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REFOCUSING ON ROOT CAUSES OF SOCIAL DISADVANTAGE BY PROMOTING FAMILY INTERVENTION PROJECTS - FROM SURE START TO TROUBLED FAMILIES:

Context: The Coalition's family support agenda set in a policy context of economic austerity and welfare reform has reinstated a deficit-based approach to family support and child well-being policies. Some developments appear to be more evidence-based, e.g. via effective engagement with high need families and early intervention initiatives, however these developments have continued to be threatened by cutbacks, efficiencies and lack of focus on both 'hard' and 'soft' outcomes.

How far does a Whole Family approach make a difference: designing an evaluation framework to enable partners to assess and measure progress?

Findings will be presented from a number of different research projects conducted since 2009 in the North-East of England. These demonstrate a process of how an evaluation framework has been constructed based on adapting pre-existing outcome-focused 'models' used to evaluate functions of partnership-working. One type entails a number of dimensions including Vision and Strategy; Partnership Dynamics; and Impact, Influencing and Outcomes; whereas another draws upon realist evaluation, a paradigm used by practitioner researchers, where the focus is upon identifying mechanisms that explain how an action affects outcomes in particular contexts, and has been applied extensively to Family Intervention Projects (FIPs). The resultant framework embraces changes to the culture of planning and delivering services placing building family strengths at centre stage.

N.B. The seminar will be of particular interest to students, academics and other interested parties in social policy, social work and primary health care

Research Questions:

Project 1 **(6 Sure Start Children's Centres within a single Local Authority)**

- **How far in the development of the national programme for young children and families has the setting of programme objectives that emphasise 'working together in new ways that cut across old professional and agency boundaries ' helped to create models of inter-professional working?**

Project 2 **(5 Local Authorities -Gateshead, Newcastle, North and South Tyneside, Sunderland)**

- **What has been the impact of the role of the SSPA /Teenage Pregnancy Co-ordinator on pregnant teenagers and young parents; also on altering mainstream service provision?**

Project 3 **(2 Local Authorities - Bromley and Sunderland)**

- **What has been the impact of the Volunteers in Child Protection (ViCP) scheme commissioned by CSV on the expectations, experiences and identified benefits of 3 stakeholder groups ie families, volunteers and social workers?**

N.B Need to focus on family support, complementarity with social work intervention and interdependent relationship with culture of LA Social Services Department eg 'shared ownership' model of social work (Laming, 2009)

Project 4 (Literature-based scoping)

- **What are the links between policy developments and changes in professional practice within learning disability services in England, focusing upon emergent differences between children's and adult provision?**

Project 5 **(Children's Services Programme (CSP) under the auspices of the North-East of England's Improvement & Efficiency Partnership(NEIEP)- 14 Local Authorities)**

- **How far have individual projects met managerial stated objectives of making efficiencies, improvements and innovation?**

- **How far have the 4 main programme objectives been met ie supporting workforce reform and integrated working; development of personalised services; family support to reduce the need for residential care; and provision of tools to aid commissioners with needs analysis?**

Project 6 - (Evaluation of a Whole Family Approach to Service Delivery in Sunderland)

Aims of evaluation : **(1) to carry out a stock-take of current working practices , in particular partnership arrangements and relationships; (2) to access and advise on good practice from comparative work and relevant research conducted elsewhere , in order to establish an evaluation framework that will enable partners to assess and measure progress in the delivery of the strategy**

Main Project Research Findings;

Projects 1, 2 and 3 – Outcomes of Multi-Agency Working

Evidence was gathered....

- **In Project 1 to inform a pre-existing typology of 3 models of inter-professional working using Orelove and Sobsey (1992); Lacey (1995), Edgeley and Avis (2006) * - through its application to problem-solving; family/child assessment; and staff development/mentoring.**

- **In Project 2 to demonstrate the impact of a 'joined-up' and 'cross-cutting' approach through the leadership role of the Teenage Pregnancy Coordinator, where her key function was to provide one-to-one advice, personal and emotional support to pregnant teenagers/young parents and to network proactively among mainstream agencies e.g. Housing, Income Support, Connexions, Midwifery**

- **In Project 3 to examine expectations, experiences and identified benefits of a Volunteers in Child Protection (ViCP) pilot study for 3 stakeholder groups - families, volunteers and social workers. The resultant risk assessment process demonstrated a 'shared ownership' model (Laming, 2009) involving social worker-volunteer mentorship (trans-disciplinary*). This study indicates an inter-dependent relationship between the culture of local authority children's services departments, including the point at, and frequency with which, social workers can access supplementary family support services, from a voluntary sector agency.**

* Models of Inter-professional Working:
(1) Multi-disciplinary-

Definition : (Where) professionals co-exist /work separately from each other e.g. midwifery, social work, health visitor (PCT)
Examples:
- **providing family support around child protection or children with behaviour problems linked to individual programme targets of reducing the number of children on the at-risk register**

- **to provide group work led by health visitor, social worker or psychologist**
- **social worker/health visitor works with teenage mothers on their housing needs**
- **nurturing, build self-esteem of parents e.g. post-natal depression in young mothers**

(2) Inter-disciplinary

Definition: (Where) professionals share information and decide on education /health/social care programmes together
 Examples:
- **Establishing a forum (Request for Services) in order to receive programme referrals from a variety of sources to provide a multi-professional assessment e.g 'creative use of knowledge' 're-thinking of professional boundaries'**
- **Professionals report greater understanding of each other's roles, although meetings could feel threatening and intimidating as judgements were 'under the microscope'**
- **Bringing people together as a decision-making process produces a fuller picture e.g. synthesis of information, re-configuration of the problem, increased collective responsibility through clarification of 'options' 'perspectives' and 'context'**

(3) Trans-disciplinary

Definition: (Where) professionals share or transfer skills across disciplinary boundaries e.g. two or more individuals acting as 'hands-on' or primary workers with another as a key-worker ie consultant/mentor
Examples:
- **Make a video of mum & baby to analyse/ follow-up, share with mum to help in understanding baby's development and significance of professional input on early years of child's life/bonding; undertake weekly videos to examine 'changes'; and use a control group for action research to monitor impact**

- **Involve a range of professionals in applying assessment scales Brassleton Neo-Natal, Crittenden Care Index/evaluating results ie psychologist, health visitors, midwives, family therapist**

- **Information-sharing/skill transfer involving a problem-solving approach**

A 'Cross-disciplinary' leadership model (Project 2, Teenage Pregnancy Co-ordinator as an exemplar)

A varied and diverse range of functions as follows:

LA 1
- Setting up courses/teaching for teenage mothers e.g. creche, toy/book library; also new services e.g. Community Parents to mentor teenage mothers

LA 2
- Accompanied young women to housing, benefits agencies, HV etc and advocate on their behalf
- Provide /run weekly antenatal groups/maternity services; also an outreach service to counsel young mums not wishing to go out, feeling depressed/isolated e.g mental health support

LA 3
- Set up a weekly clinic /group providing some individual support e.g for those under 18, sorting out benefits issues, filling in forms, phoning relevant agencies; accessing new services e.g Connexions, Specialist Social Worker , Re-integration Officer at clinic; Specialist Midwife
- Set up a website data-base on teenagers/young parents to plan their support; including Health 'E' website
- Set up a weekly support group for young parents in partnership with Sure Start Children's Centre
- Develop Outreach to visit pregnant teenagers and to advise
- Strategic Lead on Multi- Agency Working

LA 4
- Set up clinics attended by an HV, Social Worker and Midwives
- Increase number of individual referrals to Counselling Services within PCT / Health Care Trust
- Strategic Lead for Teenage Pregnancy focusing on accessing other services e.g. Speech- and Physiotherapy within Early Years Development Care Plans
- Change attitudes of mainstream services through building up a multi-agency team to develop a strategic approach

LA 5 (shared role - one C& Y background, the other midwifery)
- Lead on Re-shaping Teenage Pregnancy Services/ Set up a Young Fathers project/Set up a Young Mum's group
- Provide directly both individual and group support eg with HV and Sure Start Children's Centre; including accessing other services - speech therapist, play worker, HV and dietician
- Fund-raising to set up a toddlers group
- Provide teaching/learning materials e.g. make a video about interaction with babies /young children; visit schools to give talks

A 'shared ownership' model (Laming, 2009) was explored whereby mentored volunteers helped to broaden and enlarge the evidence-base on families to improve decision-making and risk assessment. Here the focus was on creating family cohesion by extending support to build protection through resilience. The study demonstrated an inter-dependent relationship between the culture of local authority children's services departments, including the point at, and frequency with which, professionals can access supplementary family support services, from a voluntary sector agency such as ViCP.

Project 3 findings include:
- Volunteers contribute to gathering/analysing risk information to enhance risk assessment process / stories of volunteers feeding into a Child Protection assessment ie as volunteers became trusted by parents so the latter passed on useful information, 'opened up' etc.

- ViCP has been successful in recruiting volunteers, training, matching families with volunteers, mentoring and supporting them/expression of satisfaction with volunteers/ advocacy on behalf of families

- Findings from evaluation of this model has led to (1) extension of project to 6 LAs from 2 in 2009; (2) development of robust policies /procedures, bespoke training package /Operations Manual;   (3) number of volunteers being increased to 47 across both projects; number of families benefiting - 434 (2013) since 2009

Projects 4, 5 and 6 – Building a Culture of Integrated Working

Evidence was gathered...

- In Project 4 which focuses on changes in learning disability services, the 'transformational reform agenda' has embedded successfully health/social care provision within a mixed economy model with increasing use of the private and voluntary sectors, resulting in the following characterization of social policy:

- For adults, the emphasis has been on the 'personalisation revolution' (Putting People First, DoH 2007) ie support for individuals to build capacity to manage their own lives, to be in control, to gain assets to avoid disadvantage, and to strive towards self-sufficiency and greater personal responsibility. This has had the effect of reducing the role of professionals to care commissioner, coordinator and/or manager, and recognizing that the state will reduce its role as provider.

- **For children,** the increased demand that professionals get involved with families and their children from much earlier on in their lives, especially when a child is at risk of residential placement, requires qualified professionals to highlight the needs of children, including disabled children and young people, at key life stages, e.g. early years, transition to adulthood.

- Reduction in professional training of those on the front-line of services for **adults** and, increasingly, in the management ranks of the independent agencies who now provide a significant proportion of those services.

- Although professional qualifications remain as highly necessary for work with **children,** they are increasingly being subordinated to the managerial demands generated by local authorities and the NHS to reduce costs, thus removing or reducing access to professional inputs such as speech therapy (or forcing those seeking such outputs to go into the private market)

Evidence was gathered......

In Project 5 to demonstrate an audit of 'outputs'/'deliverables' set for a series of innovative regionally-based projects (listed below) 'to deliver high quality support in tackling challenges of child poverty'; including evaluating their impact on service infrastructure ie supporting workforce reform and integrated working; development of personalised services; family support to reduce the need for residential care; and provision of tools to aid commissioners with needs analysis

-Think Family ISSP
-Integrated Learning Disability Services Pilot
- Leadership Development for Middle Managers
- Supporting Social Work through Regional Codes of Practice for Supervising Practice Learning and Continuing professional Development (CPD)
-Applying Outcomes-Based Accountability (OBA)
- Partnering Commissioners on Needs Analysis for Residential Placements
-Collaborative Foster Care
-Improvements to Safeguarding Including Collaborative Supervised Contact Arrangements
-Supporting 'Grow Your Own' (GYO) Social Work Schemes

Findings included:
- infrastructural developments in strategic capacity across different management systems eg production of more evidence-based business case options

- sharing good practice across different disciplines, eg OBA

- provision of options to increase the range and quality of foster care placements

- improvements to inter-disciplinary working by pooling resources to family support

- setting up a data-base to improve the balance between fostering, residential care and family support

Evidence was gathered...

In Project 6 to compile an evaluation framework to enable partners to assess and measure progress in delivery of a Whole Family Strategy comprising a number of key elements:

- Translating Policy into Practice
- Vision, Leadership and Cultural Change
- Strategy, Performance Measurement and Partnership Dynamics
- Participation, Engagement and Multi-Disciplinary Focus
- Impact, Influencing and Outcomes