social workers, midwives, public health nurses and other health and social care professionals whose focus is on children & families.

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CONTEXT OF THE EVALUATION

INTRODUCTION

As part of an on-going programme of evaluation of the longer-term impacts of a raft of family intervention projects (FIP) - collectively "Change for Children", Blackpool Council had already commissioned CYP@ Salford to extend its previous review of the Springboard FIP and Budget-Holding Lead Practitioner Project. It then sought to add further elements to this evaluation programme.

The additional projects were:

- Baby FIP (families with substance-misusing parents and a child under 5).
- Family Prescribing Pilot (encouraging drug-using parents to access children's centre services).
- Blackpool Challenge and Support (targeted support & anti-social behaviour measures with young people).
- ASB FIP (addressing anti-social behaviour characterised by intensity & intransigence).
- Adult Key Workers (parents with learning or physical disability and housing issues).

BACKGROUND TO THE EVALUATION

The national policy context

Key to the understanding of this raft of services is the long-standing desire of the former Labour administration to reduce social exclusion by securing the benefits of family life for all children, particularly those children who are part of the most disadvantaged groups. Early in its first term in office, the Labour government attempted to target parents with younger children via Sure Start Children's Centres in the most disadvantaged wards in the community. This was closely followed by the New Deal raft of initiatives and a ten year child care strategy (HM Treasury 2004) which were designed to reduce child and family poverty and to prevent exclusion. From the very beginning New Labour hoped that the improvement in parenting capacity and ability would radically impact on child well being and prevent social exclusion.

Children deserve the best start in life and families deserve services that work together to support, sustain, and, when necessary, improve their parenting capacity (DCSF 2007). All children have the potential to succeed, be happy, be safe, enjoy a healthy life and make a positive contribution (DfES 2004a,b). Parent-based family circumstances impact directly on the outcomes and life chances for children. A central plank of the previous UK government's strategy was to establish effective early intervention for children and young people through effective multi-agency working and child and family centred services (DCSF 2009). No single service or agency alone can deliver outcomes for children and families. Securing and sustaining the benefits of family life for all children, particularly those children who are part of the most disadvantaged groups requires that the whole community works together and that local councils and their partners do all that they can to improve the lives and life chances for all children (DCSF 2010).

In the 2003 Green Paper Every Child Matters the former government again emphasised its desire to tackle social exclusion through early preventative action and targeting services at certain groups of parents at the most stressful times of family life. "In addition to services open to all parents, there needs to be a range of tailored help and support available to specific groups" (DfES 2003 p41). The commitment to improvement of the five outcomes of child welfare (being healthy, staying safe, enjoying and achieving, making a positive contribution, economic well-being) was joined to a resolve to improve parenting in families vulnerable to social exclusion. This green paper was followed by Every Child Matters - Change for Children (DfES 2004a); Every Child Matters - Next Steps (DfES 2004b); The National Service Framework for Children Young People and Maternity Services (DH 2004) and the Common Assessment Framework (DfES 2005). All were aimed

at coordinating and consolidating an early, preventative approach for vulnerable children and their parents. At this stage it was clear that, as well as early intervention with younger children, there was also a need to target some resources at older children and young people (DfES 2006).

By 2007 there was a growing awareness of a smaller group of families which were seen as being highly resistant to mainstream services and therefore unable to make use of the support that was available: “It is necessary to focus on helping the small number of families with multiple problems who are still struggling to break the cycle of disadvantage” (SETF 2007 p4). Some research (Ravey et al 2008, Blackburn et al 2009) suggests that rather than seeing such families as being resistant to services, they should rather be seen as being isolated and unprepared for the complexity of the parenting task. The government responded with the introduction of family intervention projects (FIPs) which, while aimed mainly at preventing crime and anti-social behaviour, entailed a strong commitment to help to teach parents how to parent their children better.

In 2003, Hidden Harm from the Advisory Council on the Misuse of Drugs first outlined the seriousness of the impact of parental substance misuse on children of all ages. It evidenced the harm caused by parental drug use on children at every age from conception to adulthood and how effective treatment for parents and an integrated approach to service delivery both protected and improved outcomes for children and young people living in such circumstances. This was followed in 2008 by the new government drugs strategy *Drugs: protecting families and communities*, where preventing harm caused by drugs to children, young people and families became a key strand of government policy. This focused on improving parenting skills, helping parents to educate their children about the risks of drugs, supporting families to stay together, and breaking the cycle of problems being transferred between generations. The new government coalition has yet to define its response to these specifically vulnerable families, but, whilst in opposition, the Conservative party committed itself to addressing the problem of parental substance misuse (Gyngell 2006).

Moreover, the new coalition government has indicated its intention to continue this overall approach to supporting families, as stated unequivocally by the Minister for Children (DfE 2010):

“No child’s future should be predetermined by the decisions or mistakes of his or her parents, and I firmly believe every child should have the chance to succeed, regardless of their background. Intervening earlier with troubled families can not only prevent children and their parents falling into a cycle of deprivation, antisocial behaviour and poverty but can save thousands if not millions of pounds in the longer term.”

This has been reinforced by the Secretary of State for Education in a ministerial statement on the independent review of the children’s commissioner for England.¹

Blackpool Family Intervention Projects (FIPs)

The vast majority of families are a source of strength and protection. However, they can also face challenges. Parental and wider family problems such as poverty, parental worklessness, lack of qualifications, poor parental mental health, substance abuse, poor housing, and contact with the criminal justice system can cast a shadow that spans whole life times and, indeed, passes down the generations. Such family experiences can limit aspiration, reinforce cycles of poverty, and provide poor models of behaviour that can impact on a child’s development and well-being with significant costs for public services and the wider community. They damage the ability of children to build up resilience to problems or to benefit from the opportunities that are provided.

Blackpool’s raft of FIPs is built on the common principles of integrated working which includes a common vision, clear accountability, joined-up partnership working, information-sharing, and core processes and assessments. Adult and children services work together around the whole family to tackle the root causes of children’s disadvantage that often lay in the difficulties of their parents. This approach involves tailoring support, making sure that the families are treated according to their individual needs, and encouraging all agencies working with individuals to adopt a family-centred approach.

¹<http://www.education.gov.uk/childrenandyoungpeople/informationforprofessionals/a0061716/written-ministerial-statement-independent-review-of-the-childrens-commissioner-for-england>

Blackpool's FIPs use a twin-track approach which includes help for families to address the causes of their behaviour alongside supervision and enforcement tools to provide them with the incentives to change. The assertive key worker plays a pivotal challenging and co-ordinating role in the projects and is responsible for much of the projects' success. The role is to focus clearly on the family, the causes of their poor behaviour, and the agencies involved with them to deliver a more co-ordinated and sustained response. Typically, the agencies which might be involved are social services, community safety, housing, health, education, youth offending, criminal justice and police services.

Blackpool's main FIP (the Springboard Project) has already been extensively evaluated (Ravey et al 2008), demonstrating outstandingly positive outcomes for families in almost all outcome areas. Recent extended evaluation (Ravey et al 2010) indicated that even 12 months after engagement with the FIP much of this positive change had been sustained. Overall, the families had developed the ability to maintain the changes initiated during their involvement with Springboard. The majority had moved down the thresholds of need to CAF, Sure Start and even total self reliance. A gradual transition from intensive family support to more usual multi-agency support was experienced by most. The findings from the extended evaluation highlighted a downward trend in the negative behaviours and an increase in the more desirable behaviours displayed by the families. The families had not only arrived at a plateau of behaviour which took them below the threshold at which intervention was required, but had gained an impetus to continue the work towards increasing their newly discovered stability and independence.

The decision was made to extend the key worker model and the whole family approach. This was achieved by targeting particular groups of children and young people;

- Children under the age of five who had substance misusing parents.
- Children and young people who were at risk of being first-time entrants into the criminal justice system.
- Children and young people whose parents had mild to moderate learning or physical disability.

The Baby FIP focused on families with substance-misusing parents with at least one child under the age of five. While this supported both the National Drug Strategy and the Hidden Harm agenda it also supported the effort to combat child poverty and to promote child developmental milestones around stimuli for children aged 22 months with a view to raising attainment and outcomes. In terms of extending the key-worker model, the focus of the Baby FIP also meant engaging with adult substance-misusing services in such a way that promoted culture change and the transformation of service delivery.

The Family Prescribing Pilot was complementary to the Baby FIP with the aim of offering a prescribing service from children's centres for drug-using parents with at least one child under the age of five, to encourage parents to access children's centre services and to move them away from mainstream prescribing services. Again, it was recognised that this would require professionals, including GPs, to begin thinking outside the traditional models of service delivery.

The Challenge and Support FIP was designed to ensure that a co-ordinated family approach was taken to the delivery of services for young people who were involved in or at risk of anti-social behaviour, helping them to change their behaviour, and also working with parents to meet their needs and to support and build their parenting skills. By targeting this group of young people Blackpool was not only supporting the government's ambition of targeted youth support services for vulnerable young people to reduce first time entrants into the criminal justice system, but was also supporting the extension of service transformation regarding 'Think Family' into the youth offending teams and the police service.

Adult Key Workers It was also recognised that parents who have mild to moderate learning or physical disabilities who do not meet the eligibility criteria for adult social care would benefit from an integrated family approach to support their parenting capacity. Starting with the adult and then working with the whole family is the role of the Adult Key Workers in the adult social care and housing department. Usually, these parents had not received support from adult social care services, nor had this service previously led a co-ordinated, integrated package of support around the whole family where the needs of the children were also met. The adult key workers offered the opportunity to extend the key worker model into adult social care, again promoting culture change and service transformation.

The Catalyst Team The remit of the Catalyst Team was to focus upon all cases relating to domestic abuse following police involvement, and then by appropriate selection to apply the 'Think Family' philosophy and approach. However, this has proved more problematic in terms of this evaluation. The principle issue that has made it impractical to incorporate data from this initiative into the evaluation has been that of the volume of work that the team has faced. In short, from its inception the team has been inundated with referrals. The sheer volume of work has meant that at no point was the Catalyst Team ready to adopt the 'Think Family' model. Although consideration has been given to how 'Think Family' could be employed, the team had to adopt an approach more in keeping with a medical model of triage and then sign-posting on to relevant partner agencies. Initial assessments have been completed by the team in cases of child protection, and in some cases this has led to core assessments, but the substantive works has then been passed to the locality teams to undertake. Any future redesigning would need to take this into account to ensure resources were in place to cope with potential referral volume issues.

This evaluation, then, effectively tested whether or not the positive change achieved in earlier prototype FIPs could be sustained through roll-out of the approach to a much broader group of FIPs.

METHOD

Evaluation Objectives

1) Outcome Measures

To analyse outcomes data provided by the sponsor relating to families currently or previously engaged with the projects, and to report on this such as to inform the sponsor of outcomes of the interventions. This data will be similar in format to that collected for the previously completed Springboard evaluation and as agreed at a meeting on 22 July 2009.

2) Views of Families

To elicit from family interviews the perspective of parents, children and young people on the impact and acceptability of the services.

3) Views of Involved Practitioners

To elicit from practitioners involved with the projects views on the effectiveness of the interventions (particularly the impact on families), practicalities of inter-agency working, and judgement of possible alternative outcomes if the interventions had not been applied.

Data collection and analysis

1) Outcomes Data

Blackpool Council and its partners collected and recorded outcome data against set target areas and submitted it to the research team via a secure server uplink for analysis and reporting. The outcome areas, together with relevant indicators, were:

Health

- An increase in the number of young people who are part of the FIP projects who have adopted appropriate sexual health practices.
- Individuals who are part of the FIP projects have improvements in physical and mental health.
- Individuals who are part of the FIP projects experience a reduction in the level of substance misuse.

Offending Behaviour

- Families which are part of the FIP projects have a reduced level of criminal behaviour.

Anti-social Behaviour

- Families associated with the FIP projects have a reduced level of anti-social behaviour.

Supervision and Vulnerability

- Adults and children in the families associated with the FIP projects experience improved safety.

Accommodation

- Families with housing problems which are associated with the FIP projects have improved quality of housing.

Employment

- Families associated with the FIP projects have improved status through employment.

Education (including youth employment & engagement in post-16 learning)

- Children of the families associated with the FIP projects have improved attendance at school.
- Children of the families associated with the FIP projects have improved attainment.

Sample

The plan was for a minimum of 70 families were to be included, taken from the following FIPs in these approximate numbers.

- Baby FIP
- Family Prescribing Pilot
- Blackpool Challenge and Support
- The Catalyst Team
- Adult Key Workers

The number of families actually included was 66. For each FIP these were:

- 8 Baby FIP
- 6 Family Prescribing Pilot
- 9 Blackpool Challenge and Support
- 0 The Catalyst Team
- 10 Adult Key Workers
- 33 ASB FIP

Since no Catalyst families were available, the evaluation was extended to include families from the ASB FIP instead. The data was collated and analysed first within individual projects and then across the raft of provision together using descriptive statistics.

2) Family Experience

Family interviews were planned to address areas where hard data was not available: how the family had become involved in the FIP; how family life had changed since being involved; what individuals' experience had been of the services that they had received; how this service differed from other services previously experienced; and what the family's aspirations were for the future.

Approximately 10% of families were interviewed, including a selection from across the range of projects. Interviews were planned to be face-to-face or by telephone depending on preference and logistical arrangements. Six interviews were undertaken, including families engaged with the Baby FIP, Family Prescribing Pilot, and Adult Key Worker.

Interviews were digitally recorded. Children, relatives and residents in the same household were included if they volunteered. Appropriate means were employed to engage children and young people in the interviews. The interviews were digitally recorded and professionally transcribed. Thematic analysis was applied to the transcribed data (Quinn Patton 2002).

3) Involved Professionals

Involved practitioners were engaged to elicit their perspectives on the processes and outcomes attached to the interventions, including possible alternative scenarios if the intervention had not been offered. Each project was to be represented by at least 2 practitioners at a group consultation event using selected Open Space techniques and World Café format as appropriate and feasible.

Notes from facilitators, feedback summaries recorded by participants, and the text from World Café table cloths were collated as text files and subjected to content analysis as proposed by Elo & Kyngas (2007).

ETHICAL CONSIDERATIONS

The main ethical issues associated with this study were the risk of breach of confidentiality and the potential for perceived coercion.

Confidentiality

The usual ethical standards relating to research with vulnerable populations and the use of potentially sensitive data were pursued by the study team. In particular, data was stored securely, with access restricted to members of the project team. Such personal information as was essential to the project relating to respondents (whether service users or service providers) remained confidential and was moved to secure storage in the university where required or destroyed by the project team on completion of the evaluation.

Consent

Families which were invited to be interviewed were first informed of the evaluation by a member of the FIP team who introduced the research team. Additional printed information was provided by the interviewer who answered any additional questions from family members before commencement of the interview. Written consent was gained in all cases. Staff team members and managers involved in the projects were informed of the evaluation and had the option of declining to participate.

Research Ethics Guidance and Formal Approval

The research team abided by the research ethics guidance offered by the British Sociological Association 2002 and the Royal College of Nursing 2007. Guidelines provided by INVOLVE for the involvement of service users and children in research projects were followed.² Formal approval was secured from the University of Salford Research Ethics Panel.

² http://www.invo.org.uk/Publication_Guidelines.asp

FINDINGS FROM MEASUREMENT (ALL FIPS DATA COMBINED)

The outcomes from measuring key indicators across the domains are presented here for the FIPS as a collective raft of interventions.

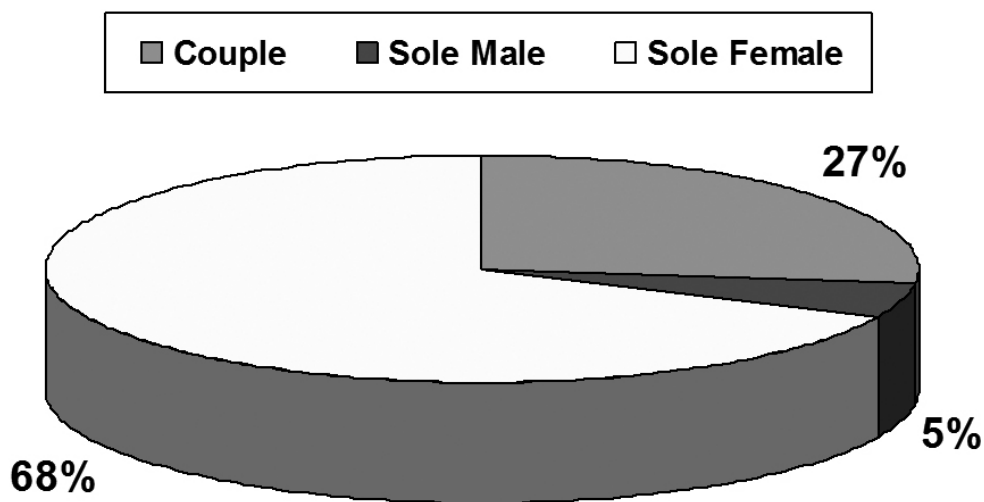
DEMOGRAPHICS

Headlines:

- **66 families were involved in the project.**
- **The families included 84 adults (63 female and 21 male), 190 children and young people (101 male and 89 female).**
- **73% of the families were headed by a sole parent.**
- **77% of the families were supported by 4 or less professionals**

Data was collected from 66 families, which consisted of 84 adults (21 male and 63 female) and 190 children (101 male and 89 female). Most of the children 62% (n=118) were in families addressed by the ASB FIP. There was a significant proportion of single parents in each FIP: a total of 73% across all combined. Figure 1 displays further details. The highest proportion of single parents was in the Family Prescribing FIP (83%). Both Adult Key Worker and ASB FIPS included 70%, Baby FIP included 75%, and Challenge and Support FIP included 78%.

Figure 1: Parental make-up of families



MULTI- PROFESSIONAL INVOLVEMENT

Figure 2 highlights the total number of professionals working with each family. This figure is broken down further for each FIP in Table 1. Twenty-four (36%) of the families associated with FIPS received support from one professional. Fifty-one families (77%) received support from 4 or less, while 15 (23%) received support from 5 to 9 professionals.

Figure 2: Number of involved professionals for families

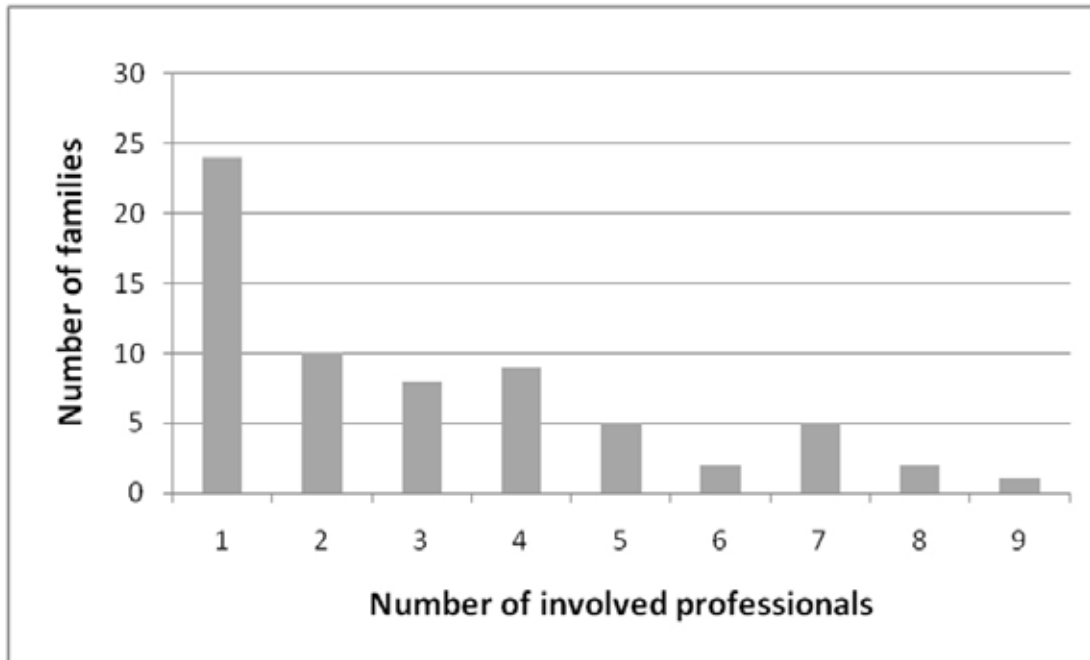


Table 1: Frequency of multi-professional involvement for each FIP

	Number of involved professionals									Total Families
	1	2	3	4	5	6	7	8	9	
Families in Adult Key Worker FIP	2	3	2	3	0	0	0	0	0	10
Families in Baby FIP	7	1	0	0	0	0	0	0	0	8
Families in ASB FIP	10	3	2	5	4	2	5	1	1	33
Families in Family Prescribing FIP	1	2	3	0	0	0	0	0	0	6
Families in Challenge & Support FIP	4	1	1	1	1	0	0	1	0	9
TOTAL	24	10	8	9	5	2	5	2	1	66

STANDARD 1: HEALTH

The focus of this standard was improvement in the health and wellbeing of the members of the families associated with the FIPs. It was measured by reducing conception rates, increasing the uptake of contraception, and screening for Chlamydia.

Headlines

- There were no pregnancies in any young women between the ages of 15 to 17.
- There was an increase of 65% in the number of young people engaging with services in relation to contraception.
- There was an overall increase of 47 (72%) individuals receiving advice regarding STIs.
- Out of the 33 women who were eligible, 28 (82%) were signposted to services for Chlamydia screening.

Performance Measures

1. To reduce the conception rate for 15 to 17 year olds.

In relation to reducing the number of conceptions by the young women associated with the projects, 15 families had young women who fitted within the 15-17 years bracket. In total, this resulted in 22 young women during the project, none of whom became pregnant (Table 2). All of the young women were offered support and advice in relation to safe sex.

Table 2: Reduction in conception rate (15-17 years)

Standard 1.1 (Reduction)	Families relevant to the standard	Families not relevant to the standard	Baseline	Intervention
Adult Key Worker	3	7	5	5
Baby FIP	1	7	2	2
ASB FIP	7	26	9	9
Family Prescribing	0	6	0	0
Challenge & Support	1	9	1	1
TOTAL	12	55	17	17

2. To increase uptake of contraception in the under-25 age range.

In relation to the use of contraception, 26 families contained 50 young people less than 25 years of age who would benefit from education and advice. As a result of the intervention, 33 (65%) had been signposted to the appropriate services and had accepted advice. The teams were continuing to work with those remaining 17 individuals who as yet had not engaged with services with respect to their sexual health and behaviour (Table 3).

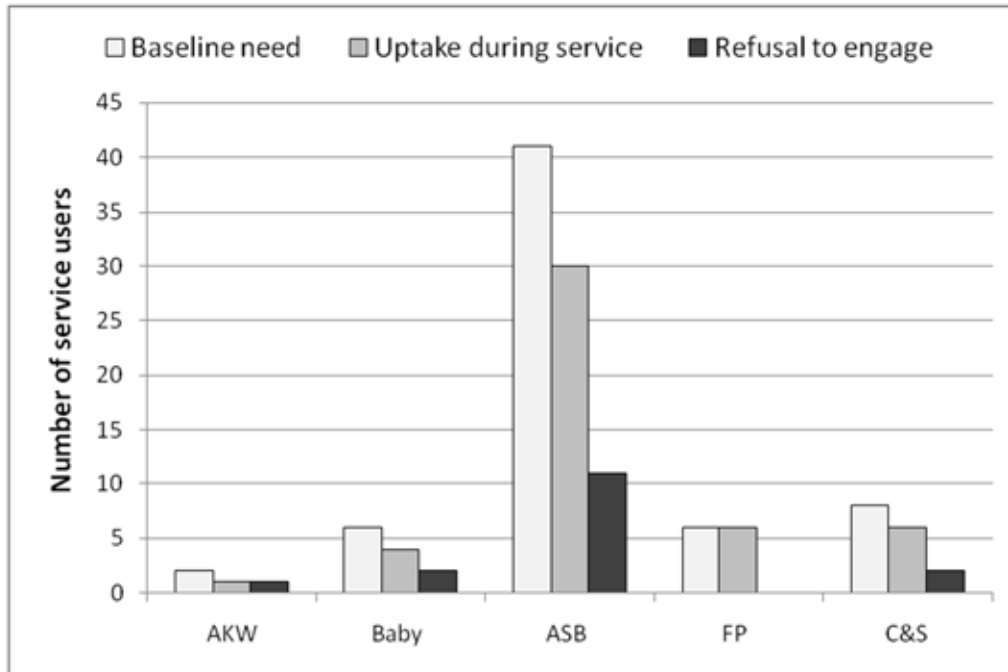
Table 3: Uptake of contraception <25 years

Standard 1.2	Families relevant to the standard	Families not relevant to the standard	Baseline	Intervention	Difference	
					n	%
Adult Key Worker	2	8	2	1	1	50
Baby FIP	1	7	2	2	0	0
ASB FIP	20	13	38	11	27	71
Family Prescribing	0	6	0	0	0	0
Challenge & Support	3	5	8	3	5	63
TOTAL	26	39	50	17	33	66

3. To reduce the number of sexually transmitted infections

At the baseline measurement there were 46 families containing a total of 63 people who would benefit from advice and support regarding the prevention of sexually transmitted infections. In response to this demand there was an overall increase in the uptake of services and advice of 72%. This figure consisted of 46 people out of a possible 63 engaging with relevant services (Figure 3).

Figure 3: Uptake of support in relation to the prevention of STIs



4. Increase the number of women who take up Chlamydia screening

The baseline documents highlighted 26 families containing 33 women who would have benefited from support regarding the risks associated with Chlamydia. Out of these, 28 (82%) accepted advice and support from appropriate services. The five who refused to engage continued to be offered support.

STANDARD 2: PHYSICAL/MENTAL HEALTH

Standard Statement

To improve the wellbeing of the families associated with the FIPs

Headlines

- **6 people stopped smoking and a further 105 were signposted to smoking cessation services**
- **64 families were registered with a local GP.**
- **There was an increase of 24% in the number of adults accessing health screening.**
- **The number of families with children who had not been immunised reduced from 5 to 1.**
- **3 families registered with a dentist and 32 were placed on waiting lists.**

Performance Measures

1. To increase access to smoking cessation services.

In relation to smoking, 111 individuals from 55 families were identified as smokers. All of these were signposted to appropriate services for support regarding cess

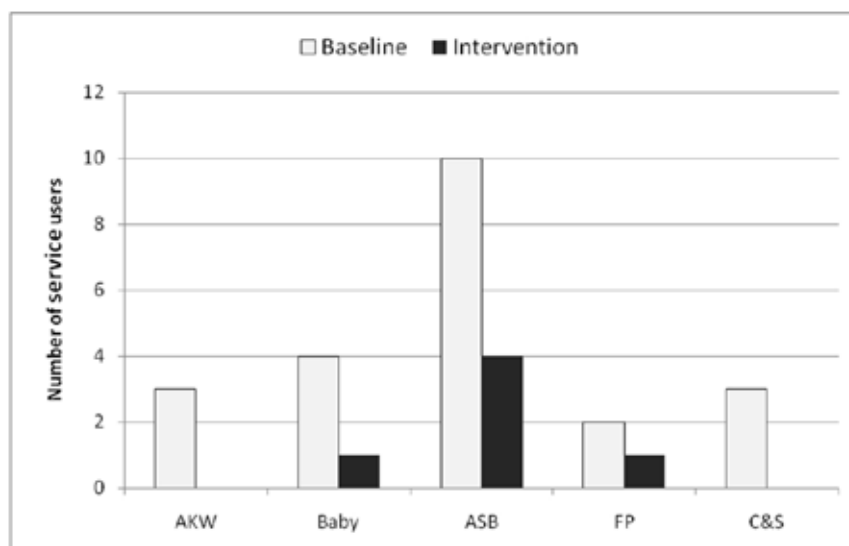
2. To increase the number of families registered with a GP practice.

Only 2 families out of 66 were not registered with a GP at the baseline measurement, and this remained constant through the study.

3. To increase the number of adults using primary care screening services.

Across all the FIPs there were 22 individuals from 21 families who would have benefited from screening. Six individuals accessed screening services, an increase of just over 27%. Sixteen were provided with information and support but had refused to engage with services. The uptake of screening services for families associated with each FIP is represented below.

Figure 4: Access to screening services



4. Increase in the number of children and young people who receive immunisations

Five families were identified as having children who were not up-to-date with immunisations. During the project, four of these families had their child immunised.

5. Increase in the number of families registered with a dentist

At baseline measurement, 35 families were identified as not being registered with a dentist. Five were subsequently registered, while the remaining 30 were on local dentist waiting lists.

6. Increase in the number of two-year-olds reaching their developmental milestones

Forty children were identified in this domain and all were viewed as meeting their milestones.

STANDARD 3: HEALTH/BEHAVIOUR

Standard Statement

To reduce the level of substance misuse in the families associated with the FIPs

Headlines

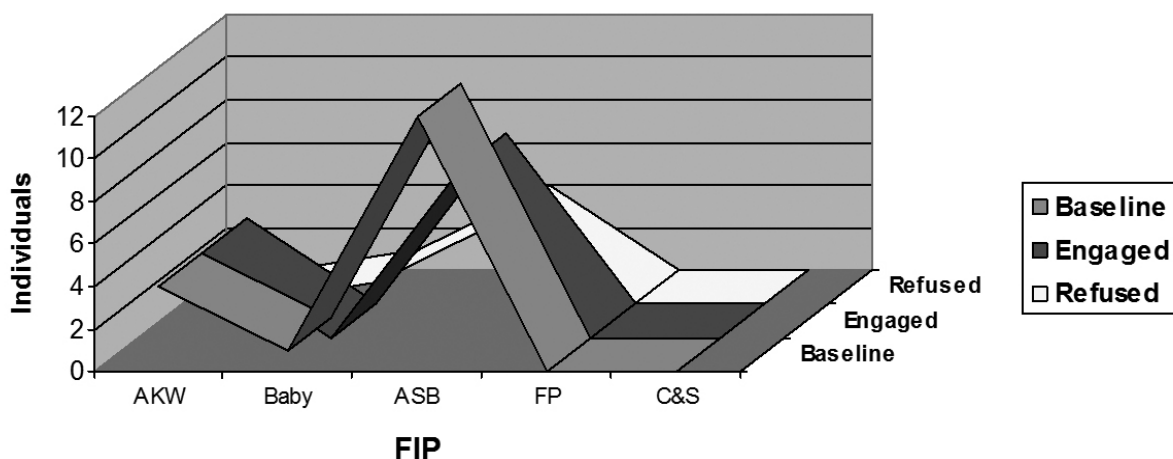
- 71% of the 17 identified with issues regarding alcohol accepted a referral to the appropriate service.
- 6 commenced treatment of which 50% completed the programme.
- There was an 11% increase in the number of planned discharges from structured drug treatment.
- There was a reduction of 3 in the number of individuals on drug treatment programmes.

Performance Measures

1. To increase compliance of those people under going treatment for alcohol dependency. Identify any adult or young person in the household who has been referred or re-referred for treatment for alcohol dependency.

Fourteen families required assistance in relation to a referral (17 individuals). Twelve individuals (71%) were referred to the appropriate services, leaving 5 (29%) who would not receive support. The compliance rate for those accessing services was 50%, with 6 commencing programmes and 3 dropping out of the programme.

Figure 5: Increase in referral for treatment for alcohol dependency



2. To increase the number of planned discharge from structured drug treatment.

There were individuals in 23 families who were recognised as being ready for a planned discharge from a treatment programmes. The number of individuals highlighted as being in the process of undertaking a planned discharge from treatment programmes increased from 27 to 30 during the project, a percentage increase of 11% (Table 4).

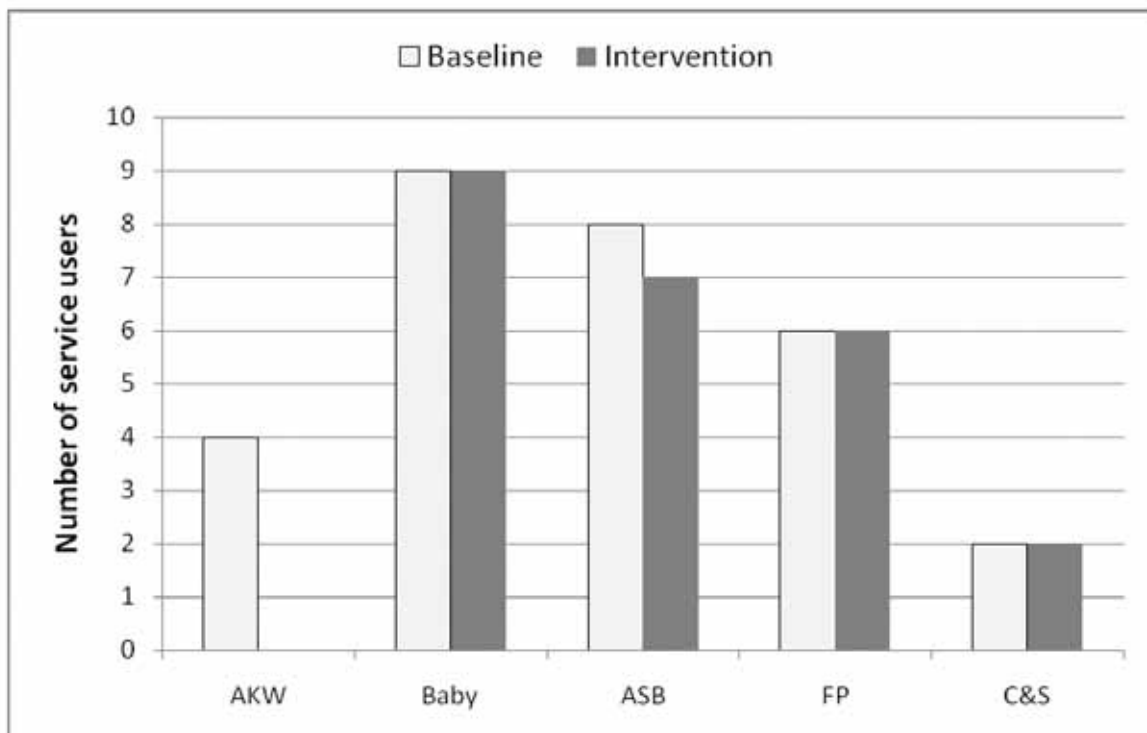
Table 4: Increase in planned discharge from drug treatment

Standard 3.2	Families relevant to the standard	Families not relevant to the standard	Baseline	Intervention
Adult key Worker	0	10	0	0
Baby	7	1	9	9
ASB	9	24	11	14
Family Prescribing	6	0	6	6
Challenge & Support	1	8	1	1
Total	23	43	27	30

3. To increase the number of people receiving treatment for drug dependency

There was an overall reduction in the number of people identified on treatment programmes from 29 to 26. Figure 6 below provides a breakdown of the number of individuals on treatment programmes. It is clear that both the Baby FIP and the Family Prescribing FIP saw a reduction in the number of individuals attending programmes, while the other 3 saw their numbers remain constant.

Figure 6: Number of individuals in treatment for drug dependency



STANDARD 4: OFFENDING BEHAVIOUR

Standard Statement

To reduce the level of criminal behaviour undertaken by families associated with the FIPs

Headlines

- There was a reduction of 5% in the number of arrests.
- There was a reduction of 4% in the number of PSA crimes.
- The number of young people deemed at risk of entering the criminal justice system reduced by 55%.

Performance Measures

1. To reduce the number of arrests linked to the family.

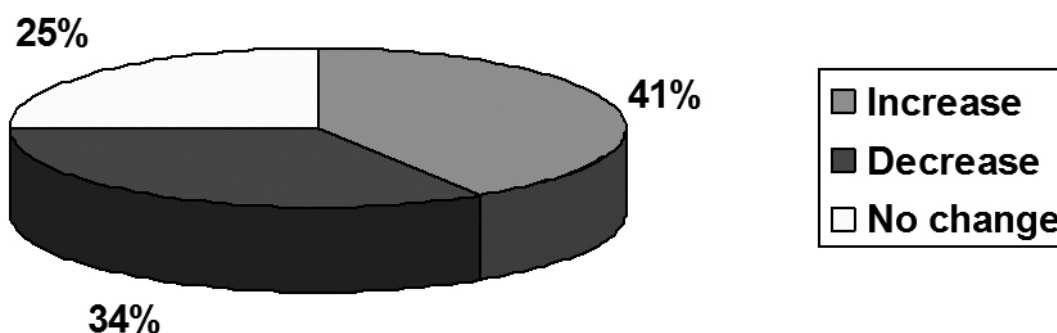
For the 56 families, there was a slight reduction in the number of arrests from 126 at baseline to 120 during the intervention, a reduction of 5%. These figures are broken down into the individual FIPs in table 5. This table highlights the impact that families from the ASB FIP and the Challenge and Support FIP have had on the level of arrests within the study. Families from the ASB FIP accounted for 74% of the baseline arrests and 69% of the arrests during the intervention phase, while Challenge & Support families accounted for 23% of the baseline and 31% of the arrests in the intervention phase.

Table 5: Reduction in arrests

Standard 4.1	Families relevant to the standard	Families not relevant to the standard	Baseline	Intervention
Adult key Worker	3	7	4	0
Baby	0	8	0	0
ASB	20	6	93	83
Family Prescribing	0	6	0	0
Challenge & Support	3	3	29	37
Total	26	30	126	120

Figure 7 maps out the shift in individuals' pattern of arrests between baseline and intervention phase of the project. Eight (25%) showed no change in number of arrests. Eleven (34%) showed a reduction, while 13 (41%) displayed an increase in arrests.

Figure 7: Changes in arrest pattern



Similar to the theme relating to the number of arrests, the Adult Key Worker, Baby and Family Prescribing FIPs exerted little impact on the number of PSA crimes. Table 6 identifies that ASB and Challenge & Support together accounted for 20 (87%) of the baseline crimes and 22 (100%) of the crimes committed during the intervention phase. The table also display a very small reduction in the number of crimes: 23 crimes reducing to 22 (4% reduction).

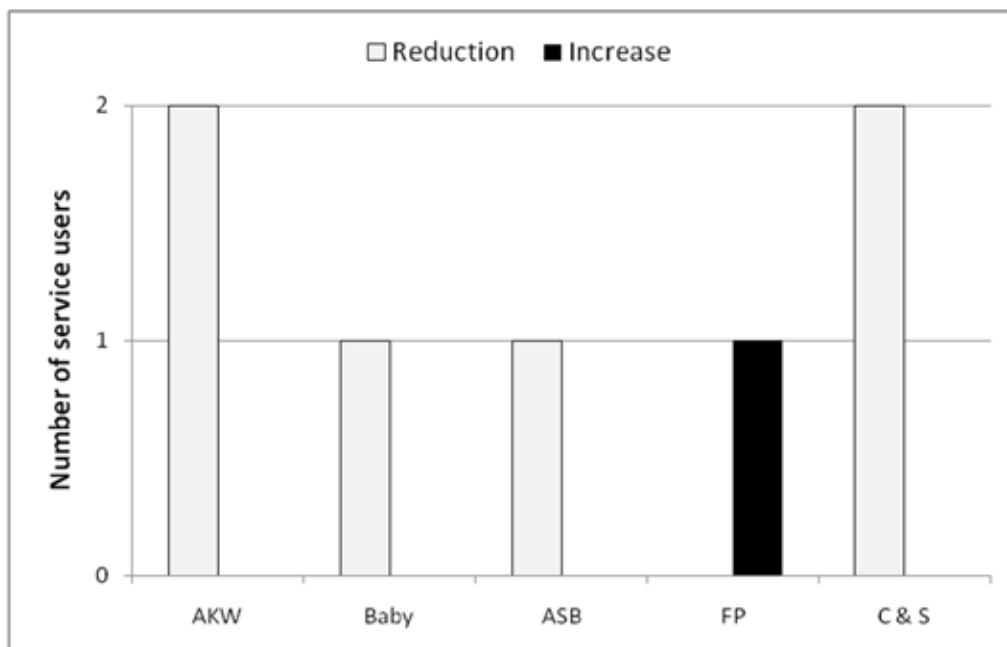
Table 6: PSA crimes

Standard 4.2	Families relevant to the standard	Families not relevant to the standard	Baseline	Intervention
Adult Key Worker	2	8	3	0
Baby FIP	0	8	0	0
ASB FIP	12	14	16	15
Family Prescribing	0	6	0	0
Challenge & Support	2	4	4	7
Total	16	40	23	22

3. Reduce first time entrants into the criminal justice system

The FIPS saw a reduction in young people who deemed at risk of entering the criminal justice system from 11 to 5 (55% reduction). Figure 8 breaks this figure down in to the individual FIPs. Four of the 5 display a reduction in the number of young people deemed to be at risk of entering the criminal justice system. The exception to this is the ASB FIP, which displays an increase from 0 to 1.

Figure 8: Change in the risk of first time entrants to CJS



STANDARD 5: ANTI SOCIAL BEHAVIOUR

Standard Statement

To reduce the amount of anti social behaviour displayed by families associated with the FIPs

Headlines

- **The total number of nuisance incidents reduced by 25 (31%).**
- **There was a 50% reduction in the number of police call-outs from 333 at baseline to 199 during the intervention phase.**
- **There was a slight increase (11%) in the number of youth referrals from 45 to 50.**
- **The number of ABC and other contracts issued to family members reduced by 78%.**

Performance Measures

1. To reduce the number of nuisance incidents at family address

Table 8 provides a breakdown of the nuisance incidents committed by members of families associated with individual FIPs. Once again, the main protagonists are families in the ASB and the Challenge and Support FIPs. Significant reductions were made in all relevant FIPs.

Table 8: Number of nuisance incidents

Standard 5.1	Families relevant to the standard	Families not relevant to the standard	Baseline	Intervention	% Reduction
Adult Key Worker	1	9	11	0	100
Baby FIP	1	7	1	0	100
ASB FIP	10	16	38	26	32
Family Prescribing	0	6	0	0	0
Challenge & Support	5	1	30	29	3
Total	22	44	80	55	31

2. To reduce the number of police call-outs to the family address

During the period of support provided by the FIP projects the number of police call outs reduced by 166 (50%) from 333 to 167. Four of the five FIPs displayed a reduction in the number of call outs, with the families in the ASB FIP achieving a reduction of 138. The families in the Baby FIP displayed a slight increase in the number of call outs.

3. To reduce the number of youth referrals to other agencies from the police.

There was a slight increase in the number of referrals from 45 to 50 for the whole project.

4. To reduce the number of ABC contracts associated with the family.

There was a reduction of 7 (78%) for the whole project.

STANDARD 6: DOMESTIC VIOLENCE

Standard Statement

To improve the safety and security of both the adults and children within the families associated with the FIPs

Headlines

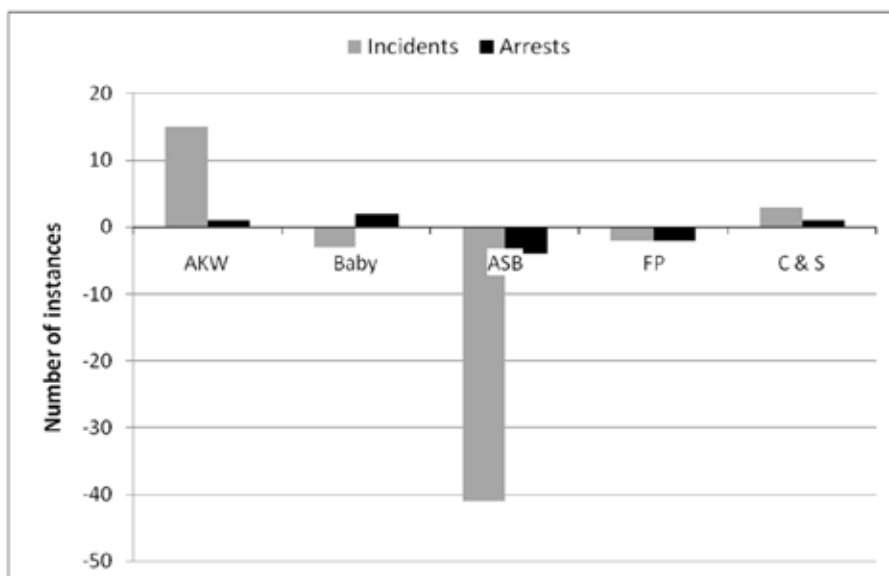
- There was an increase in the number of recorded incidents from 56 to 84.
- The number of arrests saw a small increase from 14 to 16.
- There was a reduction of 58% in the number of risk assessments undertaken.
- The number of safety plans decreased from 5 to 3.
- The uptake of services reduced from 4 to 3.

Performance Measures

1. To reduce the number of recorded incidents of domestic violence.

Four of the 5 FIPs saw an increase in the number of recorded incidents of domestic violence (from a total of 56 to 84 (50%). In the main this was due to families in the ASB FIP.

Figure 9: Frequency of incidents and arrests



2. To reduce the number of offences/arrest linked to domestic violence.

Figure 9 highlights that there was a small increase in the number of arrests relating to domestic violence for the project

3. Increase the number of risk assessments in relation to DV

Although there was a small increase in the level of reported incidents, the actual number of risk assessments reduced from 12 to 5 (Table 9).

Table 9: Number of DV risk assessments

Standard 6.3	Families relevant to the standard	Families not relevant to the standard	Baseline	Intervention
Adult Key Worker	1	9	4	0
Baby FIP	1	7	1	1
ASB FIP	1	5	6	1
Family Prescribing	1	5	1	3
Challenge & Support	0	9	0	0
Total	4	35	12	5

4. Increase in the number of safety plans in relation to DV

During the intervention phase, the number of safety plans was reduced from 5 to 3 (Table 10).

Table 10: Number of safety plans in relation to DV

Standard 6.4	Families relevant to the standard	Families not relevant to the standard	Baseline	Intervention
Adult Key Worker	1	9	4	0
Baby FIP	0	8	0	0
ASB FIP	0	6	0	0
Family Prescribing	1	5	1	3
Challenge & Support	0	9	0	0
Total	2	37	5	3

5. Increase in the take-up of services in relation to DV

There was a reduction in the number of services users accessing services (Table 11).

Table 11: Take-up of service for DV

Standard 6.5 (Increase)	Families relevant to the standard	Families not relevant to the standard	Baseline	Intervention
Adult Key Worker	1	9	3	0
Baby FIP	0	8	0	0
ASB FIP	0	6	0	0
Family Prescribing	1	5	1	3
Challenge & Support	0	9	0	0
Total	2	37	4	3

STANDARD 7: SUPERVISION AND VULNERABILITY

Standard Statement

To improve the safety of children within the families associated with the FIPs

Headlines

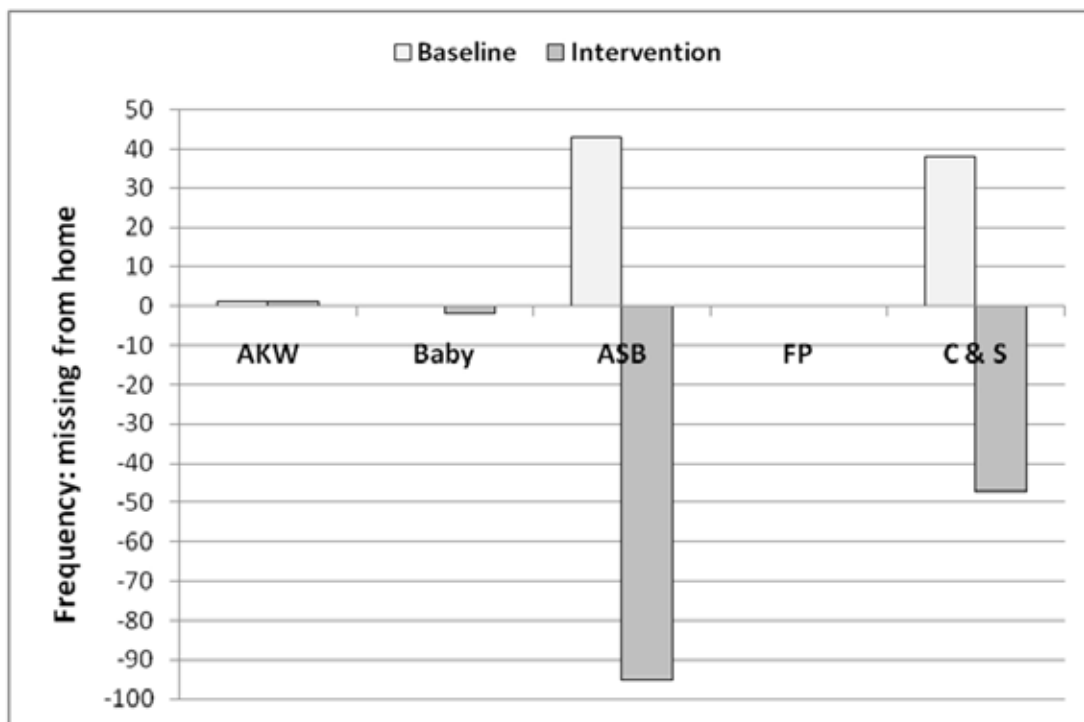
- There was an increase of 144 in the number of missing from home incidents.
- The number of re-referrals reduced by 11% from 27 to 24.

Performance Measures

1. To reduce the number of missing from home incidents.

There was a significant increase from 82 at baseline to 226 during intervention in the number of missing from home incidents. A small number of individuals (n=8) accounted for most of the increase. They went missing 16 times in the previous 12 months, 19.5% of the total of 82 occurrences. During intervention they accounted for 136 of the total 226 incidents (60.17%).

Figure 10: Recorded number of children missing from home



2. To reduce the number of re-referrals to child protection (6 months).

There was a slight reduction in the number of children referred or re-referred to child protection from 27 to 24.

STANDARD 8: ACCOMMODATION

Standard Statement

To improve the quality of the housing for families associated with the FIPs.

Headlines

- The number of families experiencing rent arrears reduced by 83% from 12 to 2.
- Those families in non-decent housing reduced by 84% from 19 to 3.
- The number of families in temporary accommodation fell by 60% from 5 to 2.
- Evictions reduced from 10 to 6 (60%).

Performance Measures

1. To reduce the number of families with rent arrears

There was an overall reduction of 10 (83%) in the number of families experiencing rent arrears (Table 13).

Table 13: Number of families in rent arrears

Standard 8.1 (Reduction)	Families relevant to the standard	Families not relevant to the standard	Baseline	Intervention
Adult Key Worker	4	6	4	0
Baby FIP	1	7	1	0
ASB FIP	5	28	5	2
Family Prescribing	0	6	0	0
Challenge & Support	2	7	2	0
Total	12	54	12	2

2. To reduce the number of family homes classed as non-decent.

The number of families living in non-decent accommodation saw an overall reduction of 84% from 19 to 3.

3. To reduce the number of households living in temporary accommodation.

Those families moving from temporary accommodation in to a more stable situation rose by 60% (n=3).

4. To reduce the number of evictions

The overall number of evictions fell by 40% from 10 to 6.

STANDARD 9: EMPLOYMENT

Standard Statement

To improve the status of the families associated with the FIPs through employment.

Headlines

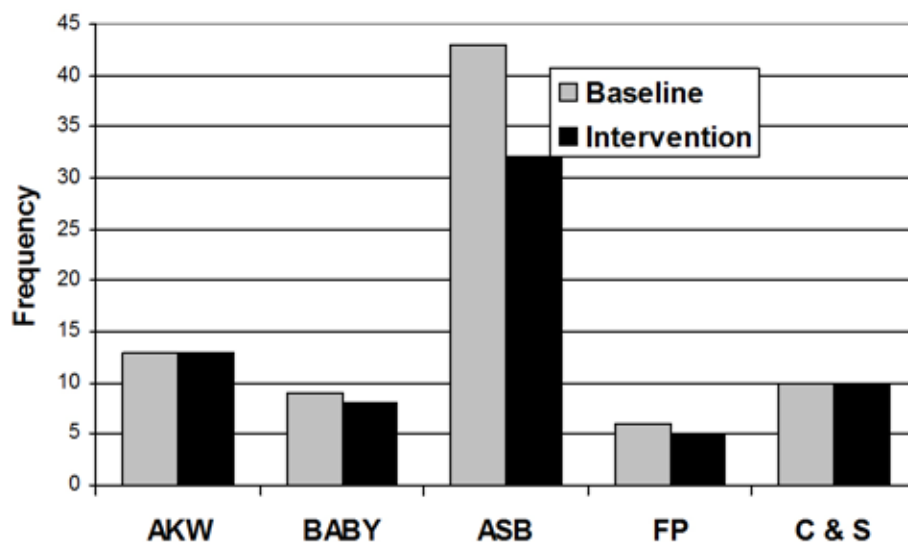
- The number of adults classed economically fell by 16% to 68 from 81
- Those entering pathways to work rose to 12 from 4
- The number of adults in employment increased to 19 from 9

Performance Measures

1. Identify any adults classed as being economically inactive and/or in receipt of state benefits.

There was an overall reduction of 13 (16%) in the number of adults who could be classed as being economically inactive. Figure 11 breaks this figure down for each FIP.

Figure 11: Number of economically inactive individuals



2. To increase the number of voluntary participants in Pathways to Work.

Table 14 identifies an overall increase in the number individuals accessing pathways to work from 4 to 12.

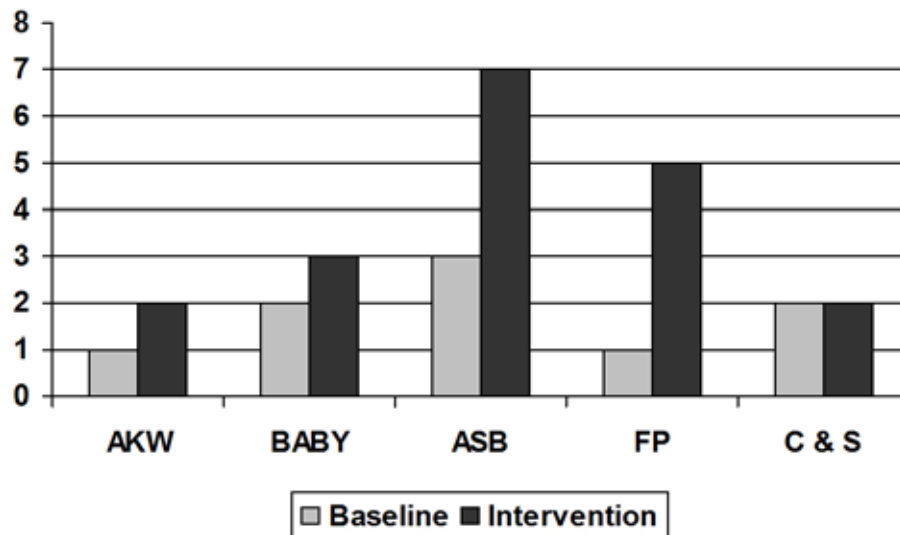
Table 14: Number of voluntary participants in pathways to work

Standard 9.2	Families relevant to the standard	Families not relevant to the standard	Baseline	Intervention
Adult Key Worker	0	10	0	0
Baby FIP	1	7	1	3
ASB FIP	2	31	2	6
Family Prescribing	1	5	1	3
Challenge & Support	0	9	0	0
Total	4	62	4	12

3. To increase the number of people who have been helped into employment of at least 16 hours per week for 13 consecutive weeks.

The number of individuals who gained employment during the intervention phase was 19, which represented an increase of 10 from the baseline figure (Figure 12).

Figure 12: Number of individuals gaining employment



Standard 10: Education (Attendance): (including youth employment & engagement in post-16 learning)

Standard Statement

To improve the attendance at school of the children of the families associated with the FIPs

Headlines

- 15 families had children in the NEET group, but this was reduced to 6 by the intervention (a reduction of 60%)
- 8 families had children linked to YOT. This was reduced to 3 families by the intervention, a reduction of 62%.
- 53 children (48%) achieved or maintained attendance of at least 90%. Attendance worsened for 40 children (35%), while 22 (19%) were removed to or remained in educational diversity.

Performance Measures

1. To reduce the number of children in NEET group.

There was a reduction from 15 to 6 (60% reduction). See table 15.

Table 15: Number of children in NEET group

Standard 10.1	Families relevant to the standard	Families not relevant to the standard	Baseline	Intervention
Adult Key Worker	1	9	1	1
Baby FIP	0	8	0	0
ASB FIP	3	30	14	5
Family Prescribing	0	6	0	0
Challenge & Support	0	9	0	0
Total	4	63	15	6

2. To reduce the number of young people linked to YOT.

The number was reduced from 8 to 3 (62% reduction).

Table 16: Young people linked to YOT

Standard 10.2	Families relevant to the standard	Families not relevant to the standard	Baseline	Intervention
Adult Key Worker	0	10	0	0
Baby FIP	0	8	0	0
ASB FIP	4	29	4	2
Family Prescribing	0	6	0	0
Challenge & Support	4	5	4	1
Total	8	58	8	3

3. To improve school attendance to 90%.

The target was to increase school attendance to at least 90% or to maintain it above that threshold. Data was available for 115 children from 62 families in which poor school attendance was identified to be a problem. The included children arose from the ASB FIP (n=81), Baby FIP (n=12), Family Prescribing FIP (n=6), and Challenge and Support (n=16).

The target was achieved for 53 children (48%). Attendance worsened for 40 children (35%), while 22 (19%) were removed to or remained in educational diversity.

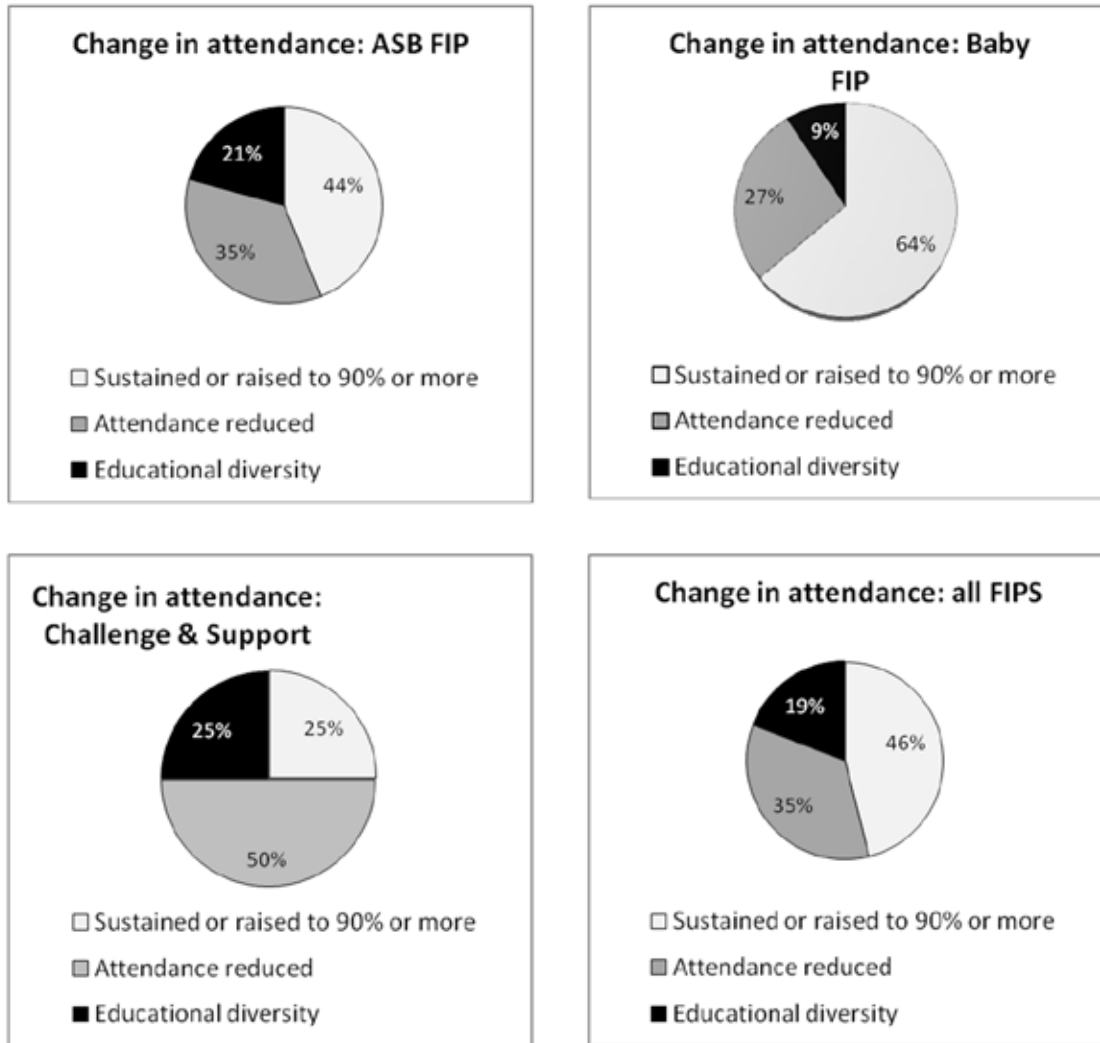
Table 17: School attendance at 90% or more

Standard 10.3	Families relevant to the standard	Families not relevant to the standard	Baseline	Intervention
Adult Key Worker	10	0	0	0
Baby FIP	7	1	1	1
ASB FIP	31	2	2	2
Family Prescribing	6	0	0	0
Challenge & Support	9	0	0	0
Total	63	3	3	3

The most difficulty in achieving the target was in families engaged with the ASB FIP, perhaps predictably

so given the nature of problems addressed by this FIP. No cases were identified in the Adult Key Worker FIP. Otherwise, fewest cases arose from the Family Prescribing FIP. Careful analysis indicates that the particularly problematic families exerted little impact on the overall outcome for educational attendance.

Figures 13-16: Change in school attendance for each FIP and all combined



STANDARD 11: EDUCATION (Attainment)

Standard Statement

To improve the attainment of those children from the families associated with the FIPs

Performance Measures

1. Increase in the literacy and numeracy of pupils within the project

There was little change to report in this field.

Table 18: Literacy and numeracy

Standard 11.1	Families relevant to the standard	Families not relevant to the standard	Baseline	Intervention
Adult Key Worker	2	8	2	2
Baby FIP	2	6	3	3
ASB FIP	1	32	1	0
Family Prescribing	0	6	0	0
Challenge & Support	1	8	1	1
Total	6	60	7	6

2. Reduce the number of fixed term exclusions

Fixed term exclusions reduced from 26 to 14, a 46% reduction.

Table 19: Fixed term exclusions

Standard 11.2	Families relevant to the standard	Families not relevant to the standard	Baseline	Intervention
Adult Key Worker	3	7	3	2
Baby FIP	0	8	0	0
ASB FIP	4	29	11	8
Family Prescribing	0	6	0	0
Challenge & Support	5	4	12	4
Total	12	54	26	14

Challenging Families

Not all families were willing to engage with the FIPs, and in particular not all of the members within the families had positive interactions. In relation to this, there were twelve families (18%) with individuals who proved to be particularly difficult to influence effectively, and the results of work with these often skewed results negatively. The impact of this lack of engagement was an increase in the frequency of problematic behaviours. The skewing of the data was most evident in criminal and anti-social behaviour. Therefore, it was decided to exclude the data for these families from the main data set for these two areas but to leave them in the other data sets as the impact was not significant. Clearly, these families could be viewed as failures for the FIPs, though this failure rate (18%) should be seen in the context of a failure rate of 10% reported in national statistics for similar projects across England.³

Criminal Behaviour

In relation to the number of arrests, these families displayed an increase from 13 to 111 occurrences. Four (33%) of the 12 had not been arrested during the 12 months of the baseline measurement. In relation to PSA crime, there was also a significant increase in the number of events. The figures rose from 4 at the baseline measurement to 44 during the intervention phase. Additionally, the number of individuals with no recorded PSA crimes during the baseline was 8 (67% of the total group) and during the intervention phase there were only two individuals with no recorded PSA crime.

Anti-Social Behaviour

In relation to nuisance incidents, the group's baseline measurement was 16, increasing to 73 during the intervention phase. Police call-out figures saw a phenomenal increase from the baseline of 52 to 180 during the intervention. Youth referrals went up from 17 to 39, while the number of contracts issued rose by four. Five individuals (42%) had no recordings at baseline for nuisance behaviour.

What is worthy of note in all these cases was the lack of capacity within parents (and sometimes older children) to change and to engage in a meaningful way with the support on offer. While closure of these cases to the FIP meant an exit into statutory services, every attempt was made to give the families enviable opportunities to change over a sustained period of time. As has been found in other evaluations, while this could be seen as failure of the FIPs, in fact it demonstrated more that cases in which change is resolutely avoided by parents and in which children are seen consequently to be at risk of harm are moved more swiftly into processes to protect the children and to find longer-term solutions. Lack of parenting capacity and absence of motivation to change characterised those parts of the dataset which demonstrated the least positive return on the efforts of the FIPs.

Additional details of nine families which were particularly difficult to engage are provided on the next page. The breadth of problem and intensity of intransigence are evident.

Conclusion

Some performance areas showed substantial improvement in indicators for the families, while others were more equivocal. For example, there was clear success in sexual health issues, but only small improvements in physical and mental health.

³Data provided by the Families Delivery Team in the October 2010 Department for Education bulletin.

Family A

The father in one family had a history of substance misuse and had experienced numerous episodes of incarceration. During the intervention he was released from prison and support was offered to him by the police and the Tower Project, to which he paid minimal attention. In due course he returned to drug use and offending and also encouraged his son to become criminally active, too. Prior to his release the FIP had positive contact with the family, but after his release this stopped.

Family B

A daughter in one family began to display higher levels of anti-social behaviour which was out of the context with her family situation. While her father was prone to binge-drinking, he endeavoured to work with the FIP throughout the period of intervention and he followed the guidance offered. The daughter in question had been raped when she was nine years old and the trauma and emotional damage of this event had never been dealt with effectively. She went to live with her mother for a time but there were even fewer boundaries and routines in place. The daughter was subject to a safeguarding plan, and it was accepted that a greater level of therapeutic intervention was needed in this case.

Family C

In another family the mother had a history of chaotic substance misuse and episodic involvement with criminality and social care. While the seriousness of this declined throughout the intervention, she was weak in terms of deterring associates from entering into her property and into the lives of her children. Her elder son also became peripherally involved in anti-social behaviour.

The group with which he associated used the front of his property as a meeting point, and his mother was ineffective in encouraging them to move on or in informing the police. She would also relapse into drug and alcohol use, which would lead her into petty offending.

Family D

A parent had a history of being in care herself and of abusive relationships. In turn, she allowed her property to be used for late night parties and anti-social behaviour. She also failed to show warmth and attention to her two boys. Both of her boys became involved in anti-social behaviour and then criminality. A high level of support was put in place by the FIP and social care, but the mother was always hostile towards staff and any endeavours to involve the two boys in positive activities.

Family E

One son in a family became involved in anti-social behaviour and was of serious concern as he would regularly go missing from home. Support was put in place around the family but to little effect as when the son was missing from home he regularly became involved with anti-social behaviour. Little progress was made in terms of exploring what may have been the root cause of his behaviour as a result of poor engagement with the FIP.

Family F

One particular son in this family became increasingly involved in anti-social behaviour as he began to associate with a local gang of young people. His mother was a victim of domestic abuse and struggled to deal with the emotional difficulties that her children were experiencing. It was the older son who spent large periods of time away from the family home, and it could be considered that his involvement with anti-social behaviour was in part influenced by his experience of home life.

Family G

The son in this family displayed some concerning behaviour in that he would regularly go missing from home and would associate with older males. While his mother worked and it would seem that she co-operated with FIP intervention, there was always a concern that workers were not being made aware of what was at the root of his behaviour. His older sister had been admitted into a specialist psychiatric unit for young people as she displayed suicidal tendencies from a young age.

Family H

This family experienced a high level of neglect associated with the lifestyle of the mother and her partner. Both adults were using much of the family's resources on alcohol, and this led to increased incidents of anti-social behaviour. A considerable amount of time was spent with the parent to enable her to meet the needs of the children, but with little impact for the good. Social care was forced to intervene and remove the children.

Family I

The mother in this family was a chaotic drug user who prioritised her own needs and the needs of her abusive partner over those of her children. There was little warmth between the parent and the children and the family was unavoidably referred to social care.

FINDINGS FROM THE FAMILIES

Family Perspectives

The subjective insights of the family members who took part in the FIPs were an important part of the evaluation. An exploration and examination of the views of family members in receipt of services from the family intervention team was achieved through family interviews (Eggenberger and Nelms 2007). The interviews focused on 5 key areas:

- Why and how the family became involved in the family intervention project.
- How family life had changed since being involved.
- What the family experience was of the services received.
- What if anything was different between these services and those with which the family had been engaged previously.
- What the family aspirations were for the future.

Approach to Families

A family information sheet was given to the families currently involved in the FIPs. The families were able to ask questions relating to the evaluation before agreeing to participate. Those who agreed to be interviewed were contacted by a member of the FIP staff and asked to sign a consent form giving permission for their contact details to be passed to a member of the research team. On receipt of this a mutually convenient place and time for the interviews to take place was agreed. All participants requested that the interview take place in their homes. All families were given the option of having a family worker or other person of their choice available during the interview for support. All declined. However, in line with safety regulations governing field work research, the evaluation field worker was introduced to the participants by a member of the FIP known to the family. This member of staff waited outside the family home until the interview was complete.

The Family Participants

In keeping with the ethos of the FIP, the researchers made determined efforts to involve as many members of the family as possible. However, the timing of the interviews (between 10am and 5pm) meant that some children and young people were unable to participate as they were attending school or college. In total, six families agreed to take part. Three mothers and one father asked to be interviewed alone, one mother and father asked to be interviewed together, and one mother, two of her daughters and two of her sons agreed to be interviewed together.

Family 1

Family 1 had constant visits from the police, and on one occasion the police tactical aid unit responded to a report that young people with knives intent on harming others were at the house. There had been many complaints from neighbours, and the family feared eviction. The mother was drinking heavily and unable to parent effectively. The children felt that they had lost control of their home. They thought that their home was a dangerous place and they did not feel safe. The house was often used by other young people for parties. Property was stolen and serious damage to the fittings and fixtures in the house was commonplace. The children's school attendance suffered, and as a consequence they were not reaching their potential. The ASB FIP team intervened.

Family 2

The mother in family 2 had been diagnosed with cancer and grand-mal epilepsy. The nature of the epilepsy meant that she suffered from recurrent convulsions and needed full time care. The father had resigned from his job to become a full-time carer for his wife and daughter (who had Downs syndrome and a bowel

disorder). Their eldest son had a diagnosis of attention deficit disorder and mental health problems. He also had suicidal tendencies. They also had two younger sons attending the local high school. In an attempt to cope, the family had invested heavily in a Blackpool business. They were unable to cope when the business failed and they became financially compromised; they could not meet their mortgage payments and had been threatened with repossession. Initially, they had managed to sell the business at a greatly reduced cost and had moved into rented accommodation. Unfortunately, the landlord of this property had failed to maintain the mortgage payments. He had left the country, and, following visits from bailiffs the family had to move out leaving many of their personal possessions behind. They had been told by council staff that they had to wait until they were escorted from the rented accommodation by bailiffs and were officially homeless before help could be offered. Only then could they be taken to a homeless refuge. The mother had written eight letters, each to an individual whom she thought may be able to garner help for the family. These included the lead of a national charity, the family's Member of Parliament, and a senior member of the local council. Eventually, the charity intervened. As they could not recommend the family to themselves for help, they contacted the FIP and asked them to become involved. An adult key worker was appointed.

Family 3

Another mother explained how physical violence had always been part of her life. Her previous partner, the father of one her children, had been prosecuted following a serious physical attack. The attack was so serious that he was given a custodial sentence. The nature of the attack left her socially isolated. Her family could not cope, her brother and sister would not visit her, and her mother found it too difficult to discuss what had happened. She was drinking heavily and turned to an old friend. He was using cocaine, and over time she became a user. The impact on her family was devastating. Her eldest child (5 years) was often late for school. The youngest (18 months) was cared for but the house was chaotic. There were no routines. The mother stated that her life was out of control. She was concerned that she would lose her children. Her drug worker asked if she would like help from the FIP team. The family was offered help and support from the Baby FIP.

Family 4

The mother in this family explained that she was a strong person and very able to cope. Her husband had been an alcoholic for some time, and one of her daughters had severe special needs and was partially sighted. Her son (aged 14 years) had mental health and anger problems. He often fought with his father and had threatened to stab him. Following an incident when the son threatened to murder his father, the police were called and the father was removed from the house. The son then disclosed that his girlfriend (16 years) was pregnant. When the baby was born the young couple had difficulties in caring for her properly. The young mother had difficulty bonding with her daughter. The grandmother was very concerned for the infant's welfare and explained that she had a great deal of difficulty in getting anyone to listen, let alone help. She was concerned for her granddaughter's safety. The grandmother worked with a local volunteer group, and at one of these meetings she confronted a senior member of the council who passed her details to the FIP team. The family was enrolled into the Baby FIP.

Family 5

S, a single parent with a five year old daughter, had a 15 year history of drug misuse. He had 3 daughters. His wife had custody of two, but he lived with his 3rd child. He had decided that he needed to change to protect his daughter and prevent her being taken into care. He was offered help from the Family Prescribing Project.

Family 6

M, the mother of a five year old boy, was referred to the family prescribing project. M had faced a number of family problems and had become socially excluded. She had a history of substance misuse. She had previously lost the custody of her son and was working hard to prevent this from happening for a second time. She agreed to work with the Baby FIP.

Data Collection

Family interviews enable 'family-level' data and affirm the importance of the family's perspective (Eggenberger & Nelm 2007). The family interviews lasted between 30 and 90 minutes. All were digitally recorded and transcribed verbatim by a professional transcription service. A digitally recorded verbal consent was taken prior to the start of the interviews and all the participants were reminded that they could discontinue the interview at any time. On completion of the interview the participants were asked if they would like any of the conversation to be embargoed. One mother asked that the personal details regarding the nature of a serious physical attack remain undisclosed. This request was honoured.

Data Analysis

Initially, independent thematic analysis of each interview was undertaken. This involved line by line analysis to generate initial codes for each case. The codes from each family interview were then compared and general categories identified (Quinn Patton 2002). The categories included significant burdens; wanting to change; targeted needs assessed intervention; it's different now; and better futures. The findings are presented using the categories as sub-headings.

Findings

Significant Burdens

Each family had a history of significant burdens. Some dated back to the parents' own childhood. Some had a history of drug and alcohol misuse. These substances had been used to quell their feelings and to cope with situations that the parents had found difficult to manage. This often led to chaotic lifestyles, and in some families the chaos led to violence between family members, inadequate parenting, the involvement of the police and extreme disquiet from neighbours. These left the children and young people in the families not only disadvantaged, but sometimes subject to multiple disadvantages. They were at risk of having their futures pre-determined by the mistakes and decisions of their parents; an outcome that the Minister for Children in the new coalition government has declared to be unacceptable (Teather 2010). However, the parents and the children often spoke of their determination to make things better for the whole family. It was not that they did not want to make changes to their lives; it was that they sometimes did not know how to do this.

Wanting to Change

A strong theme to emerge from the analysis of the family interviews was the families' desire to change their situations and lives. Wanting to change was founded on a number of factors, including being ready to change, accepting help, being honest and open with workers from the FIPs, trusting relationships with workers and perseverance. Wanting to change was often related to a perceived threat to the future stability of the family. These threats included the risk of eviction, homelessness, bankruptcy, children being taken into care and prosecution. The families explained that their family lives were chaotic. They also explained that families in situations such as theirs were often stigmatised. One family explained that they believed that others thought their reliance of welfare meant that they were 'dross'. The father from family 2 said that needing help from the state was both 'humbling' and 'humiliating'.

Readiness

Key to becoming involved in the FIPs was the notion of being ready to change. The families explained that they thought that the offer of help from the family workers was a one-off chance that they needed to accept in order to deflect the threats facing their family's stability. No-one reported being coerced or feeling any pressure that their family must be involved. Rather, they considered that the family intervention project offered the chance of a better future. That said, they all explained that they knew from the outset that there would be rules and boundaries and that should they fail to comply with these their continued involvement in the project would be put at risk.

“It’s down to the individual, if you want to change. If you’ve had enough that much, and you recognise you’ve got the support there, and they made it clear that if I’m good with them, they’ll be good with me you know, and that’s exactly what happened...” (Father family 5)

“If you really want your family to change then you have to be prepared to do it...” (Mother family 1)

Accepting Help

Part of readiness involved accepting help. This meant that the families had to accept that workers whom they did not know would be visiting them, and that these visits would take place at frequent intervals, most often unannounced. Accepting help was the first step:

“Its realising that you need the help...” (Mother family 3)

“I had to accept where I was; it took a long time to do that...” (Mother family 3)

Being Open and Honest

The families reported that they had a clear understanding that they needed to be open and honest with the workers. They understood the need for this and that hiding problems or incidents would only lead to further problems.

“Well they said to me ‘if you’re honest with us we will help you’” (Father family 5)

“Because you need to go that bit further, that bit deeper to get anywhere. We could all put fronts on, make out everything’s hunky dory and that when it really...” (Mother family 1)

However, this aspect of their involvement, particularly in the early stages, was hard for families. Many had previous experience of working with other agencies which had coloured their expectations. In one family the children and young people were instrumental in helping their mother to accept help.

“At first I found it hard. I thought it was an invasion...but then the kids ganged up on me...” (Mother family 1)

The families reported that the previous services that their family had been offered sometimes resulted in generic solutions that were at best unhelpful and at times unacceptable.

“She’d take the kids off to make pizzas at the family centre. Take them off to make cakes. That wasn’t what was needed. It was more intensive work that was needed...” (Mother Family 1)

“We didn’t want her here. Some days we just wanted to tell her to go away.” (16 year old son family 1)

“N’s (disabled daughter) social worker was saying ‘I’m only here for N’. I tried to say ‘well if we are made homeless N will be made homeless as well’. But she said ‘well...she couldn’t deal with that’.” (Mother family 2)

Some of the families reported that other agencies had failed to understand the family’s history or the nature of their problems, the difficulties they faced and what mattered to them most. They reported feeling that they were being judged and told what to do, and that their own insights into their problems were subordinated by professional understandings. When they had difficulties keeping appointments or engaging with previous services they felt disregarded and judged as being disinterested. It is worth noting here, that of the 70 families involved in the FIPs, just two had access to their own transport.

“Some people, like social services and stuff like that, they’d go ‘Oh well, I’ve not got a phone call, they’ve not been in for this appointment. Oh well, we’ll leave them to it’.” (Mother family 6)

In particular, the parents' self perception of being good enough appeared to be challenged by the involvement of schools. Passing information to the school and letting the teachers know what was going on was particularly hard for some parents to accept. Some families had older children who had successfully completed their school career. One mother was a parent governor and another felt that letting the school know that she had a history of substance abuse would mean dragging her past into the present. This threatened her 'new start'. She had moved house so that she was away from negative influences, and she wanted a new beginning. Other parents expressed similar thoughts:

"I didn't really want the school knowing about her business... I didn't think that the school really needed to know that I was working with them..." (Mother family 3)

"I don't want people (school) finding out... I mean, we have had five through that school, haven't we... and I've been involved with that school, I've been a governor at the school. I set up the library. I don't even go to school [now]. I don't want to have conversations with people." (Mother family 2)

It seemed that the schools were perceived as fully integrated parts of the community. Letting them know that the families had difficulties appeared to challenge the value that they placed on being good parents and good families. That said, the families accepted that the school attended by their children was an important part of the life of their child, and, although at times they were uncomfortable with the decision, all agreed that the information could be passed on. This was in keeping with the open and honest pledge they had made at the start of their involvement. In addition, one mother explained that she had signed an agreement: this meant that letting the school know was part of her contract to keep to the rules.

Trust

Being ready to invite the workers from the FIPs into their lives was also an essential component. Although each family had a different history and a different set of problems, they all agreed that the initial phase of involvement with the project was hard. The families explained that this always took time.

"When I get used to new people being in my life they just ditch me and go, so it was like a barrier... It took me a couple of months to settle down." (Mother family 6)

Before any meaningful work could begin they needed to develop a trusting relationship with the workers who had been allocated to their case. While there were occasional reports of the families disliking some workers, it transpired that these staff had since left. In all cases, trust developed over time. Key to this was the way in which the workers approached the families, their non-judgmental attitudes, empathic understanding and their ability to work with the families' priorities rather than professionally driven agendas. A number of factors were implicated in the development of trust, including keeping promises, persevering with families, repeated visits and knowing when to 'back off'.

"They look at the whole picture. 'Oh well, she might be depressed, she might be ill today, just give her another knock later and see if she's okay.'" (Mother family 6)

"You get the impression that they want you to stay in recovery. They want you to do well. They don't do it bureaucratically." (Father family 5)

"I think they're dedicated. Well, that's what I think it is. They're dedicated to the job. They're dedicated to helping people try and improve their lives and nothing else. Its dedication." (Mother family 1)

Of note was that the mental health input seemed the most frequently cited as the service which was most likely to disengage and 'give up' on family members. The reasons for this are not clear and worthy of further exploration in the future.

Perseverance

Persevering and being persistent was the strategy used by the family workers that was one of the most valued by families. The families reported that workers knew when to back off but always came back. They also knew that when their relationship with one worker became strained another would come in to the family so that the work could continue.

“I’ve noticed that whenever S [family worker] has said or done something they [young people] don’t like, they both come to me and say ‘Oh we’re not going to speak to her again’ and then I have to sit then down and say ‘Look, this is why she’s said or done what she’s done. This is the situation you were in, this what you were wanting, it’s not acceptable’ ... but they always go back to her.” (Mother family 4)

“They don’t give up.” (Mother family 1)

Over time, the families agreed that the workers and the solutions they proposed were most often right. It was just that, on occasions, they needed some time to come to terms with them. They felt that the workers understood this.

Targeted Needs Assessed Intervention

The families expressed strong satisfaction with the approach taken by workers. Identifying the needs of individual family members and proposing solutions that were tailored to individuals was highly regarded. An example was workers offering S tickets for the pleasure beach when he returned three clean urine samples. Motivated by his desire to work hard for his daughter meant that this ‘carrot’ approach worked well. As noted earlier, the families were somewhat critical of the generic solutions that previous agencies had offered. It seemed that these had promised little in terms of a long-term solution to the family problems. In this category the families talked about the practical help that they had received, and they valued the parenting strategies that they had learned. This was underpinned by effective communication with the families and between the workers. The family intervention workers adopted working strategies that reduced rather than increased the families’ feelings of exclusion and reduced their perceived stigma. Overall the families felt that they received a comprehensive but targeted offer.

Practical Help

Practical help and the provision of goods to ease family problems were always appreciated. For instance, providing a bed for one family meant that a young couple and their baby could vacate the living room, making the day-to-day living for other members of the family tolerable. Similarly, helping young people with the preparation of a curriculum vitae and job applications was highly valued. Volunteering was used as the first step back to social inclusion and work, education or training.

“They help with job things. Job searches and stuff. They get you into things. I did that Princess Trust, 12 weeks work.” (16 year old daughter family 1)

Taking family members to appointments reduced the perception of families being disinterested in making a contribution to improving their own lives. Helping one parent to complete a university application and loan form meant that he could accept a place on a degree programme. He was proud to be the first member of his family to attend university. The family intervention project workers also helped families to clean and organise their homes. They taught young parents how to cook healthy meals and how to wean their baby.

Financial Inclusion

Exclusion from mainstream financial support has been identified by the new coalition government as one of the most challenging public policy problems. Recent estimates suggest that 2,500,000 people borrow from doorstep lenders or loan sharks. Most of these live in social housing (National Housing Foundation 2010). Enabling financial inclusion is a central plank of the coalition government’s priorities that was reflected in the

work of the FIPs. The workers did what they could to achieve this for families by helping the families to apply for grants, open bank accounts and making available to them affordable low-cost loans.

“I opened a bank account.” (Mother family 6)

“They made it affordable.” (Mother family 1)

“They helped me apply for my student loan.” (Father family 5)

Financial inclusion was highly valued by the families. The help from the family workers not only increased their financial capability, it meant they were more able to help themselves and that they were better equipped to make sound financial judgements and take advantage of the financial benefits that other members of their community took for granted.

Parenting Strategies

Parenting strategies were frequently cited by the families as helping them to reduce their chaotic life-styles. In one family, the friends and acquaintances of the young people used the house freely. Damage was caused to the fixtures and fittings. Televisions and mobile phones had been stolen. The children had no privacy and felt unsafe. The mother had reverted to alcohol abuse, and the family was at risk of eviction. The family intervention workers explained that the situation was serious and offered practical help along with parenting advice to improve the situation.

“At first [they] took over my role because I wasn’t capable of doing it. As things have improved, they don’t come around half as much as they used to have to do because they know now that I am, to a degree, a lot more capable of sorting the situation out than I was.” (Mother family 1)

Essentially, the family workers not only took over her parenting role and gradually helped the mother to work through her problems and re-assert herself as the parent in the house, they worked with each of the young people in the family to improve their individual situations. The young people reported that their home was now a safer place. They were keen to improve the standard of the house further and felt that they would eventually make this happen.

Effective Communication

Clear communication between the FIP workers was also highly valued. Having to recount a story once instead of repeatedly telling different agencies the same thing was valued by families. The families also knew that the team communicated well. An example was how police officers checked the police log to identify if any of the families on the project had been in contact with the police. When families had, the police visited the families to find out what had happened and helped them to get back on track.

“They [family workers] ring up, they go in, when they on their shifts and read all the logs so they’re totally aware the police came round. Even though you try and cover things up, there’s no getting away from it. There isn’t.” (Mother family 1)

This was considered to be part and parcel of the open and honest ethos of working.

Reducing Stigma

Visits to the family homes were often frequent but low profile. This was important to the families. Some had explained that their situations had left them feeling stigmatised. They wanted to be like other families. As one mother said, they were not a ‘bad family’ just a family in need of help. The parents in the families were often concerned to protect their children from the perceived stigma, and they knew that some members of the community would use the information that the family were in receipt of help against their children. This was especially important for a number of cases where the children from the family had been bullied by the local community. An extreme example was that one young man was targeted as a ‘grass’. He had been subject

to a serious retaliatory assault but had refused to disclose the name of the perpetrator to the police. The family home was visited on a number of occasions by some of his contemporaries who threatened him with knives. The ultimate threat was that he would be murdered. This young man wanted to be moved to a safer area. However, as his mother owned the house where he lived, and given that the house was in a very poor state of repair, it was not possible for them to move. He had been offered accommodation for himself but felt he would be unable to cope alone.

“[We’ve] had for over a year, police outside our house...every week...and then FIP run up and they don’t come in police cars, they come in their own cars. Sometimes they come in with the protective clothing on but they’re not totally visible like a uniform. That’s very important... stops talking, because people ask questions.” (Mother family 1)

Non-uniform police officers were an important part of the offer to this family which was trying to re-engage with the community and to reduce conflict with neighbours.

A Comprehensive Offer

The families had a clear understanding that the family intervention workers were highly skilled and that they had in-depth knowledge of and comprehensive access to a raft of services and support. They were perceived to work on individual problems while maintaining a strong family-centred ethos. This meant that the families perceived that what they received was focused, targeted and assessed help.

“She’s [family worker] got an awful lot of knowledge about different things. She has worked in housing, you know, like these grants people get for heating and things like that, and if she doesn’t know she will say ‘Oh, I am not sure about that, but I will find out’ and she does. She is like a mine of information.” (Mother family 2)

“Her intention at the moment is to make the council look outside of the square box. She is trying to look at N’s needs and my needs. She is looking at us as a whole family...” (Mother family 2)

In turn they described the service as ‘brilliant’. It was helping them to change their lives but never supplanted the parents’ role or set priorities that were at odds with what mattered most to the families.

It’s Different Now

The family participants pointed out significant improvements to the lives of their families. The parents explained that their confidence and self-esteem had developed. Their children were attending school, getting to school on time and achieving. Police involvement with their families had been reduced. The mental health of some family members had been improved. Many of the parents and young people expressed their desire to help other families in similar situations through voluntary work and paid employment.

“[Its] more calm now. The house used to be everyone running by it, shouting, going mad, but now it’s just calmer.” (16 years son Family 1)

“They have made a massive, massive difference to family life. They really, really have. It’s like now; normally you wouldn’t be able to sit here having these sorts of conversations.” (Mother family 1)

Overall, family life was less chaotic. The families were striving towards social inclusion, not least through voluntary work, training, education and paid employment.

Back to work

Many of the adults were involved in voluntary work. This seemed to offer an important step in their re-engagement with their community. It also meant that they had additional skills to declare on job and college applications. Many of the parents had returned, or were planning to return, to education. One father had

achieved 'A' levels that had opened the door to higher education. This had a knock-on effect for his young daughter who copied his avid reading habits. He was proud that she seldom watched the television. She had been identified as having developmental delay but was now doing exceptionally well at school. He was delighted to be told by her teacher that her work in mathematics was two years advanced.

Other adults were actively pursuing employment. They had been helped with university and college applications or had been helped to find jobs that they could manage and which they enjoyed.

"I love it. I love working." (Mother family 6)

The families conveyed the sense that they were becoming increasingly socially included. This had positive outcomes for the children, young people and adults involved. Of note, however, was the failure of one school to work to agreed standards for attendance for one young person. His mother reported feeling very let down by this. Nevertheless, the family workers were helping him to secure a place at a college so that he could continue his education.

Helping others

Such was the value placed on the services that the families had received that many parents expressed their desire to work with other families in a similar way. Many stated that they knew of other families which would benefit from similar interventions.

"Whoever made this sort of team up need a pat on the back. They've ended up being gods. You know, we need them. It would be a crying shame [if the service stopped] because there are families out there that this has not happened to yet." (Mother family 1)

"Keep it on." (16 year daughter family 1)

"The work they do is really good because of the way they do it. It's not like they've got a list of do's and don'ts. I honestly cannot praise them enough because they've just helped me change my life around so much. It's been really, really good." (Father family 5)

While they accepted that these families would have to be ready to change, they all agreed that the service should be far more widely available

Better Futures

Overall the families were optimistic about their futures. A number were due to step down from the project, and this had caused some anxiety. It was not that they were still in receipt of intensive intervention. As their self esteem and confidence had grown and as their family lives became less chaotic, the family intervention workers had gradually withdrawn. It was that they had come to value their family workers as reliable friends. They expected that even when their family had been closed to the project that their workers would always be at the end of the telephone. What concerned them most was that the funding for the project would be lost.

Many of the families reflected on what their family situation would be without the help that they had received from the FIP. Their reflections were bleak. Most thought that their families would have broken down. They felt that violence between family members would have led to prosecution and criminal records. Children would have been taken into care. Young dependent adults would need to be accommodated. Those with serious health problems would need additional state-funded support and care. Families would be homeless. Some thought that the mental health of some family members would be affected to such an extent that they did not want to contemplate the consequences.

In contrast, the input from the FIPs left them feeling optimistic about their futures. While there was still uncertainty for some, the family workers offered a lifeline. The families no longer felt isolated. They had somewhere to turn to for help. Many of the adults were making positive contributions to their communities through work (paid and voluntary), and many were engaged in self-improvement through education. Some

families also pointed out the potential cost to the state should the service be withdrawn. In contrast, and given the outcomes from which they had benefited, they felt that it provided excellent value for money.

However, the families also noted two areas of concern. Of all the services on offer, those related to mental health were considered to be the most likely to disengage and the least likely to be persistent. This had implications for the trust in the services offered. It was as though the ethos of the mental health offer was more closely aligned to the culture of previous services than that of the family-centred ethos evident in other parts of the FIP.

The second concern related to access to the services. Accessing help was extremely difficult for two families. They felt isolated, unheard and lost. The mothers in both families worked hard to lobby senior council officials for help. This worked for both of them. However, this underlines the need for a readily accessed way in for other families which are unlikely to adopt such extreme measure.

Conclusion

The concluding question participants were asked at the close of their interview was to state the most important message that they would want to convey to the commissioners of this study. Their overwhelming response to this was that the service works, it is valued, and it makes a difference. It saves money. It achieves these things through a workforce culture that is non-judgemental of families, a culture that listens to what families have to say, and a culture that places the needs of family members at the centre of targeted and needs-assessed interventions.

FINDINGS FROM STAFF

Introduction

In addition to outcome measures and views from families, the evaluation sought to elicit from involved practitioners and managers perspectives on effectiveness of interventions (particularly the impact on families), practicalities of interagency working, and judgement of possible alternative outcomes if the intervention had not been applied.

A half-day event was held to bring together practitioners and managers from all of the projects to engage in participative methods of data collection. The event was structured to pursue three tasks, each focused on a key issue, and interspersed with review periods. Refreshment breaks provided the opportunity for participants to review the conclusions arrived at by other groups and to engage in further discussion.

Impact on families

This was investigated through structured discussion in mixed groups of 6-10 participants. Members of the research team facilitated the task, keeping the discussion on focus and prompting the recording of notes on flipchart paper. Delegates were instructed to consider the effectiveness of interventions and specifically the impact on children. If required, the Every Child matters framework was proffered as a means to think about achievement.

Impact on practitioners

A similar format was used for this task which focussed on “What is different now?” and “what do you know now that you didn’t know or understand at the start of the projects?”. Participants tended to stay in the same groups.

Outcomes for the organisation

This task was organised along the style of “World Café”. Tables were set up as stalls or “cafés” with paper tablecloths and a selection of coloured pens. Each café had a “proprietor” who was one of the research team whose role was to promote open discussion of issues relevant to the specific café. “Customers” were free to move from one café to another, joining in discussion, offering new perspectives, writing notes, comments and suggestions on the tablecloths, and reflecting upon notes left by others. Four cafés were held:

- **The Hard-Up Café** – Financial issues.
- **The Calm Before the Storm Family Restaurant** – Cultural change for children, young people and families
- **The Bull’s Eye Bistro** – Targets and PSAs.
- **The New Broom Eaterie** – Cultural change in practitioners.

An informal summary was made to close the day, and the flip charts, notes made by facilitators, and tablecloths were retained for analysis. Content analysis was undertaken guided by the system proposed by Elo & Kyngas (2007).

Participants

There were 25 participants representing a wide variety of services and initiatives, with 14 managers and 11 other staff (including family support workers, key workers, senior key workers, and administration). The services and roles that were represented included

Family Prescribing
Alcohol, Substance misuse, Addiction
Domestic abuse
Pupil welfare
Positive steps
Awaken & Catalyst
Police

CAMHS
Social Services Department
Youth Offending Team
Springboard & other FIPs
Commissioning
Service development

Outcomes

Impact on families

Discussions focused on a number of key issues, but on the whole responses related to the whole family. Some issues were identified which were specific to children.

The impact on families as a whole

A number of factors were reported which together indicated that a holistic service had been developed which was clearly to the benefit of families.

- A whole-family approach (“Think Family”) was adopted in which services were tailored to the family’s needs rather than requiring families to fit in with individual service priorities and ways of working. Professionals had committed themselves to working together, and the continuity that resulted for families was much valued by them. Brokering services through a single key contact was a vital move forward for families. Families came to experience consistency in approach, and this had a stabilising influence on the household. Gaps in service were more readily identified and addressed. One example of this related to services for parents with low-level learning disability.
- The key worker function was noted to be vital, establishing a positive working relationship and promoting trust in workers and professionals. Listening rather than telling was an important factor in establishing this trust, and this trust was sometimes emphasised by the key worker arriving, “putting the brakes on” and bringing a sense of calm to what seemed to families to be chaos and confusion. In turn, the trust also enabled frank discussion and disclosure of additional needs and problems.
- One manifestation of this working together and simplification for families was in assessment. Family assessment, common assessment and others were undertaken as a single assessment, forming a structure for intervention and review.
- Fluid movement within the system of care and intervention was achieved. This could be “vertical” between levels of need and concern, families moving into statutory intervention or back into universal services as necessary, and also “horizontally” between services.
- Practitioners reported that they were achieving pre-emption of the escalation of problems, enabling early intervention. Skilling families to cope in the future was a successful strategy. In particular, skills of organisation and implementing routines were important, exerting a significant impact on the quality of family life. Promoting the ability of families to cope in future was seen to be a preventative function.

The specific impact on children

A number of benefits were identified which covered the width of the Every Child Matters outcomes.

- Improvements were seen in school attendance, in engagement with training, other education and volunteering.
- Attachment was thought to be enhanced, and resilience was held to be strengthened by the interventions.
- Substance misuse was found to be reduced, as was social exclusion and its common manifestation in criminal behaviour and antisocial behaviour.

- Life skills were increased together with life chances, and children were seen to be enabled to enjoy their childhood. Aspiration was raised, as well as self-esteem.

Negative issues

Two issues were reported to hold back further development and achievement. A protected workload was deemed to be essential to make intensive family support possible and effective, and also to take on a more preventative role. Large numbers of families were known of which could benefit from the service if resources were available to allow this.

Impact on practitioners

There was general agreement that the key worker role, a “no wrong door” policy, a single point of contact for families, and sharing of information all came to result in better and more timely results.

When asked to consider **“What is different now?”**, there was strong feeling that cultural change in ways of working had been achieved.

- Multi-agency working, information-sharing and holistic approaches to families had become the standard rather than a new challenge. Preventative work was being undertaken and was being found to be cost-effective as well as providing sustained change which families clearly appreciated. The necessity for out-of-hours or shift-working was noted for the continuity and effectiveness of the service.
- Engagement in family homes had led to better observation and understanding of the situation, in turn leading to better-informed decision-making. The availability of research evidence to demonstrate areas of achievement or change was noted as a stimulus to be more efficient and to address remaining areas of difficulty.
- Individual services contributing to the FIPs had noted positive changes. For example, the police had seen positive impacts on police outcomes, while the presence of non-police staff in police stations had been seen to exert a clear effect on breaking down barriers between services. Housing managers had come to realise that alternatives to enforcement could be made to be successful and cost-effective. Rather than moving problems on to be dealt with repeatedly, the FIP approach had led to improved situations for families and sustained, cost-effective outcomes.

Delegates were asked **“What do you now or understand now that you didn’t know or understand before?”**

- There was a strong feeling that there was sufficient evidence to support the belief that the model worked. The whole-family focus and family-led interventions were held to be the best way to work. Many expressed a feeling that they had developed a better understanding of why families present in the chaotic state so often seen by FIPs workers, the precedents to the need for intervention, and the frustrations felt by parents at the inability to achieve their aims.
- All agreed that they had developed more respect and understanding of the roles of other individuals and agencies. This had led to more whole-hearted engagement in interagency, multi-professional working.

“What would have happened if the FIPs were not in place?”

Both staff and managers agreed that outcomes would have been generally poorer, and could have been catastrophic for some families.

- Children and whole families in desperate need could have lost within the care system, and serious problems would have remained hidden.
- Certainly, more children would have been taken into care. Some would have sustained harm through physical abuse or neglect, and tragic deaths were a significant possibility.

- Achievement in the 5 outcomes of Every Child Matters would have been much-reduced.
- Families would have reverted to “revolving door” patterns of referral, intervention, discharge and re-referral.

Remaining challenges

As should be expected, some problems remained and were recognised to be a considerable challenge.

- The system generally promoted more efficient selection of families for the FIPs, and the screening of potential clients was welcomed by practitioners. However, many families had to be excluded because of lack of resource.
- Careful selection of staff was noted to be important since the work was often stressful and unremitting.
- The difficulty of managing change and sustaining cultural change had been learned by many. Bureaucracy required further amendment to be more supportive of the new ways of working, particularly in avoiding delay in intervention.
- Despite the advances made, problems remained with barriers to information-sharing, incompatible data-systems, and limitations presented by legal frameworks (such as the Caldicott requirements and the Data Protection Act).

Outcomes for the organisation

The Hard-Up Café: Financial Issues

- Concerns were expressed about the mid and longer-term future of funding for projects and associated job-security.
- Job security!
- Due to current financial issues, staff are unsure of their future, if this is the case how can they help someone else’s future. They are not giving the role/job 100%.
- New government: OC what next!

The pooling of budgets to make finance available for each case was upheld. This was seen to be a way to achieve cost-saving and cost-efficiency. It was recommended that this model be rolled out across wider service groups. The concomitant need for the commissioning group to monitor and ensure continued quality of value-for-money was recognised.

- Financial commitment from all agencies.
- Continue commissioning budgets for families.
- Individual commissioning budget needs to stay.
- Develop individual level commissioning.
- Strategic acceptance of the need to pool budgets and a commitment to share resources.
- Look at how current services / budgets can be shared to use money / resources to its best value. incl health / LA budgets.
- If FIP saves money other agencies need to learn and respond.
- Could quantify “spend to save” eg: what costs to NHS, child protection etc if no FIP intervention would highlight VFM. (value for money?).
- Working differently is more cost-effective.
- Need a joint commissioning group to monitor progress of performance / fight the corner for FIP and ensure it is embedded in the strategic commissioning agenda.

Knowledgeable guidance of funding priorities was supported. This included evidence-based decision-making but also involvement of key workers in the decision.

- Understanding of what priorities are. Eg: volume and risk.
- Key worker's judgement on financial issues.

Just as families benefited from sustained engagement and stability of arrangements, so, too, would the services themselves.

- Need to invest heavily in early intervention over a sustained period of time so we are not constantly fire fighting.
- Sustainability!

The Calm After the Storm Family Restaurant: Cultural change for children, young people and families

That the new ways of working were supported was clear, and the grounding of this move in the realities of practice was also expressed. The potential for other services to benefit from adopting some of the FIPs learning was indicated.

- It's great to be working with a company that's moving with the times and vision.
- FIP is the last resort – we need to intervene in same way at an earlier stage.

However, more commitment was demanded from some colleagues, particularly in changing working hours and working outside traditional role boundaries.

- This is a way of working – not just an add-on to existing work.
- Staff need to work hours that suit the family not the staff
- All staff in all departments should work outside 9-5.
- Let's get everyone working out of hours when families really need them.
- Staff should be allowed to be flexible... work outside their roles.

This was linked to an expectation that the key worker principle would be taken seriously, and that all would take a sincere approach to the work.

- Take personal responsibility for dealing with issues and seeing them through to a conclusion – don't just pass them on and forget about it!
- Why are we asking teams/staff to 'Think Family' and not telling them! If they don't want to, then they can leave!

Unlikely suggestions were made to force sweeping changes to professional preparation along the lines of these interventions, though these clearly showed lack of understanding of such matters. However, other voices urged more understanding of individual practitioners' situation and responsibilities both inside and outside FIP involvement.

- Need to change professional training eg; social work / health visiting to embed the 'Think Family' approach in the work they will do when qualified.
- Difficulties with working in a Think Family way + balancing this with the needs / requirements of own organisation.
- Staff need a proper induction in order to get a good basic knowledge about what ALL relevant partner agencies do.
- To look outside their own service area + learn how the sum can be greater than its individual parts.

The Bull's-Eye Bistro: Targets and PSAs

There was much dissatisfaction with centrally-dictated targets which were seen to bear little relationship to the realities of practice.

- Conflicting and competing targets need looking at!
- Need to look behind the targets – what really makes a difference / has an impact?
- Regarding targets, we need to look at each target and WHY? SO WHAT? Who are these targets benefiting?
- Even more unachievable targets! More reporting! Many beyond our control + not outcome driven.
- Achievable + realistic targets that mean something!
- There needs to be more shared / joint targets / PSAs not ones that work against each other. Esp. health + social care / LA etc. (Different agencies NOT in FIPS).
- More realism about some targets. Especially challenging families.

Despite these protests, there was understanding that better knowledge of each agency's targets would help to improve the service generally.

- People need to understand shared PSAs and targets and how they impact or compliment each other.
- Targets for multi-agency groups need agreeing at strategic level between the agencies so that their work can be measured as a group rather than having to be linked with the targets of the individual organisations.
- Multi-agency working – each agency has their own targets.
- A change from ticking boxes to really make a difference.

The need for evidence to maintain support for services was recognised, but these were identified as being local objectives, grounded in the reality of the local population and its problems. Outcomes, particularly for individual families and children were recommended.

- Baselines are important to be completed for sustainability.
- Take the focus off targets and focus on outcomes.

The New Broom Eaterie: Cultural change for practitioners

A wide range of issues was identified. These related to budgets, approach to families, and attributes of the successful "Think Family" practitioner.

Budgets

- Greater pooled resources – more multiagency teams.
- Using your resources for appropriate exit strategies.
- Doing things differently with access to a budget to assist change/ opportunities.

Approach to families

- An 'open door' so a family always knows they don't need to be alone.
- Families don't have to reach crisis point before they get a service.
- (Response) Always? They shouldn't have to, but clearly sometimes they are in crisis before anything is done.
- Persistence is important for families – we aren't going away and neither are the problems.

- Breaking the cycle – to ensure better outcomes for this & the next generation.
- To be prepared to use own 'authorities / powers' to assist other agencies to meet a family aim and vice versa.
- Agencies communicating with each other & clients to ensure all aims are same & achievable & the way to achieve them.

The successful “Think Family” practitioner

- To be prepared to work as part of a 'whole' team across agencies rather than refer + discharge.
- The concept is easy the multi agency is essential for success for families and making professionals work life easier more manageable.
- To be prepared to understand the culture and 'drivers' in each agency and adapt own behaviours to meet common aims.
- Committed to the multi-agency team.
- Persistence.
- Assertive approach.
- Committed to greater / achievable ambitions for all.
- Social inclusion.
- Practical support.

Conclusion

Practitioners and managers were clearly wholeheartedly committed to the principles and practice of family-centred and whole-family approaches. The key worker role was held to be vital, as was the practice of engaging families in the family home. Workers felt that they had learned to understand each others roles better, and that this had led to increased respect. They believed that they had moved on from intervention to a point of often pre-empting crisis and preventing many problems from escalating. The effect of losing the FIPs was universally held to be potentially catastrophic for families.

They saw clear benefits for families, often reporting the explicit accounts of parents and children as evidence of this. Gaps in services had been more readily identified. Specific benefits for parents were more obvious than benefits for children directly.

The practitioners' concerns related to lack of time to complete the job as thoroughly as they knew that they could do, being hindered by targets which were not in tune with the realities of practice, and considerable tension over financial restraints. There was heated discussion about the need for more staff to change working hours and shift pat

MESSAGES FROM THE EVALUATION

KEY MESSAGES FROM MEASURING OUTCOMES

- In keeping with the findings from the family interviews and staff workshop, wanting to change appears to be an important factor in determining the success of the interventions with some families.
- The quantitative measures suggest that while not all of the services offered to families and individual members are taken up by everyone to whom they are offered (for examples see the results for the take up of contraceptive services and smoking cessation) most families have members who will engage with some services. In particular, being placed on a dentist's waiting list seemed highly valued. Although the family intervention workers do what they can to improve the health and well being of the people with whom they work, it is the right of any individual in receipt of services to refuse this help.
- Although family workers demonstrate tenacity and perseverance in their work with families and individuals, for some, especially some parents and older children, their capacity to change is limited and they are rightly referred to statutory services.
- Nevertheless, when referred into the family intervention projects the families receive the offer of a raft of interventions. This means that those families and those individuals who are subsequently referred to statutory services are those who are most in need on statutory intervention. Consistent with the findings from other evaluations⁴ and given the cost of statutory intervention, preventing unnecessary referrals to statutory services means that the family intervention projects are providing value for money.
- Regardless of the perceived success in preventing individuals from escalating to statutory services, the family intervention projects provide increased surveillance of adults, young people and children in the private sphere of the home. While this is not the intention of the projects, it is possible that this alone improves the safety of some children whose plight would otherwise remain hidden.
- Success in providing decent housing is notable .
- The quantitative data supports the contention that there is a discernible cultural shift in the pattern of working. Effective communication across different agencies, knowledge and access to a raft of effective interventions and a family-centred ethos are clearly evident (see pg 37).

Challenging Issues

- Despite their best efforts, the family intervention workers are sometimes hampered by the lack of available resource. This is particularly evident in the results relating to access to dentistry services and finding suitable and decent housing for some families.
- The development of measurable outcomes that can be used with confidence as indicators of success continues to be a challenge. While the figures presented here suggest that overall, the FIPs are working, there is a need to develop instruments that provide reliable and valid evidence that these changes are sustained over time.
- Agreed local area-based economic measures are needed to compare and understand more fully the cost effectiveness of the FIPs, traditional family intervention models of workings and statutory intervention. Without, the true value of the FIPs and the economic benefit of working in this way may be lost.

⁴ Evaluation of Blackpool's Budget Holding Lead Practitioner Pilot Project (2008)

KEY MESSAGES FROM FAMILIES

Strengths

- The strongest message from the families was that the FIPs make a difference. Reducing stigma, dealing with social exclusion and isolation, and working towards financial inclusion were highly valued by families.
- The FIPs achieve this through the adoption of a workforce culture that considers the individual's needs in the context of their family. The culture places a strong value on listening to what the family members say and places the needs of the family members at the centre of targeted and needs-assessed interventions.
- In the field, the families discern a working culture based on non-judgmental attitudes, empathic understanding and an ability to work with the families' priorities rather than professionally-driven agendas.
- Key to becoming involved in the FIPs was the families' readiness to change, accepting help, and being open and honest with their family workers.
- Effective family and family worker relationships were key to the success of the family interventions. Central to these relationships was trust, keeping promises, persevering with families, persistence, and knowing when to step back.
- The families reported tangible and valued difference between the family intervention culture and what that offered compared to that they had experienced from agencies.
- Many of the adults and young people reported that they were making positive contributions to their communities through work (paid and voluntary) and self-improvement through education and training.
- The families held the FIPs and their family workers in high regard. They were extremely grateful for the help that they had received and reported beneficial gains for themselves and their children. They wanted the service to be available to many more disadvantaged families. Their greatest fear was that the project would be withdrawn.

Challenging Issues

- The involvement of schools by passing information to the school and letting the teachers know what was going on was particularly hard for some parents. The reasons behind this seem to relate to their perception of being good enough parents and good families, but this requires further exploration.
- Despite determined efforts from the FIP workers, it appeared that one school had taken the easy option and given up on one young person.
- The offer from the mental health services was reported by families to be that most likely to disengage and 'give up' on family members. The ethos of the mental health offer was perceived to be more closely aligned to the culture of previous services than that of the family-centred ethos evident in other parts of the FIPs.
- Finding a way in was difficult for two of the families. Of note was that both of these were not known to services when they needed help. They reported feeling isolated, unheard and lost. The mothers lobbied senior council officials and were eventually successful in getting help. This underlines the need for a simple way in for other families who are unknown to services but experiencing family difficulties.

KEY MESSAGES FROM PRACTITIONERS AND MANAGERS

Strengths

- The principles and practice of whole family-centred services are both widespread and deeply embedded. Practitioners are wholly committed to this way of working and have no desire to return to more traditional practices.
- The key worker role is vital in managing the FIP approach. Families cling to the key worker and access the service through them.
- Multi-professional and inter-agency working are now seen as the norm. Workers and professionals have learned to respect and understand their colleagues from other agencies through working in this way.
- Similarly, workers had developed a better understanding of why families present in a chaotic state, the precedents to their need for intervention, and the frustrations felt by parents at the inability to achieve their aims and to provide adequate parenting.
- Engagement with families in their homes is a crucial factor in achieving success. Some families feel uncomfortable with this at first, but they learn to accept that it is necessary and come to recognise the benefits that this brings.
- Engagement in family homes had led to better observation and understanding of the situation, in turn leading to better-informed decision-making.
- Persistence is important for families. Workers won't go away. Nor will the problems. The simultaneous message is given that the worker won't give up on the family.
- Intervention moves on in individual families beyond remedial work and into prevention of problems and avoidance of escalation.
- The effects of not having the FIPS or to cease functioning in this family-centred way were held to be potentially catastrophic for families.

Challenging issues

- Centrally-designed targets were held to be detrimental and restraining to effective family-centred working, reducing impact and detracting from the focus on the family's needs.
- Working at times and on days when families need the intervention is central to effective family-centred working, and more workers need to change to more flexible working patterns.
- Lack of time to be as thorough as is possible was regretted by staff.
- Concerns about finance and job-security were demotivating factors for workers.
- The system generally promoted more efficient selection of families for the FIPs. However, many families had to be excluded because of lack of resource.
- Careful selection of staff was noted to be important since the work was often stressful and unremitting.
- The difficulty of managing change and sustaining cultural change had been learned by many. Bureaucracy required further amendment to be more supportive of the new ways of working, particularly in avoiding delay in intervention.
- Despite the advances made, problems remained with barriers to information-sharing, incompatible data-systems, and limitations presented by legal frameworks.

Conclusion

In conclusion the evaluation of the Blackpool Council Change for Children, Children and Young People's family intervention project is highly valued by families and staff. For those families who want to change and those who are prepared to accept the help on offer, benefits for them and their children follow. The benefits relate to social and financial inclusion, self development and increased self esteem, sustained parenting capacity and improved family relationships. The tenacity and persistence of the family intervention workers, their knowledge of available services and their ability to access a wide range of support is highly regarded by those families who engage with the raft of services on offer. The outcome measures reflect some of these gains for some families.

The analysis of the quantitative data strongly supports the notion that the family field workers are reflecting the strategic intent detailed in Blackpool Councils Children and Young People's plan, 'Change for Children'. However, the final decision on whether or not to engage with public health priorities (such as health screening and smoking cessation) rests with individuals. For now this remains a significant challenge.

The staff working with the families report real gains both for the families and themselves. Being available at different times of the day and gaining access to work with the families in their home environments are highly valued by most. Although not intended, working in the homes with families has increased surveillance and the knowledge of what life is like for some children in Blackpool. Previous ways of working had failed to achieve this; as a result the plight of some children had remained hidden. That said, the family workers are frustrated by the rationing of what they regard as an essential and effective service to Blackpool families subject to multiple disadvantage.

In spite of the current economic uncertainty and ongoing debates relating to the future of public service and public service employees, the family intervention project workers have strived to drive through a discernible shift in the cultural pattern of working. Multi-agency collaboration, effective communication and learning about the knowledge and skills of other workers is becoming embedded to produce a family-centred ethos promulgated by the previous and current government as that most effective in returning gains for children.

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Appendix A: Potential cost savings of intervention with two families

(Calculated by Blackpool Change for Children Team from the former DCSF (2009) Family Intervention Projects Negative Costing Tool)⁵

This system of estimating the potential costs that would have been incurred had the FIP not intervened with a family, while still relying upon subjective judgement of likely outcome by the operator, has the advantage of providing universally accepted item costs for a wide range of activities grouped by services and organisations which would have borne the cost. It enables not only the estimation of the overall cost-saving but also the value to partner organisations and other services. In this, it is an improved calculation based more on the complexity of cases than previous methods.

The cost savings can be astonishing, far outweighing the cost of the intervention. The cases demonstrate the effect of a single family member indulging in persistently problematic behaviour (in the first family, truancy), and of the effect of a number of children being taken into care in the second family.

Total Family Saving	£235,862.58
Family Member 1	£4,834.10
Family Member 2	£773.57
Family Member 3	£726.73
Family Member 4	£462.46
Family Member 5	£3,581.86
Family Member 6	£212,292.81
Family Member 7	£20,191.05
Family Member 8	£0.00
Crime/anti-social behaviour	£5,302.50
Drug and Alcohol Services	£67.68
Education/Employment	£192,148.60
Health Care	£794.60
Housing	£2,340.00
Social Care	£42,209.20
Organisation	
Commercial sector	£0.00
Criminal Justice	£0.00
Health Service	£0.00
Local authority	£41,968.30
Police	£1,389.66
Private sector	£0.00
Social Services	£240.90
Society	£192,148.60
Various	£67.68
YOT	£3,912.84

Total Family Saving	£80,526.74
Family Member 1	£5,995.58
Family Member 2	£21,053.71
Family Member 3	£20,159.15
Family Member 4	£20,159.15
Family Member 5	£20,159.15
Family Member 6	£0.00
Family Member 7	£0.00
Family Member 8	£0.00
Crime/anti-social behaviour	£694.83
Drug and Alcohol Services	£0.00
Education/Employment	£0.00
Health Care	£895.82
Housing	£5,277.49
Social Care	£80,658.60
Organisation	
Commercial sector	£0.00
Criminal Justice	£0.00
Health Service	£33.18
Local authority	£85,914.09
Police	£694.83
Private sector	£0.00
Social Services	£17.60
Society	£0.00
Various	£4.40
YOT	£0.00

⁵This facility was withdrawn in 2010 by the new coalition government and is no longer accessible.

