



**University of Salford**

A Greater Manchester University

**Evaluation of the Blackpool  
Springboard Project**

Mike Ravey

Michael Murphy

Tony Long

Debbie Fallon

**FINAL REPORT**



# Acknowledgement

The project team wishes to acknowledge the help of the children, parents, families, practitioners and managers who contributed their experiences and perspectives on Springboard to the research team.

# CONTENTS

The project team	5
<b>Section 1 - CONTEXT OF THE EVALUATION</b>	<b>6</b>
Introduction	6
Background to the evaluation	8
<b>Section 2 - METHOD</b>	<b>11</b>
Project objectives	11
Project design	11
Data collection	11
Data analysis	12
Ethical considerations	12
<b>Section 3 - ESTABLISHING INSTRUMENTS FOR THE PROJECT</b>	<b>14</b>
Background	14
Family recruitment	14
Construction of Instruments	14
Iteration and Refinement	17
<b>Section 4 - BENEFITS FOR THE FAMILIES</b>	<b>18</b>
Introduction	18
Overview of findings	19
Demographic information	19
Achievement of SLA Targets	21
- Health	21
- Criminal Behaviour	22
- Antisocial Behaviour	23
- Domestic Violence	27
- Missing from Home	29
- Children Placed in Care	29
- Relationship Breakdown	29
- Housing and Accommodation	30
- Employment	30
- Education	30
Service User Experience	33
Summary	35

## CONTENTS....continued

<b>Section 5 - CHANGE IN WAYS OF WORKING</b>		<b>36</b>
	Introduction	36
	Interviews with Operational/Strategic Management Group Members	36
	Outcomes of the Interviews	37
	- Planning / Organisational Stage	37
	- Springboard Process - Family Work	41
	- Outcomes for Families	46
	- Rolling Out the Process	47
	Summary	51
<b>Section 6 - BENEFITS FOR THE COUNCIL</b>		<b>52</b>
	Introduction	52
	Economic benefits of the Springboard project	52
	Framework for Costing Case Studies	52
	- Family 1	53
	- Family 2	56
	Summary	59
<b>Section 7 - THE WIDER IMPACT OF SPRINGBOARD</b>		<b>60</b>
	The Impact of Springboard on Services in Blackpool	60
	Remaining Challenges	61
	Conclusion	62
<b>REFERENCES</b>		<b>63</b>
<b>APPENDICES</b>		
	Appendix A: Participant Information Sheet	65
	Appendix B: Manager Interview Schedule	67
<b>EXECUTIVE SUMMARY</b>		<b>69</b>

# THE PROJECT TEAM

CYP@Salford

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.

**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.

**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 (DATA, NWIAT, Right from the Start, Bolton HSCB). He is the chair of Bolton Substance Misuse Research Group and was an executive member of PIAT (the promotion of interagency training in childcare).

**Dr Tony Long** is Professor of Child and Family Health and leads on research with children and families in the research institute. His personal research programmes are in evaluation of health and social care services for children and families, safeguarding children, excessive infant crying, and clinical studies in paediatric neurological rehabilitation.

**Dr Debbie Fallon** is Senior Lecturer in Child Health and has a clinical background in children's nursing, working particularly children with disabilities and their families. She has an academic interest in issues on the boundary of health and social care for children and families. In addition to other projects that involved the evaluation of services for children and families, her work in the field of teenage pregnancy and adolescent risk behaviour has led to international conference presentations and publications.

**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.

## Research With Children and Families

CYP@Salford



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.

<http://www.ihsr.salford.ac.uk/SCNMCR/childfamilyhealth.php>

# Section 1 Context of the Evaluation

## Introduction

Since the early 1800s Blackpool has been a popular coastal resort not only for the people of the Northwest of England but for the United Kingdom as a whole. Its beaches, bright lights and amusements continue to be a magnet for both holidaymakers and those individuals and families who perceive it as a possible source of income, with the 'Golden Mile' carrying different connotations for both groups.

The development of Blackpool's role as an entertainment centre and holiday resort has brought with it a set of unique social problems. These are not always obvious to the casual observer who often perceives Blackpool as an affluent town free from problems. However, a short walk from the sparkle of the promenade leads into areas of the town that have such a high social need that Blackpool has the 12th highest Index of Multiple Deprivation in England. This presents Blackpool's services with significant challenges, which are compounded by high levels of population movement and by the significant number of the families which move into Blackpool originating from socially and economically deprived backgrounds. These form a pool of hard to reach families that have complex needs, placing considerable demands on services.

Blackpool Council has responded to this challenge by adopting a proactive stance in developing a raft of services that offers these families efficient and effective support ranging from proactive, preventative services to complex multi-disciplinary interventions. This report presents the findings of an evaluation of an approach aimed at changing the nature of interagency collaboration and service delivery in the town.

## The Springboard Pilot Project

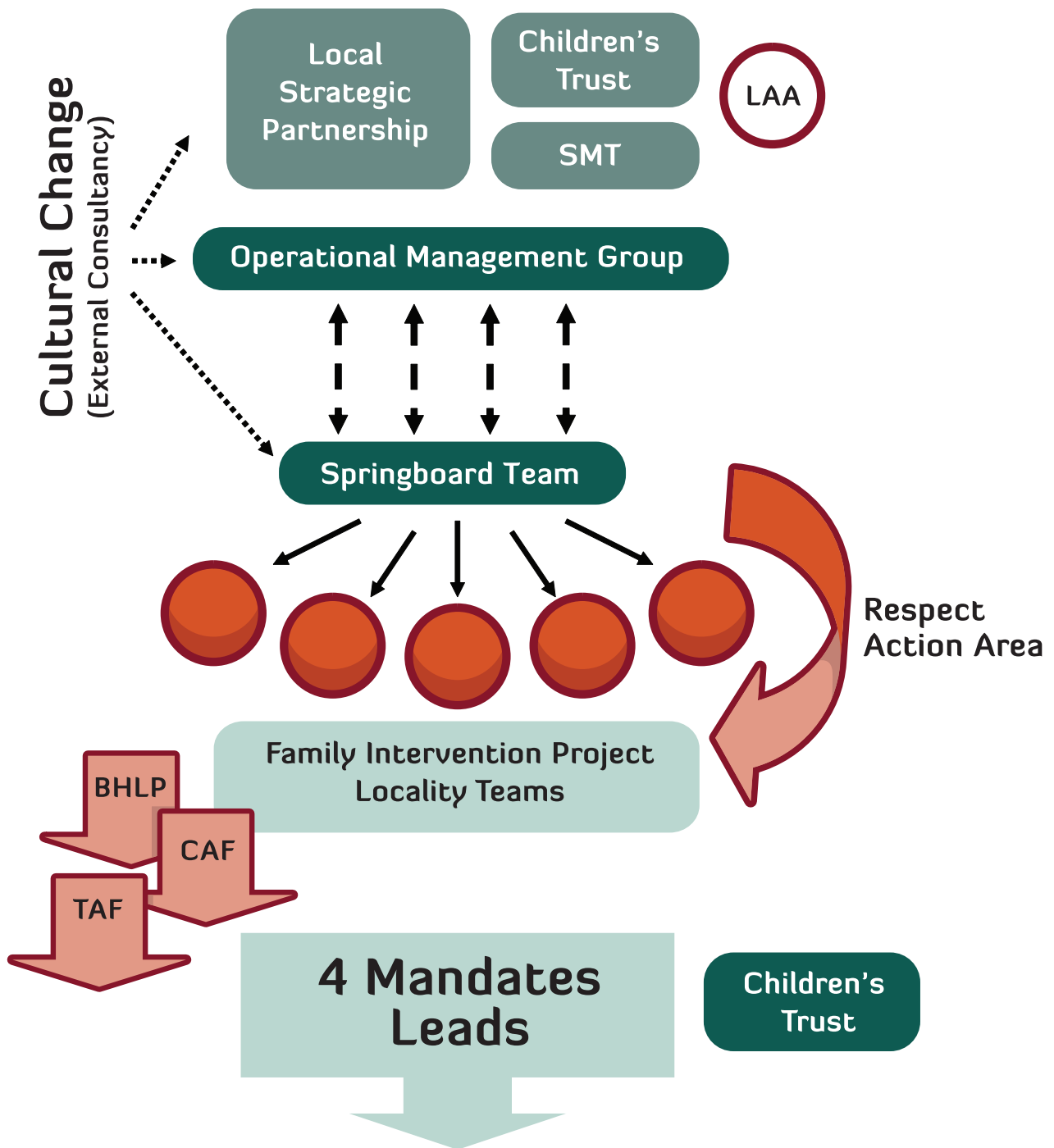
Springboard was the result of a strong, three-year partnership at senior management level that attempted to change the culture of interagency collaboration in Blackpool. The partnership was driven by and through the local strategic partnership and corporate plan, and at each stage of development that partnership was successful in drawing down more resources to ensure the development of the service. Thus the project benefited from funding for parenting support in 2007, and in 2008 from the Challenge and Support Pilot and the Family Pathfinder Pilot. The project also benefited from an external consultancy that worked on cultural collaborative change across the partnership.

In April 2006 a virtual team was established and began to accept referrals. The project aimed to offer an intensive service to 60 families at a high threshold of need. The team itself was constructed by the local strategic partnership to work over a 2 year period with a group of 60 families which were of particular concern to the Council and its partners as being "chaotic" or difficult to support effectively. This was a determined attempt to break the cycle of dependency and the pattern of intervention, closure, and reopening of cases. The project was designed to contribute towards the achievement of key PSA targets. Information-sharing, co-ordination of effort across agencies (including joint strategies), and continued support after crisis management were also key features. Springboard was a cross agency project that delivered specific support to the most marginalised families and young people that placed the highest demands upon support networks. These were some of the families which, in the view of the Social Exclusion Task Force (2007), were the "small proportion of families with multiple problems who are still struggling to break the cycle of disadvantage" (p4). The need to evaluate progress of these families on an ongoing basis and on completion of the project was recognised, and this led to the research evaluation reported here.

### Springboard Referral Criteria

- 1) Family in contact with a range of services
- 2) Family lived in Blackpool for more than 12 months
- 3) Family had capacity to change

# Development of the collaborative agenda



The way forward for collaborative services

In January 2007 Blackpool became a Respect Action Area and drew further resources from that initiative. As part of this initiative Springboard became a Family Intervention Project (FIP) and moved from January to September 2007 into new locality bases with key workers (who could be drawn from any practice group), family support workers and police officers staffing locality teams. The locality teams were working in family homes on a 365-day basis. These teams still related to specialist practitioners including education, substance misuse and mental health practitioners all contained in the central team.

It is important to note that Springboard did not develop and operate on its own, but was part of a wider effort to promote better collaboration at all stages of the family work process. Thus in August 2006 the Budget Holding Lead Professional (BHLP) pilot project was initiated, which assisted the development of the Common Assessment Framework (CAF) and the Team around the Family (TAF) model. In 2007 the parenting team was established seeking to offer intensive parenting input to families which were experiencing difficulty. This is accomplished through the Positive Parenting Programme, Webster-Stratton and Oxford-Brookes programmes. Training on helping parents to develop their parenting skills is now being offered to a wider staff group for which parenting is not normally a core part of the service.

This attempt to sponsor a new collaborative agenda in Blackpool did not include only child care staff, but specifically attempted to include practitioners from the police service and from adult mental health and substance services. At the end of this process, and supported by the Children's Trust, four mandates were established to drive this cultural collaborative change even further forward.

## Background to the evaluation

The desire for greater interagency collaboration in child care has been a consistent theme in the British Government's social policy agenda since the early 1970s. This theme has largely been driven by government initiatives, some of which have been influenced by child death inquiries (DH 1991a), some by research (DH 1995), but always assisted by what is seen to be 'good practice'.

At its most basic level, because the lives and needs of children and families span many different practice fields and include many different agencies and practice groups, interagency collaboration is seen to be key in getting these agencies and practitioners to work collectively and in harmony, thus better addressing issues of vulnerability, neglect and abuse, and preventing social exclusion.

In 1974, following the death of Maria Colwell from a combination of neglect and physical abuse (DHSS 1974), the government issued a series of circulars that heralded the birth of the modern child protection system. This included the establishment of child protection registers, conferences and the first attempt to enforce interagency collaboration at a local level with Area Review Committees (later to be renamed Area Child Protection Committees). The benefits of this interagency collaboration had been recognised before, but it was the evidence of the exaggerated lack of collaboration and communication concerning the Colwell/Kepple family in Sussex that led the government to develop a compulsory system to promote and ensure a basic level of interagency collaboration at a local level.

This need to collaborate has been further emphasised by the publication of increasingly complex government guidance to inspire interagency collaboration in child protection and child in need work (DHSS 1988, DH 1991b, DH 1999, DfES 2006a). In the most recent Working Together to Safeguard Children (DH 1999 p33) the justification for collaboration is stated as:-

***Safeguarding and promoting the welfare of children – and in particular protecting them from significant harm – depends on effective joint working between agencies and professionals that have different roles and expertise. Individual children, especially some of the most vulnerable children and those at greatest risk of social exclusion, will need coordinated help from health, education, children's social care and quite possibly the voluntary sector and other agencies.***

In 1989 the Children Act gave a power to all agencies to assist the local authority in its duties under the Act. This was emphasised in section 11 of the Children Act 2004 which imposed a duty to relevant agencies to collaborate to safeguard and to work with children in need.



## Current developments in child care policy

The developments in child care policy that followed the Victoria Climbié Inquiry (Laming, 2003) include a series of government publications and initiatives which include **Every Child Matters (DfES 2003a)**; **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 2005a)**. Far from merely being a response to the Laming Inquiry, the Labour administration had decided to re-launch its whole child care agenda, and the central plank of this agenda was interagency collaboration at all levels of accountability: **“Radical reform is needed to break down organisational boundaries” (DfES 2003b p9)**.

Rather than relying on agencies and practitioners to collaborate across agency divisions, the government has developed initiatives that remove or reduce some of the obstacles to collaboration. One key element in this new agenda was a renewed insistence on a seamless, collaborative child care service with clear lines of accountability to government. This included Children’s Trusts; new statutory grounded Safeguarding Children’s Boards, the introduction of a new concept of lead professional, and new information-sharing mechanisms (Information, Referral and Tracking systems, Integrated Children’s Systems and CAF). The government has also encouraged pilot projects where practitioners are encouraged to come together in real or ‘virtual’ integrated teams.

## Integrated teams

The thinking behind integrated teams that would bring practitioners from different backgrounds together to collaborate more effectively is not new. In 1973 the first specialist child protection unit in the northwest employed a health visitor, social workers, nursery nurses, and volunteers, and had active inputs from health consultants (Pickett and Maton 1979). In 1988 the Cleveland Inquiry considered the possibility of setting up interagency specialist assessment teams (SATs) in all areas (Butler-Sloss 1988), but this development was not widely followed (Murphy, 1996).

It is also the case that in the areas of child and adolescent mental health (CAMHS) and juvenile delinquency (Young Offenders Teams), the concept of collaborative teams is well established. However, these teams were seen as essentially specialist, and the services offered were to meet the needs of a relatively small percentage of children and adolescents. It is also the case that these integrated teams have received some reviews that have been not wholly positive (Pitts 2001, Taylor 2003).

In the longer term, the government intends to break down or significantly reduce the differences in education, training and qualification of those who work with children:

***“We are looking to overcome the restrictive impact that professional and organisational boundaries can have so that increasingly professionals and practitioners from different sectors work better in multi-disciplinary teams around the needs of children and young people and share an increasingly common language and understanding” (DfES 2005b p3).***

In the short term, the proposals contained in **Every Child Matters** were to establish integrated, co-located or virtual teams to work across existing agency boundaries with all children who require any assistance above the threshold of universal services provision. This is the background to the setting up of Blackpool’s Springboard project.

## National levels of need and associated Blackpool initiatives

National Standards	Blackpool Framework	Blackpool Initiatives			
Level 4 Child Protection	Level 4 Targeted Services	Springboard	Parenting Programmes		
Level 3 Child in Need	Level 3b				
	Level 3a	BHLP		CAF	TAF
Level 2 Vulnerable Children Targeted Services	Level 2 Vulnerable Children				EAF
Level 1 Universal Services	Level 1 Universal Services				

**BHLP** Budget Holding Lead Practitioner  
**CAF** Common Assessment Framework

**TAF** Team Around the Family  
**EAF** Early Action Forum

The evidence concerning other integrated teams comes mainly from two different sources. Manby (2006) offers a mainly qualitative overview of children's and parents' experiences of an integrated team, whereas the MATCH project offers an overview of integrated working from practitioners' and managers' points of views (Frost and Robinson 2004, Robinson et al 2005, Frost et al 2005, Frost and Robinson 2007).

Manby (2006) detailed the largely positive response from users of an integrated team's service. This included families' perception of being listened to and experiencing the team as being **"honest, reliable and fair"** (p5). Eight of the twelve families interviewed believed that their situation had improved, and ten families felt hopeful about the future. This study emphasised that the team's involvement had been challenging as well as supportive – a third of families had been involved in child protection processes and four families had experienced the team's involvement as a "jolt".

Frost et al's (2004-7) contributions considered the experience of partnership working from a practitioner and managerial point of view. They discovered that some factors seemed to be key to a positive partnership experience. These included space for planning and including staff in the partnership process; shared and agreed aims; information-sharing protocols; clear lines of accountability; support and supervision; and motivated staff and leaders who can work across

agency and practice divides. This research also concluded that partnership does not do away with differences of culture and status. These differences remain and need to be worked with. It also claimed that co-location is not an instant solution to the challenges that new teams face, since, for example, some members of the team may feel peripheral and excluded from the process.

Members of the newly integrated teams felt that they were being asked to take on a new identity as well as to engage in new work tasks. **"For teams to develop, tensions arising from team members adopting new roles and reconstructing professional identities had to be addressed...However individuals within teams spoke of the creative energy released by forging enhanced identities within multi-agency teams"** (Frost and Robinson 2007 p196).

One crucial area is not currently covered by research or government literature. This is the experience of the "rolling out" of interagency teams from pilot projects into the mainstream of children's services. The project teams have been staffed, in the main, with committed, enthusiastic 'volunteers'. The impact of enforced reorganisation into integrated teams has not been assessed. Moreover, the resistance of some agencies and staff members to pilot projects has been considerable. However, the progress made towards establishing a new interagency collaborative culture in Blackpool has been significant.

## Section 2 Method

### Project Objectives

#### Study Aim

To measure the outcomes of the pilot project and the benefits of working in this way, not only for the Council but also for the families receiving the services.

#### Objectives

The study objectives were interpreted by the research team as:

- 1) To establish baseline targets for each of the families which can then be monitored, and to implement the recording and analysis of this monitoring.
- 2) To identify change in practice amongst practitioners and the benefits to the Council and the families involved.

#### Project Design

It was planned originally that the study would be conducted over 28 months in 3 phases, each corresponding to the recruitment of a tranche of 20 families to the Springboard project. Following identification of the first tranche of families to be involved in the project and assessment by the project team of baseline targets specific to each family, the research team planned to hold a focus group with project team members to establish which targets could be monitored or measured both on an on-going basis and on completion of the project.

However, as the pilot project developed, it became apparent that such clearly delineated recruitment phases were not to reflect the reality of implementation of such an ambitious and complex project. After an initial delay, families were recruited into the project through the monthly Operational Management Group meeting. A small comparison group was also established, selected from families which met the criteria for inclusion in the Springboard initiative, but which for various reasons (often the family's inability or unwillingness to participate) were not recruited.

Further change to the plan was brought about as the Local Strategic Partnership engaged in additional initiatives, and as national strategy moved on. As Blackpool became a Respect Action Area, the Springboard Project moved on, in keeping with the requirements of a Family Intervention Project, from being based in a virtual team to a system of key workers based in localities. The context in which Springboard operated changed, too, with the introduction, for example, of the Budget-holding Lead Practitioner Project. This complicated issues in some ways, and the original data collection plan was supplemented with additional interviews to identify the wider impact of Springboard on cultural change.

#### Data Collection

##### Family baseline data

Intermittent completion of the family baseline document for each family was undertaken by the Springboard team members. This data was retrieved by the research team for collation and analysis.

### **Comparison Group**

A small comparison group was formed of families which met the criteria for recruitment to Springboard but which had not been included in the pilot project. Because of the small numbers in the comparison group statistical comparisons are difficult. However the families' experience and the data from the wider Blackpool sources offer a useful comparison with the Springboard data.

### **Views of families receiving services**

A sample of 9 families (representing the breadth of service use involved in the project) was followed on a case-study basis to explore their experience of involvement on the project. Tape-recorded group interviews were held with each family to elicit their perspectives and reflections. The outcomes of these cases are detailed in Section 4.

### **Cultural change in teams**

Events were held at which cultural change within teams was explored. These included an "Open Space" meeting (in which the delegates set the agenda of issues which require to be addressed and then meetings were held to negotiate recommendations for change or objectives to be met), or of simple individual or group interviews. Senior managers were also interviewed at the end of the evaluation to elicit views on the wider impact of the Springboard project on ways of working and provision of services.

### **Cost-effectiveness analysis**

Two cases were analysed to establish the cost effectiveness of the intervention.

## **Data Analysis**

Quantitative data from the baseline documents was collated and compared directly with corresponding data from the comparison group, Blackpool as a whole and national statistics where available.

The mechanisms involved in the Springboard pilot project were complex. A modified framework-analysis process (Spencer and Ritchie 1994) was applied in order to store and manipulate the varied qualitative data and to derive the required conclusions. The framework-analysis process involved the analysts...

- becoming familiar with the data in order to gain an initial notion of key ideas,
- identifying a thematic framework and using this to index or label the data
- charting the data to allow for comparison across themes
- interpreting and arranging the data to provide answers to the research questions.

Cost-effectiveness of the selected cases was undertaken using the 4-stage model developed by the Office of Public Management (OPM 2007) for Blackpool (detailed in section 6).

## **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, destroyed by the project team, or returned to the Springboard 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 Springboard team who introduced the research team. Additional printed information was provided by the interviewers who answered any additional questions from family members before commencement of the interview.

Written consent from some populations and for some research topics is notoriously difficult, since this is associated with regulatory authorities and elements of the welfare system. True signatures are rarely offered if at all. For this reason verbal consent (rather than written consent) was sought from service-user participants. However, the researchers ensured that individuals who might wish to disengage from a discussion could do so without embarrassment or fear of untoward consequences.

Springboard team members and managers involved in the pilot project were informed of the evaluation and had the option of declining to be interviewed by the research team.

## **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.<sup>1</sup>

The project team did not seek to identify individuals as NHS patients (past or present), but rather as members of a community served by a local resource, and the project did not fall within the realm of COREC approval (now National Research Ethics Service). Formal approval was secured from the University of Salford Research Governance and Ethics Committee.

<sup>1</sup> [http://www.invo.org.uk/Publication\\_Guidelines.asp](http://www.invo.org.uk/Publication_Guidelines.asp)

## Section 3 Establishing project instruments

### Background

The constituent parts of social exclusion and family disadvantage are complex and varied, and this in turn meant that both the Springboard project and its evaluation would also be complex. At the outset of this project it was felt that there were two issues that needed to be addressed; the first related to which families should be recruited for the project, while the second focused on how improvements in the quality of life would be measured. This section of the report presents the journey taken by the research team and the service providers in the production of the two instruments. An interactive approach with all levels of service provision was adopted to resolve these problems. The initial input from the research team was in relation to development of the documentation needed to support the Springboard project in addressing these varied elements and to assist in its evaluation. These documents included an assessment matrix and a baseline document. The research team, with the co-operation of service providers, developed an assessment matrix that attempted to capture and measure the most obvious signs of disadvantage and exclusion, and a baseline document for on-going reporting of activity and progress.

### Family Recruitment

Through initial discussion with the Strategic Management Group it was clear to the research team that the main issues for recruitment was the overwhelming number of families which were chaotic to the level that met the thresholds for inclusion on to the Springboard Project. This led to the conclusion that Springboard needed a document that not only provided a clear assessment of the families, drawing together all the information from the different services involved in their lives, but which also enabled a quantifiable justification for the inclusion of some families and the rejection of others. Although the Springboard entry criteria remained constant over the three years<sup>2</sup> how these criteria were perceived was subject to some fluctuations. As the researchers had no knowledge of the needs of these potential service users or what services were available and how they worked. They initiated this process by interviewing every member of the senior management group.

## Construction of instruments

### The Family Assessment Matrix

This was seen as an appropriate starting point for the research team's involvement. At this stage of the project, the research team had no knowledge of the services within Blackpool or what was perceived as the priority needs for the families within the Borough. The document was developed through a number of interviews with the members of the strategic management team aimed at establishing what the managers believed should be included within the assessment document. The results of this initial consultation were then developed further at two team away-days facilitated by the research team to derive the first full version of the instrument.

This first iteration resulted in the production of a document that was not only cumbersome but also lacked any possibility to produce threshold measurements. The document was then amended to increase its relevance and usability. This process resulted in the identification of a number of themes that formed the domains for the assessment.

<sup>2</sup> Family in contact with a range of services; Family lived in Blackpool for over 12 months; Family had a capacity to change.

A process of refinement followed that involved drawing the strategic managers together in a conference format to explore the strengths and problems with the document. The final document was then used by the operational managers to identify which families were to receive the additional support. However, there remained a problem in relation to how the operational managers used the form. Once the matrix has been live for a number of months, interviews were conducted to explore the operational managers' experiences of using the document, with the intention of refining the document further. In due course the matrix will be developed for wider dissemination.

## The Family Baseline Document

The evidence required to evaluate the outcomes of the pilot project was drawn from a document that reflected the core activity of the Springboard team's input in relation to supporting the families. The Baselines document was developed with support from members of both the strategic and operational management teams. The starting point of the document was the Public Service Agreement (PSA) and Local Area Agreement (LAA) targets set for Blackpool. These targets were then developed into eleven domains that reflected the activities of the services involved in Springboard.

### 1 Sexual Health

This focused on issues around the sexual health of the family, in particular the young people within the family, and specifically:

- Conception rates within the 15-17 years age group.
- Uptake of contraception in the under 25s.
- A reduction in the number of sexually transmitted diseases.

### 2 Physical/Mental Health

This examined access to community services and, in particular, screening and preventative services.

- Increased access to smoking cessation services.
- Increase in the number of families registered with a local general practitioner.
- Increase in the number of adults using screening services.

### 3 Health Behaviour

This focused on reducing addictive behaviours and the misuse of drugs and alcohol.

- Increase the compliance of family members undergoing treatment for alcohol dependency.
- Increase the number of planned discharges from structured drug treatment programmes.
- Increase the number of people receiving treatment for drug dependency.

### 4 Offending Behaviour

This explored issues relating to criminality within the families.

- Reduce the number of arrests from within the families.
- Reduce the level of crime in relation to Best Value Performance Indicators (BVPI).
- Reduce the number of PSA crimes, relating to:
  - **Minor damage.**
  - **Violent crime.**
  - **Arson.**

## 5 Anti-Social Behaviour

This standard focused on those behaviours that impact on the community living in the same area as the family and reducing the number of...

- Nuisance incidents at the family address.
- Police call-outs to the family address
- Youth referrals to other agencies from the police.
- Acceptable Behaviour Contracts (ABC) associated with the family.
- Interim orders associated with the family.
- Anti-Social Behaviour Orders (ASBO) associated with the family.

## 6 Supervision and Vulnerability (Domestic Violence)

This domain examined issues relating to improving the safety and security of both adults and children and reducing the number of:

- Recorded incidents of domestic violence.
- Offences/arrest linked to domestic violence.

## 7 Supervision and Vulnerability

This element explored issues that work towards improving the safety of the children within Springboard project families by reducing the number of:

- Missing from home incidents.
- Children entering care.
- Family breakdowns.
- Re-referrals to child protection services within 6 months.

## 8 Accommodation

This standard focused the practitioner's attention on the housing issues associated with the family and reducing the number of:

- Families with rent arrears
- Family homes classed as non-decent.
- Households living in temporary accommodation.

## 9 Employment

This domain focused on the team's success in supporting adults in gaining employment by increasing:

- The number of 'voluntary' participants in Pathways to Work.
- The number of people who have been helped into employment of at least 16 hours per week for 13 consecutive weeks.
- Those who are classed as economically inactive into employment of at least 16 hours per week for a period of at least 13 consecutive weeks.

## 10 Education

This identifies the level of the children's attendance at school and also youth employment and engagement with post-16 learning, by increasing:

- The number of pupils in NEET group.
- The number of young people linked to YOT.
- The proportion of "tier 2" children in NEET for less than 12 weeks.
- Rate of school attendance.
- Engagement of all Connexions "tier 1" young people (associated with Springboard) in the APIR/CAF process.



## 11 Education

This focused on attainment by increasing:

- The number of pupils at key stage 3.
- The average point score for all pupils at key stage 3.
- The levels of attainment by 'transient' pupils at Key stage 3.

## Completion of the Matrix

Each domain was also broken down into key elements to aid completion by the Springboard team members.

### **Standard Statements**

...which identified the main criteria for the standard.

### **Performance Measures**

...which broke the Standard Statement down into specific issues to be considered.

### **Trigger Questions**

...that prompted the team member to make a decision relating to if the Standard Statement is relevant to the family.

### **Baseline Statements**

These were developed during the early stages of the intervention from the Springboard team. They were developed by a team member if the Standard statement is relevant to the family. They are descriptions of the behaviour displayed by the family or family member during the twelve months prior to their involvement with Springboard.

### **Targets**

...which were specific goals for the team and family to focus on to identify improvement in the quality of the family members' lives. The team reviewed these targets every six weeks, and decisions are made as to whether or not the target has been achieved. If it has not been achieved the target is either continued to the next review or re-written as a new target.

## Iteration and Refinement

The draft of this baseline document was then developed further through a series of consultation and approval events, including face-to-face interviews with the team leader and a "World Café" event that enabled the management team to make changes and establish the quality of the document.

## Section 4 Benefits for the families

### Introduction

This section of the report presents both quantitative and qualitative evidence that examines the impact of interventions through the Springboard project on the lives of the families that were associated with the Springboard pilot study. Springboard was established to provide a multi-disciplinary, integrated service to families which were in crisis. The expectation of this service was that the family's needs would be met in a seamless way by practitioners who were not constrained by the traditional professional boundaries. This novel service was planned to be provided in addition to existing services rather than to replace or exclude access to these. The Springboard team practitioners not only had the opportunity to step beyond these possible constraints but were supported by relevant professionals within the team. The new approach exerted a co-ordinating effect on aspects of work which was already in operation.

This level of blurring of professional boundaries is reflected in this report, in that it should be recognised that the successes and failures of the service are the result of integrated working: not owned by any individual discipline but by all those involved in supporting the families. For example, reduction of a family's anti-social behaviour would not be achieved only as a result of police intervention but would emanate from a team that had engaged with family members, gaining their trust and working with them to achieve a more stable lifestyle. It is important to recognise this, as the results in this section are presented in a way that highlights specific service targets. So, progress in the reduction in chaos should be seen as achievement by the team as a whole, along with the host services.

#### The Jones Family

*The Jones family lived in a three bedroom council house that was in a district of Blackpool that could be classed as an area of high social need. The family consisted of Sally and James, who were not married, and five children under twelve: four of whom were from two of Jane's previous relationships. Within the 12 months prior to accepting support from Springboard all of the children had been placed in foster care due to inadequate housing, and although the family was together at the point of referral, all the children were on the child protection register. This position was exacerbated by the fact that they were over £2,000 in rent arrears, and court proceedings were imminent. The house they were in had reached a point of being described as non-decent, as it was in a state of disrepair with no carpets, soiled damaged furniture, and infestations of cockroach and lice. The initial input was from the housing officer in the Springboard team, and his work focused on supporting the family to establish regular payments in relation to the rent arrears and to remove and replace the infested furniture. A small amount of funding was provided to aid in this process for the provision of new carpets and both Sally and James were supported to start decorating the house.*

*The children appeared unkempt, as they were un-washed, with no shoes and soiled, dirty clothing. Their behaviour was difficult for both James and Sally, and they had few boundaries. The oldest boy generated most issues for the couple as he had a diagnosis of ADHD. The family support workers with the team became involved and started working with the family in relation to parenting skills and the introduction into Sure Start and education. This aspect of the family's life was assessed as such a priority that more intensive support was deemed necessary, and they were offered a short term placement in Springboard's supported housing. One of the outcomes of this placement was that the adults thought that they could best support their children if they separated, and Sally took the three older children and returned to their original home, while John looked after the other two in a new housing association property.*

*The outcome for the family appeared to be beneficial for all concerned, with all the children being removed from the at-risk register, a continued commitment to paying their rent arrears, and the threat of court action withdrawn. The children were clean and clothed appropriately, and their behaviour had improved. Both homes could be described as clean and well-kept. James had lost weight and was working with a life-coach in relation to self esteem and fitness with a view to employment. Sally had continued to look after the house and the other three children. She had found a new partner, and their relationship was very positive. Sally maintained links with Sure Start and welcomed their support.*

## Overview of Findings

The baselines identified a number of dramatic changes that had positive outcomes for both the families and for the Council and its partners within the areas of criminal and anti-social behaviour, housing and accommodation, and education. There were a number of more subtle changes within the health and social care facets of the families' lives and in the acquisition of gainful employment.

The reasons for these differences between the domains of criminal behaviour, housing and education and those of health and employment are complex but there are a number of factors that may have had some influence on this disparity. The first of these may rest in the notion that the first three of these domains are obvious measures of chaos that attract statutory service and their associated levels of enforcement in to the lives of the families. The latter two reside much more within the locus of control of the families, and in relation to the crises caused by a chaotic life style may feature as a lower priority. Alongside the locus of control rests the fact that the negative impact of a number of health related behaviours occur slowly over time, and, as such, do not present as a priority in relation to the other more dynamic domains. There is also the fact that people can cope with and sustain only a certain amount of change at any one time, and as the vast majority of these families had made significant changes in the more chaotic domains, there may be elements within the health and employment domains that have acted as 'crutches'. Change within these may occur when the other shifts in behaviour have consolidated.

Alongside the quantifiable data, eight families were interviewed - four while receiving interventions from the Springboard Team and four post intervention. The thematic analysis of this data produced overwhelming evidence of the positive effect Springboard had had on the families' lives. The families expressed eloquently how the team's positive value base influenced the families' own self esteem and willingness to make significant changes in their lives. The families welcomed the 'can do' mentality held by the team members and the way in which they were willing to move beyond professional boundaries to evoke change.

## Demographic Information

The Springboard pilot project had been involved in the lives of a total of 60 families. However, because of the time needed to identify any significant changes in the families as a result of the intervention from the Springboard team, this report is based on the data from 42 of these families. The included families consisted of 74 adults and 151 children and young people. Seventeen of the families were supported by a sole adult; fifteen of these being supported by a female parent and two by a sole male parent.

A number of the families had a complex structure in relation to the number of family members living under one roof. This complexity did not relate simply to the immediate family of parents and children, but a number of the families contained not only members of the extended family but also their partners. This structure was demonstrated in the case of the Simpson family. This family consisted of 13 people in total all living together.

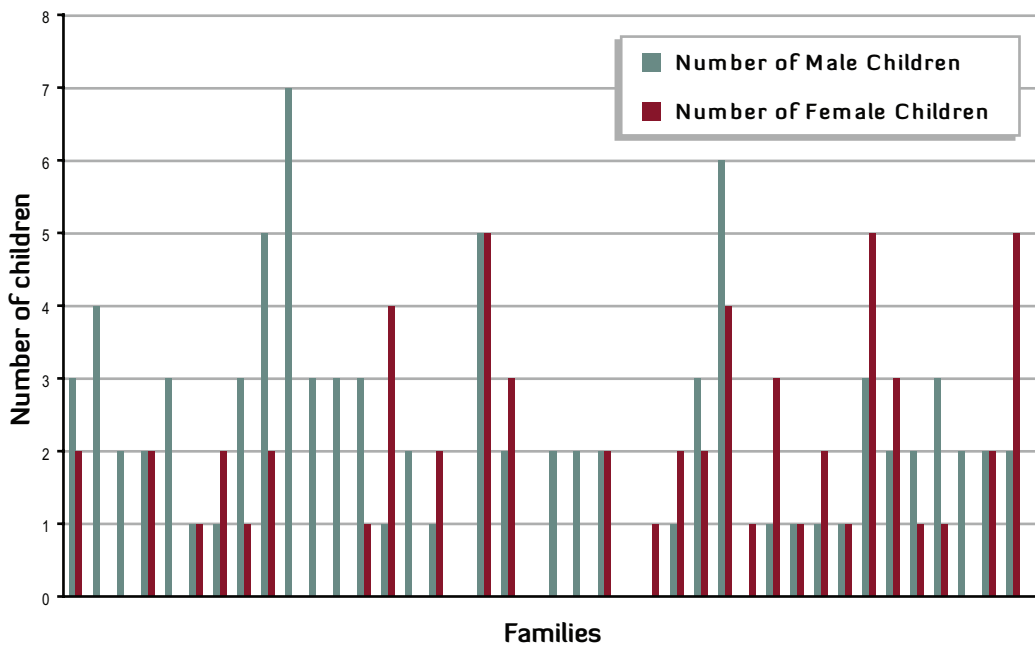
### **The Simpson Family**

***Mr and Mrs Simpson lived in a council house with their six children. The eldest two children had children of their own. Sam, who was in her twenties, had three children, while Steven had a partner and one child. All of these were currently living together within the same family home.***

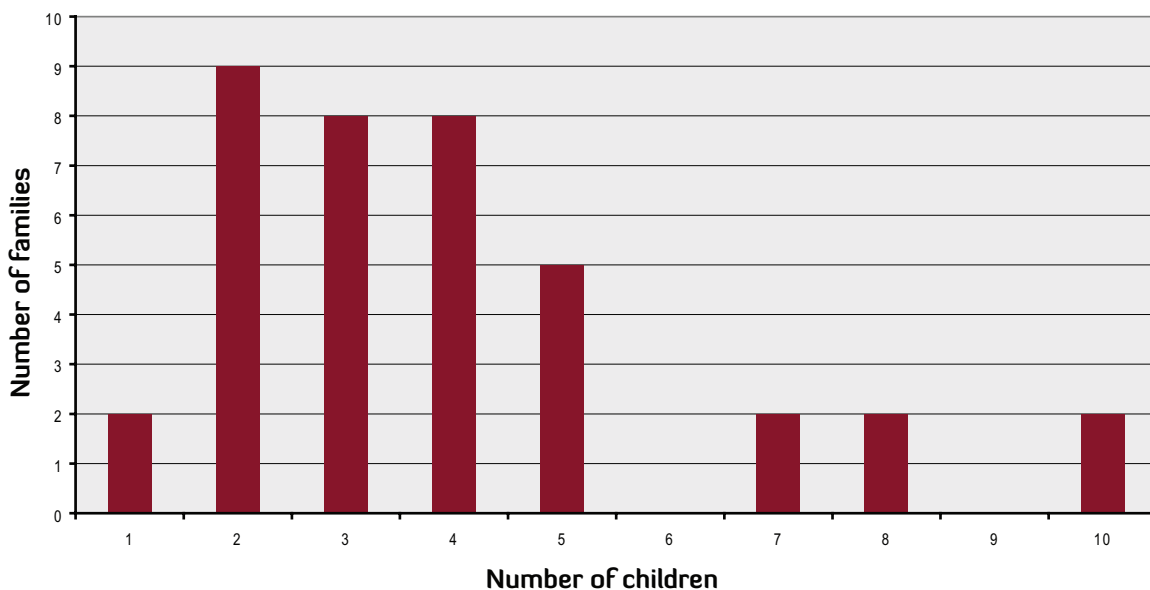
All the families receiving a service from Springboard had at least one child and two of the families had ten children. The most common number of children was between 1 and 3, representing 50% (19) of the total number of children. However, a significant proportion of the families were large, with 34.21% (13) having between 4 and 6 children, and 15.79% (6) containing 7 or more, with the largest family consisting of 10 children. Figure 1 displays a breakdown of the gender of the children and young people within each of the families. The majority of the children and young people were male (84).

Figure 2 displays the frequency of the number of children within the families. The most frequent number of children was 2, with 9 of the families containing this number. However, this figure is closely followed by families of 3 and 4 with each frequency having eight families.

**Fig 1: Gender of children in families**



**Fig 2: Number of children in families**



# Achievement of SLA targets

## Health

### Registration with a GP

An important element of health care is access to the services offered through general practitioners (GP). Six of the families were not registered before they engaged with Springboard. For significantly excluded families it is not unusual for parents (and consequently their children) to miss out on the most basic access to health provision (Elliott & Watson 1998). **All the members of these families were registered with a GP during the period of receiving support.**

### Sexual Health

Sexual health and appropriate contraception are important issues for every family, including those associated with Springboard. Within the population served by Springboard, teenage pregnancy was a recurring issue, so this was an important measure in relation to the health aspect of the Springboard project. Teenage pregnancy<sup>3</sup> in Blackpool rose from 64.8 per 1000 in 1998 to 80.3 per 1000 in 2003. The target for 2006 was 46.4 per 1000, and for 2007 42.1 per 1000. Within the Springboard group there were 21 young women between the ages of 15 to 17. The borough target translated to a “Springboard target” of no more than 0.88 pregnancies per 21 young women. The team engaged with 11 of these young women, supporting 8 via Connect and choices courses, 1 through advice from the team’s YOT worker, and 2 through access to a residential programme with life-like baby-simulator experience.

**Only 1 of these young women became pregnant while their family was linked with Springboard. The target for Blackpool was, therefore, met in the Springboard group, while in the borough overall the target was not met, with the rate at 66.4 per 1000 in 2006.**

The teenage pregnancy strategy (DfES 2006b) identified a number of key risk factors for teenage pregnancy:

- Poverty
- Children in care
- Children of teenage mothers
- Being a “non-participant” (truanting, early exit from education, NEET category individuals)
- Sexual abuse
- Mental health problems
- Criminal behaviour

Not only was Springboard participation associated with the absence of pregnancies in this high-risk group of young women, but the evidence of success in dealing with several of the key risk factors demonstrates that Springboard intervention (for example, reducing or preventing care episodes, achieving re-engagement with education and training) undoubtedly reduced the on-going overall risk burden for the young women involved.

### Smoking, alcohol and substance misuse

Regarding the provision of smoking cessation, the reduction of alcohol and drug misuse, and the access to service, more work is need in relation to gathering more detailed information. The baseline documents clearly identify that all those individuals at risk through sexual activity or substance misuse were sign posted to information and appropriate services. Further work is needed in relation to uptake. Change in these areas can usually be achieved only over a significant period of sustained intervention, and is often characterised by multiple relapses.

<sup>3</sup> under 18 years conceptions

Furthermore, given the multiple challenges faced by families included in the Springboard pilot project, it might be recognised that **cessation of smoking** would be a low priority for many families. Indeed, the stress induced by smoking cessation might well form the final barrier to achievement and improvement in other areas such as school attendance, anti-social behaviour, and parenting. The Springboard effort to support those family members who smoked nevertheless met with a measure of success. **Three individuals stopped smoking completely as a result of the support from the Springboard team. One was referred to a structured support programme, while 35 were sign posted to appropriate services and provided with information relating to smoking cessation. This latter is a major achievement given the generally low level of motivation to stop smoking.**

**Substance misuse** can be the largely hidden companion of many other social problems. It is also the underlying problem that can be the most resistant to change (Harris 2006 2007). The project team worked hard to identify substance problems in families and to encourage the uptake of advice and assistance. This process was greatly helped by the collaboration of the specialist substance worker, who could offer detailed and accurate sign posting to services. This specialist substance worker quickly became a key member of staff offering advice and input to families and other members of staff with such effect that one senior manager affirmed that 'We would be lost without her now'. As Murphy and Oulds [2000] point out, a bridging role between child care and substance services can make a real difference to the quality and integration of the service on offer.

In relation to the use of illegal drugs, 14 people were known to use drugs before their family accepted support from Springboard. Through the intervention of the staff team, **a further 2 substance misusing individuals were identified, and 20 individuals were identified who required advice, support or referral to specialist drug services. Out of this group of people 1 young person stopped using cannabis, 7 accepted support from the team to engage in treatment, and 2 received supervision in pursuing abstinence. 3 continued on treatment programmes that they had commenced prior to engaging with Springboard but received additional support from the team. One young person received a detailed assessment for support regarding drug misuse. Another individual commenced a treatment**

**programme but then stepped off.** In the timeframe of the project it was unlikely that significant progress would be noted in cessation of such misusing behaviour. Success should be gauged by identification of the individuals in need of help and by effective referral to sources of therapy or support. **Substantial progress was, therefore, made by the Springboard project in addressing the problems of smoking and substance misuse.**

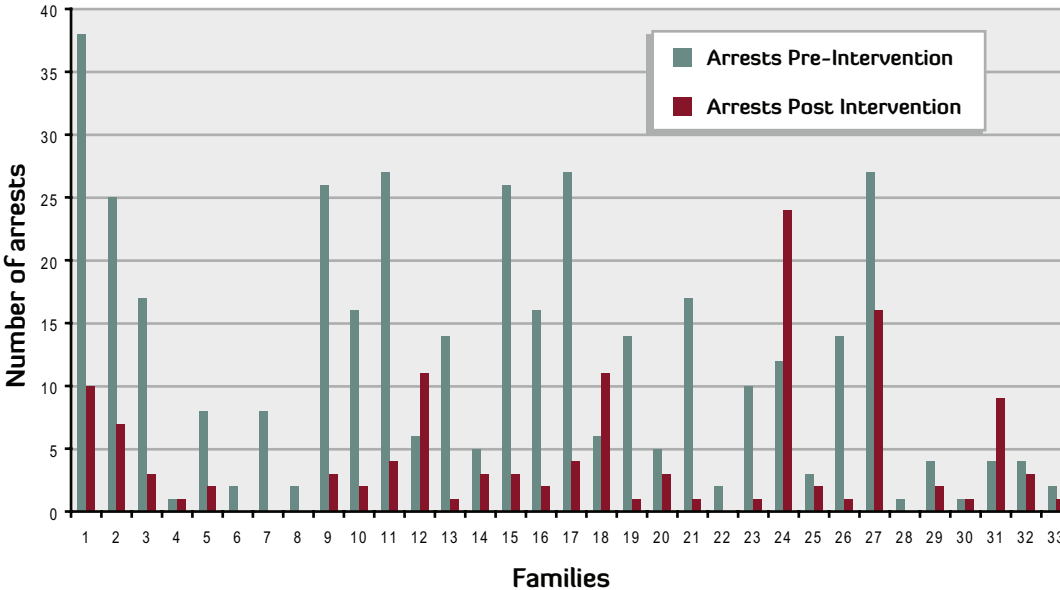
## Criminal Behaviour

Criminality was an important domain for the families and the communities in which they lived. Twenty-seven of the 42 families had members within them who committed at least one criminal offence during the 12 months prior to their acceptance into Springboard. Figures 3, 4 and 5 identify the criminal activity for each family in relation to the number of arrests, BVPI and PSA crimes. The chart clearly demonstrates the significant impact that Springboard exerted on criminal activity. Every one of the families showed reductions in criminal activity during the time they received support from Springboard. 93% of the families displayed a significant reduction in the three areas of activity, with only 2 families displaying an increase in activity, (one from 6 to 11 arrests and 2 to 7 BVPIs, and the other with 4 to 9 arrest, 0 to 4 BVPIs and 0 to 4 PSAs). This dramatic reduction in behaviour was not always in a downward direction. Indeed, there were a few situations in which the behaviour escalated. One family's offending behaviour almost doubled their number of arrests from 12 to 22 within the first six week cycle, but subsequent measures saw a significant reduction to 2.

When the figures are examined as a whole, as in Figure 6, the evidence is even more persuasive in relation to the positive impact of Springboard on the lives of the families. In total, 246 crimes had been committed in the twelve months prior to the families being included in the project. This reduced to 78 - an overall reduction of 68.3%. BVPI crime this also reduced from 70 to 23 incidents, a reduction of 67.2%. Alongside the improvement in the BVPI, the PSA activity displayed a significant reduction by 74.5% from 90 to 23 counts.

**In relation to the first level PSA target relating to criminal behaviour, which required a reduction of 15% by 2007-08, Springboard significantly exceeded this objective by a staggering 53%.** When the number of crimes committed by individuals receiving support from Springboard was compared with those in the comparison group, the positive effect of Springboard was reinforced by the fact that there was no significant difference within the behaviour displayed by the comparison group. The PSA relating to youth re-offending was also exceeded at the higher threshold, which expected a reduction of 42.3% in the re-offending rate. The significant reduction in this activity also impacted on other targets established for the council. For example it reduced the number of young people entering the youth justice system, with the subsequent cost savings within the justice system, Children’s and Young People’s Services, Police, Probation and YOT. Anti-Social Behaviour

**Figure 3: Arrests before and after intervention**



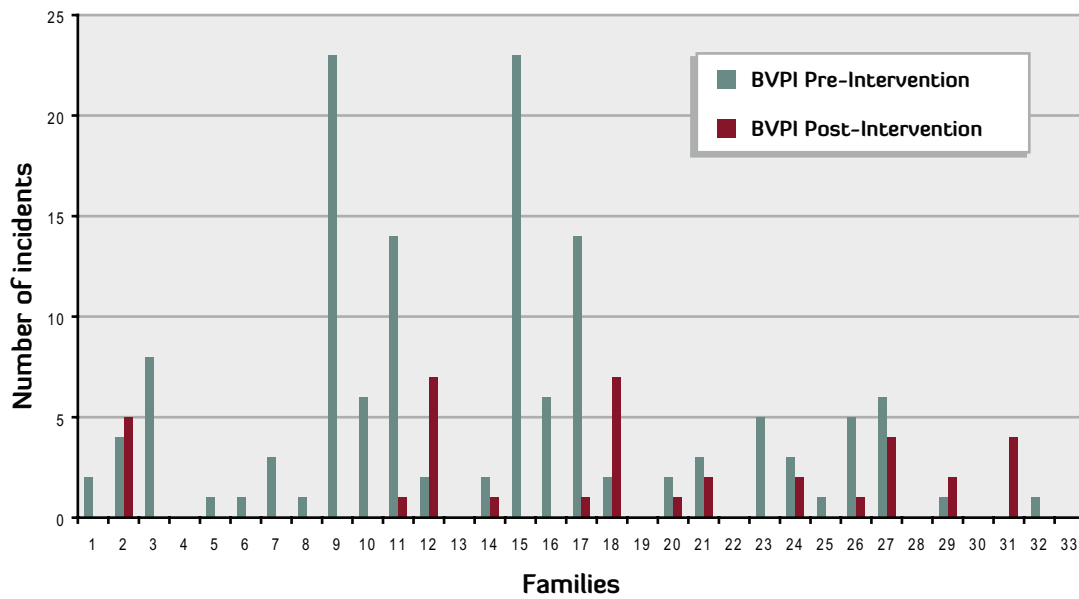
Alongside criminal activity, anti-social behaviour represents a significant source of chaos for both families and their community at large. In relation to Springboard, almost half of the families were associated with at least one form of anti-social behaviour in that 26 of the families were identified with this behaviour within the twelve months prior to their inclusion in the project. It would appear that Springboard also impacted on this activity in a significant manner.

**The Kelly Family**

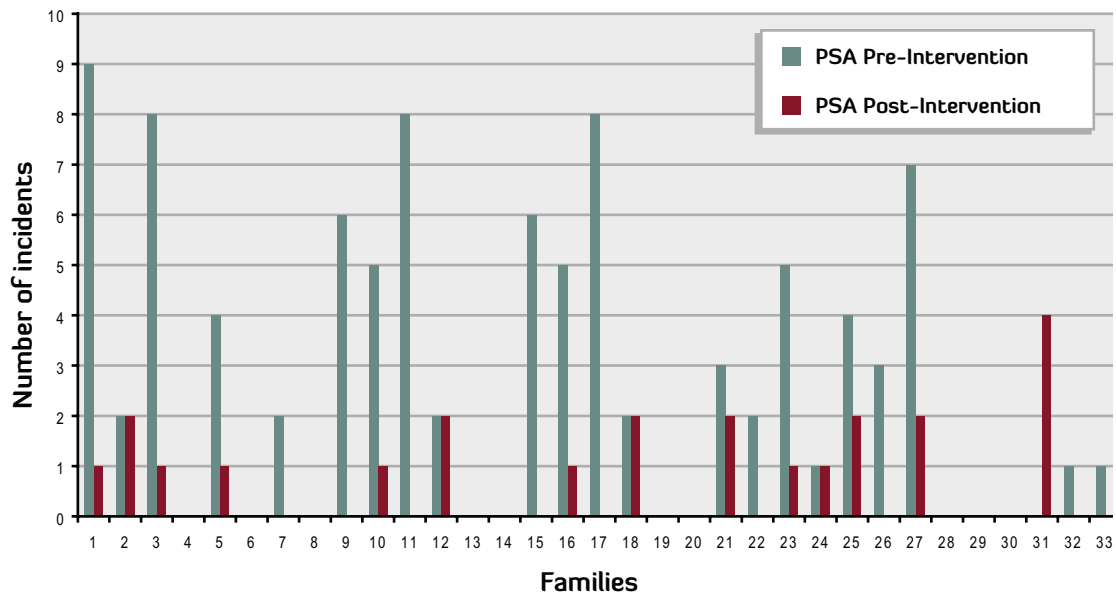
*The Kellys were a large family, with 7 children (5 boys and 2 girls) ranging in age from 5 to 17 years. All of the children lived at home with their mother and father. Five members of the family were persistent offenders, with 26 arrests between them in the previous 12 months. They had 23 BVPI offences focused on burglary and vehicle crime, and 6 arrests labelled as PSA activity. Within the time Springboard was involved these reduced to 3 arrests for one individual and no BVPI or PSA activity.*

In relation to nuisance behaviour there was a 66.8% reduction from 401 incidents to 133. Police call-outs reduced from 249 to 37, which represents an overall 85% fall. Referrals to other agencies saw a similar drop from 83 incidents by an impressive 95.4%. ABC’s reduced by 95% from 21 to 1. No ASBOs were imposed on any individual while they were associated with Springboard.

**Fig 4: BVPI before and after intervention**



**Fig 5: PSA before and after intervention**



**Figure 6: Cumulative Number of Offending Behaviour Incidents**

Criminal Activity	Number before involvement	Number since involvement	Reduction	Percentage reduction
Arrests	246	78	169	68.3%
BVPIs	70	23	47	67.2%
PSAs	90	23	67	74.5%

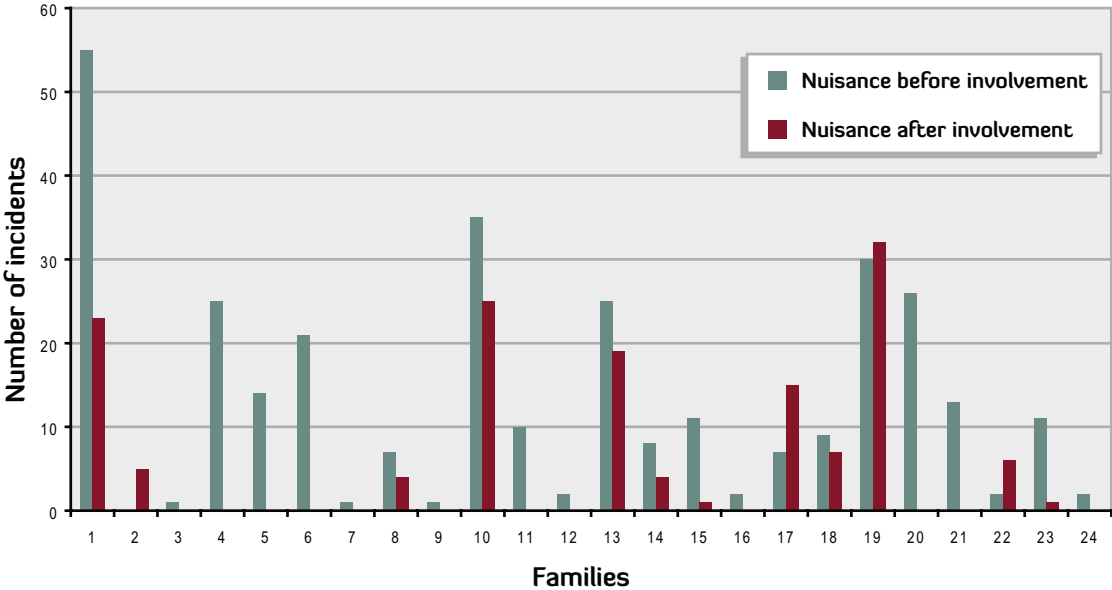


**Figure 7: Total Changes in Anti-Social Behaviour**

Anti-Social Activity	Number before involvement	Number since involvement	Reduction	Percentage reduction
<b>Nuisance behaviour</b>	401	133	268	66.8%
<b>Police called</b>	249	37	212	85%
<b>Referrals to other agencies</b>	87	4	83	95.4%
<b>ABCs</b>	21	1	20	95%
<b>ASBOs</b>	1	0	1	100%

Figures 8 to 11 represent a breakdown of the pattern of anti-social behaviour for each family. This data mirrors that in Figure 7, displaying significant reductions in behaviour and service involvement. Figure 8, relating to referrals to other agencies, is a prime example of this, and it emphasises the impact of the multi-disciplinary approach adopted by the Springboard team which made only 4 referrals to another agency throughout the Springboards project.

**Fig 8: Nuisance before and after intervention**



## The complexity of intervention with Springboard families

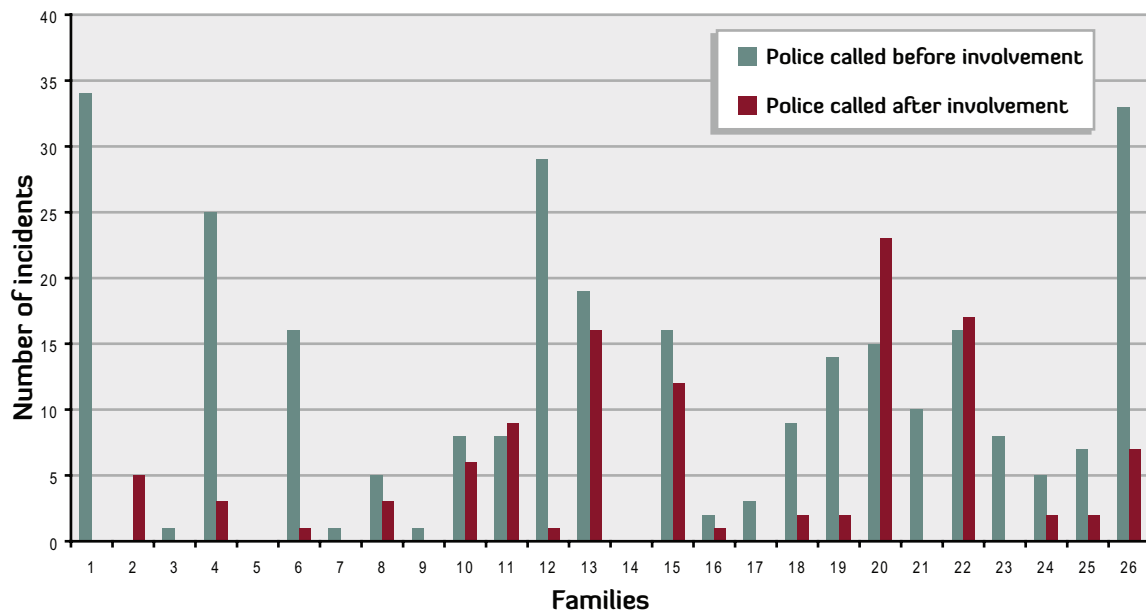
*The complexity of addressing the multiple problems faced by Springboard families could be intensified: fixing one problem sometimes revealed or provoked the development of another. For example, one notoriously anti-social family was rehoused as part of the Springboard intervention but then became the target of persistent harassment and scapegoating by other local residents.*

*All manner of local problems were routinely attributed to this family despite clear evidence that the family members were not involved in any way. There was no increase in crime as a result of the family's relocation, but there arose a strong perception to the contrary among neighbours. Despite major success by the Springboard workers with the individual family, there remained an ongoing need for intervention in response to the neighbourhood reaction.*

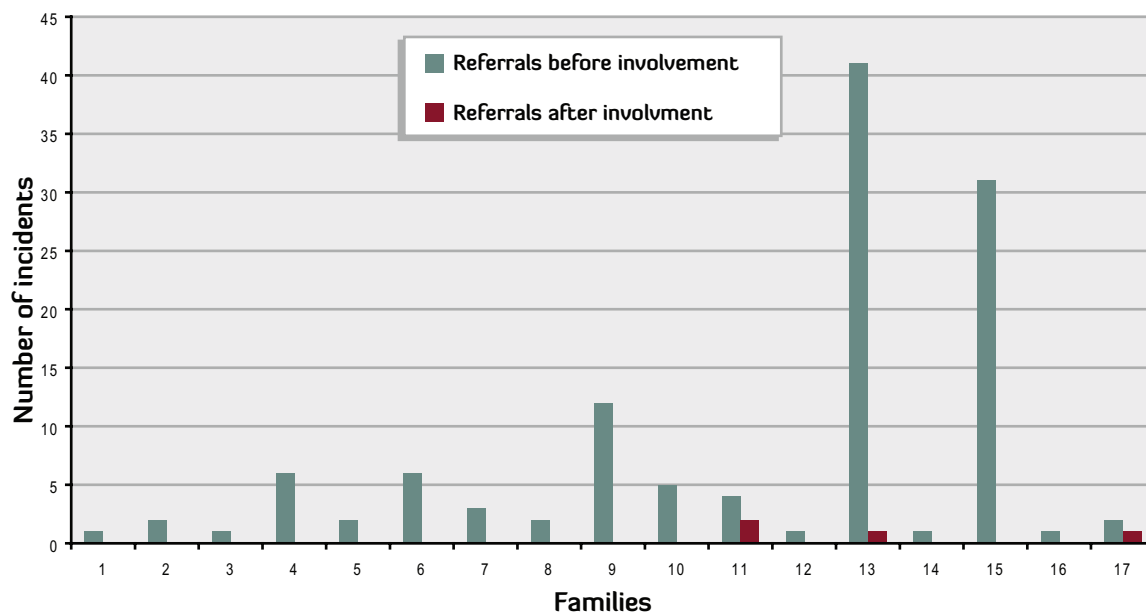
Against these dramatic reductions, the comparison group and the wider relevant population displayed no significant change in anti-social behaviour. Although there was no direct PSA target that related specifically to the reduction in this behaviour, there was a target that focused on reducing the community's experiences of anti-social behaviour. Springboard intervention played a significant part in reducing the number of residents who considered anti-social behaviour to be a problem in their area.

**Viewing this behaviour as criminal activity brings it into the realms of the Youth Justice Board KPI D1 standard. This seeks a year-on-year reduction in the number of entrants to the youth justice system. As the number of Police call outs, referrals to other agencies, ABCs and ASBOs saw significant reductions, then Springboard achieved this objective.**

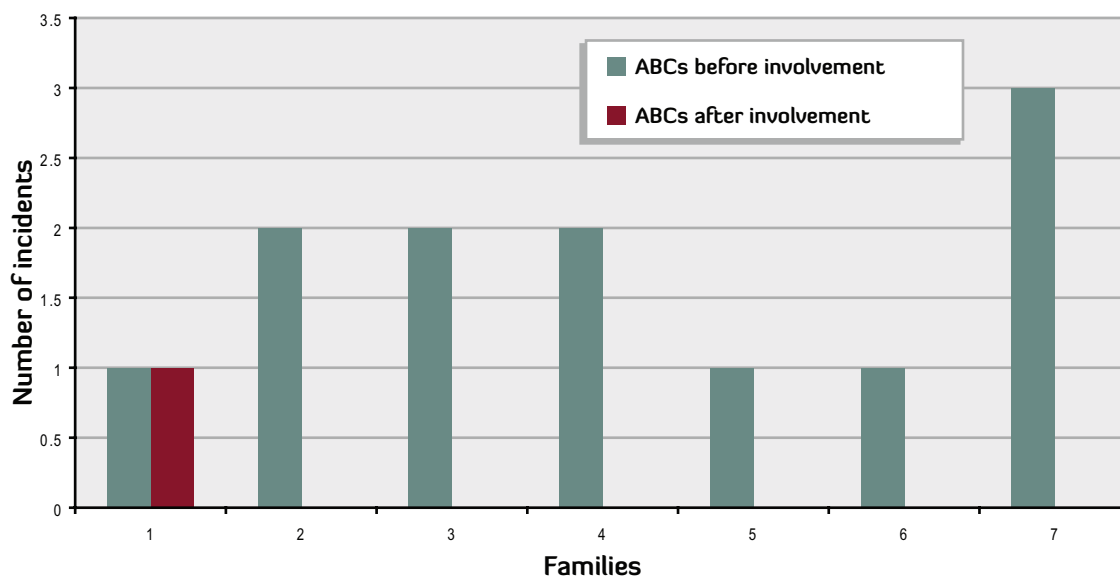
**Fig 9: Police called before and after involvement**



**Fig 10: Referrals before and after involvement**



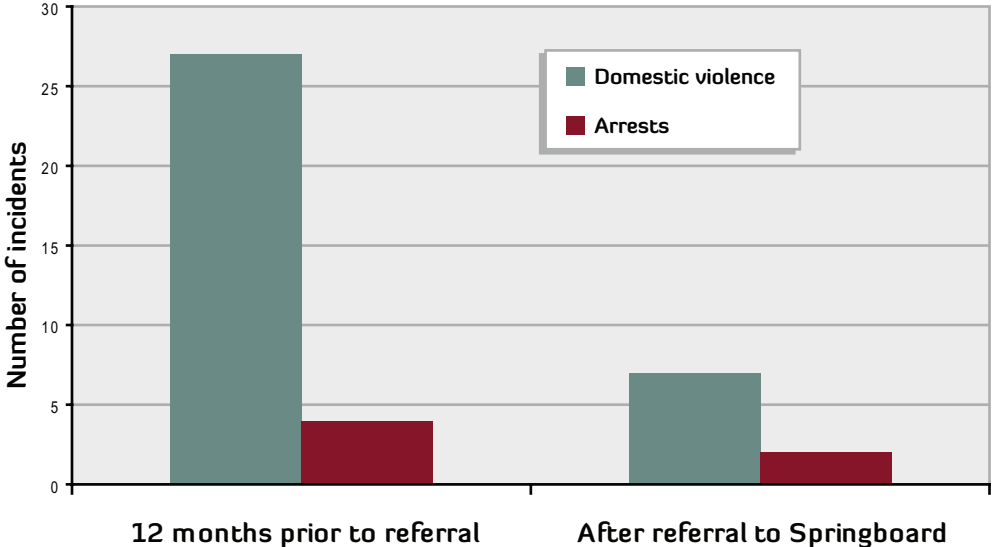
**Fig 11: Anti-social behaviour before and after involvement**



## Domestic Violence

Domestic violence occurred within 10 of the families within the 12 months prior to their inclusion in Springboard, with 27 incidents being recorded. This reduced to 7 while the families received support, **representing a 74% reduction**. In relation to the number of arrests associated with domestic violence, **a 50% reduction occurred**, with the number of incidents falling from 4 to 2. As with substance misuse, domestic violence can be the key family predictor of children’s emotional disharmony and parental unavailability (Cleaver et al 1999, 2007). Any significant reduction in domestic abuse will always result in considerable improvements in the quality and safety of family life for children.

**Fig12: Domestic violence & arrests before & after intervention**



**Family W**

**Presentation of family problems**

*This was a two parent family with three older children. The family problems concerned both parents and all three children. The W parents struggled to offer any boundaries or guidance to their children.*

- The two older children had a long history of involvement with the YOT. This was due to acquisitive crime, anti-social behaviour, bullying and intimidation. It was believed that the older girl was vulnerable to sexual exploitation or early pregnancy.
- Mr W's emotional wellbeing was poor and he had recently attempted suicide.
- Mrs W had been involved in anti-social behaviour and had bullied her husband.
- The youngest child was disabled and emotionally vulnerable.
- The family was about to be evicted.

**The implications of these issues**

*This was a most appropriate referral with internal parental conflict and distress having a significant impact on the development, safety, offending behaviour, and emotional wellbeing of all four children.*

**Springboard Interventions**

- 1) The project began the long process of re-housing, beginning with temporary accommodation and moving towards a permanent home.
- 2) Significant input was given to parents and children about boundaries to behaviour inside and outside the family home.
- 3) Mr and Mrs W were encouraged to engage with the positive parenting process.
- 4) The needs of the youngest, disabled child were assessed.
- 5) Individual work was undertaken with the oldest girl to attempt to reduce her vulnerability to sexual exploitation and early pregnancy.

**Outcomes**

- Stability of the family's housing slowly improved, as did their anti-social behaviour in the tenancy.
- Work on parenting & boundaries slowly encouraged more appropriate behaviour within the family.
- The older girl returned to live in the family home and was judged to be sexually less vulnerable.
- Compliance around anti-social behaviour was much improved .

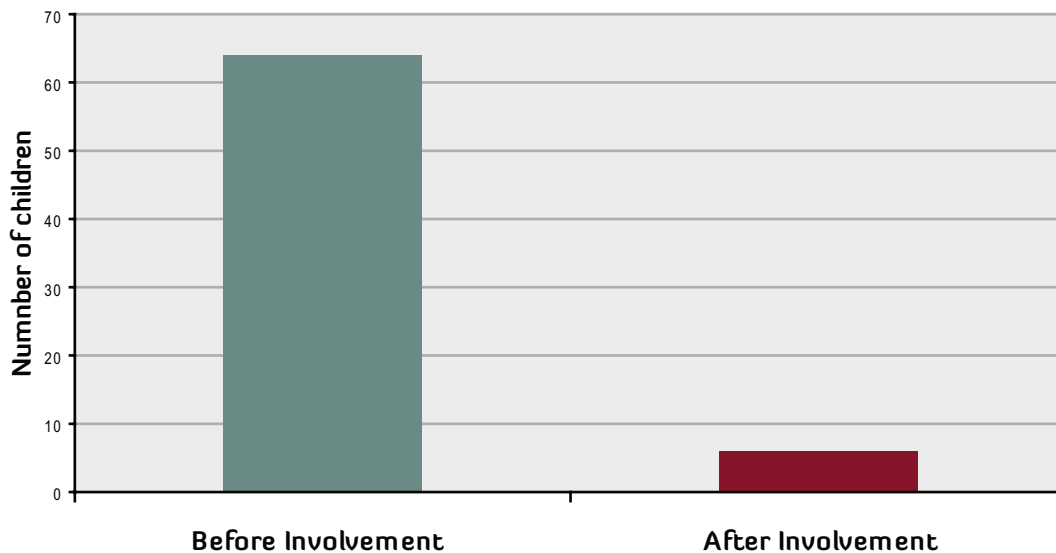
**Ongoing**

- More work was needed on Mr W's emotional health and his parenting and boundary role.
- The youngest, disabled child remained very emotionally vulnerable.

## Missing from Home

The number of children and young people reported as missing from home **dropped by 86% to 9 incidents from 64.**

**Fig 13: Number of children missing from home before and after intervention**



## Children Placed in Care

Family involvement with care or protection services can be a significant predictor of family disharmony and social exclusion. Following referral, only 3 children from Springboard families were identified as receiving an episode of residential care. This was compared to 25 incidents of residential support in the last 12 months before the families commenced with Springboard. **This represented an 88% reduction.** The baseline documents are unclear as to whether the three placements were continuations of placements from before the families commenced with Springboard or placements that were instigated by the Springboard team. **Family involvement with services that support families in relation to child protection services significantly reduced by 80%.** Some preventative interventions will stop some children coming into care or into the safeguarding system. However some children will still need to come into the care or the safeguarding system. What Springboard can show in relation to these families is that all supportive/preventative involvement has been already tried and that the decision to go into the protection or care process is the right one for those children.

## Relationship Breakdown

This had a significant impact on a number of the families before they received support, with 10 experiencing a breakdown. While the families were linked with Springboard, only 2 families had the same experience. However, the outcome of these breakdowns was positive rather than negative, instigating stability rather than chaos. **There was a reduction of 80% in family breakdown.**

# Housing and Accommodation

This also represented a success story for Springboard. Families maintaining a tenancy have to avoid the accumulation of arrears. Ten families were recruited to Springboard with significant arrears. After involvement in the project, all of these families were addressing their arrears by making regular, affordable payments. **100% of Springboard participants previously in arrears had achieved acceptable, sustainable repayment arrangements. There was a 50% reduction in the number of families classed as living in non-decent accommodation**, from 14 to 7. In relation to families living in temporary accommodation, 7 were residing in this type of accommodation before they became linked with Springboard. This number was reduced by 4 to 3 families remaining in temporary accommodation while they were receiving a service. While this was a significant improvement, further work was needed to address the remaining issues.

# Employment

In this domain the team adopted a proactive approach, drawing on other initiatives and services in an attempt to instigate a shift in family members' perceptions of themselves in relation to gainful employment, training or education. Some success was achieved, which while not, perhaps, so evidently dramatic as in other domains, was still of great importance. The impact of the achievement on the quality of life for those who achieved the stability to move on in this area was significant. **Two adults were supported into paid employment**, and a further **two commenced voluntary work** at a local volunteering centre. With the support of the Springboard team, **six individuals commenced training or full-time adult education**, and **one undertook a part-time college course**. Three more clients commenced college courses but subsequently dropped out while still being supported by Springboard. This represented a more positive picture than that presented by the comparison group, which saw no apparent shift in this area at all.

## Small intervention: huge impact

In two separate cases, the issue which was preventing women from seeking employment was the need for dentures. When these were provided through Springboard the women each gained the self-esteem and confidence needed to attend for job interviews.

# Education

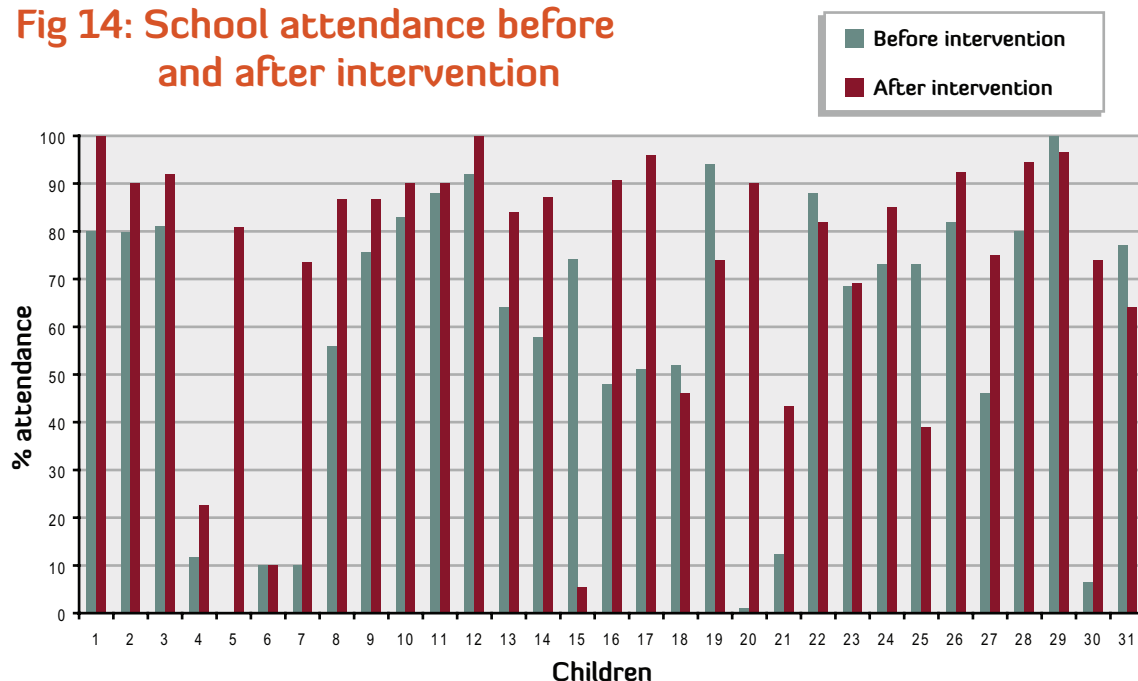
This aspect of the support package for the families on Springboard displayed significant improvements in the quality of the families' lives.

- There was a **reduction of 33% in children and young people being classed as being in the NEET group**, with numbers reducing from 18 to 12.
- This was mirrored in a **reduction of 27%** from 22 to 16 in **young people being linked with YOT**.
- The proportion of **children judged as being in tier 2 also reduced by 33%** from 9 to 6.

# Attendance

A marked move forward related to those children and young people who had attendance issues. 33 of the children and young people who were supported by Springboard had issues relating to attendance at the outset of their family's inclusion in the project. Figure 14 identifies the individual attendance records for the young people in percentages. **66% of these young people improved their level of attendance as a result of Springboard intervention**. Two increased their attendance to 100%, and a further 4 increased their attendance to above 90%. Six of the young people showed a decline in their attendance level. However, one of these displayed a significant improvement to 90% but then returned to the original level of 50%. At this stage it was not practical to identify changes in the level of attainment since this would require a longer timescale than allowed for in the Springboard pilot project.

**Fig 14: School attendance before and after intervention**



## Exclusion

In the area of reducing school exclusions the Springboard interventions proved to be remarkably successful. While the problems faced by many families were substantial in both number and intensity, significant improvements in school exclusion were achieved.

### Permanent Exclusions

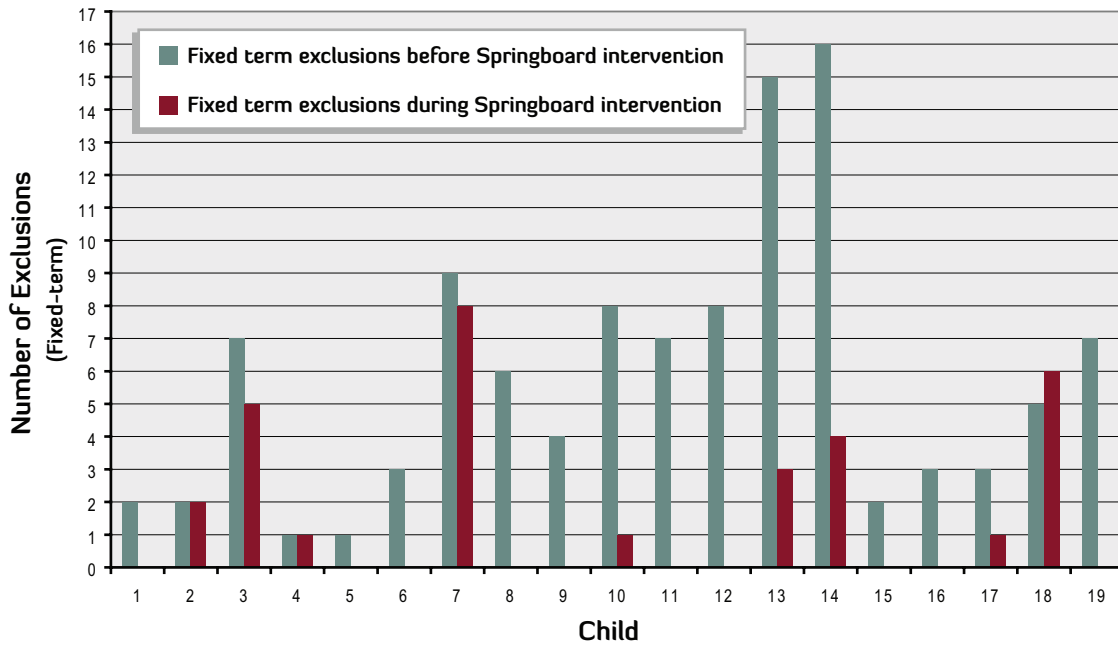
At the time of the Springboard pilot project, there was a major effort in Blackpool to reduce school exclusion, especially through close work between schools and the Inclusion Support Team. This resulted in a remarkable overall reduction of permanent exclusions from 17 in 2006-07 to 7 in 2007-08. Within this, however, the Springboard team was working with the families whose children were most at risk of exclusion and which had multiple problems impacting on individual and family behaviour. Children in the families currently engaged with Springboard at the time of the evaluation had sustained a total of 3 permanent exclusions before engagement with Springboard, while children in the families exited after engagement with Springboard had sustained a total of 6 permanent exclusions. However, ***no permanent exclusions at all were incurred during engagement with Springboard.***

Permanent exclusions before and during engagement with Springboard		
	Current Springboard Families	Families Exited from Springboard
Before engagement	3	6
During engagement	0	0

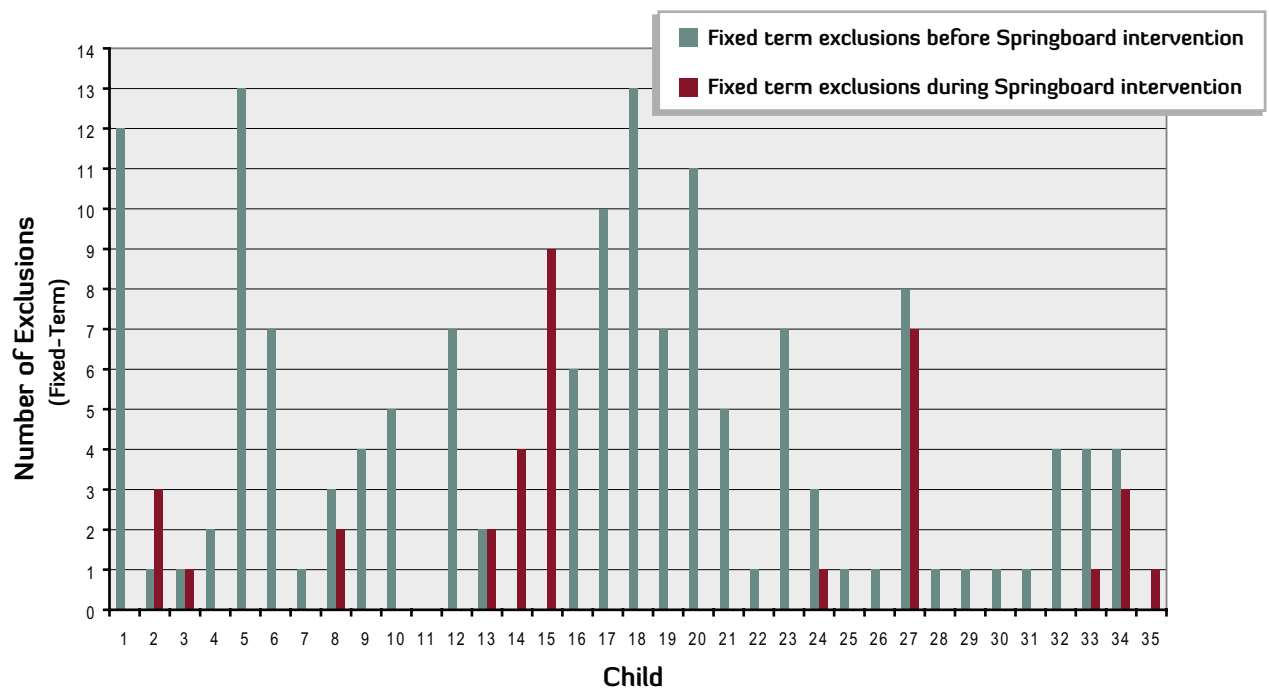
## Fixed-term Exclusions

For the families currently engaged with Springboard at the time of the evaluation, of a total of 140 fixed-term exclusions, only 31 (22%) were introduced during the intervention. For the families exited after engagement with Springboard, of a total of 181 fixed-term exclusions, only 34 (19%) were introduced during the intervention. (See Figs 15 and 16).

**Fig 15: Fixed-term exclusions before and during Springboard intervention: Current Families**



**Fig 16: Fixed-term exclusions before and during Springboard intervention: Exited Families**





In two of the families currently engaged with Springboard the first fixed-term exclusions were experienced after recruitment to the project, but in these cases the predisposing problems were already entrenched and the exclusions were already impending. In 8 families (out of 19) no exclusions were imposed during engagement with Springboard. A further 5 families saw major reduction in the problem; in one case from 17 exclusions to 4. ***For families currently engaged with Springboard, intervention achieved reduction, stabilisation, or absence of fixed-term exclusions in 16 families: 84% of the total.***

In three families which had exited from Springboard the first fixed-term exclusions were experienced after recruitment to the project, and in one case 9 exclusions were incurred. In these families, however, no further exclusions were imposed after exiting the project, indicating successful intervention in all three cases. Eight families had children with fixed-term exclusions after exiting Springboard, though given the intensity of the problems faced by these families, achievement of desired objectives in all areas of need was unlikely. In 6 of these cases, exclusion during engagement was minimal.

***For families which had engaged with and then exited Springboard, Springboard intervention achieved reduction, stabilisation, or absence of fixed-term exclusions in 29 families: 82% of the total.***

## Service User Experience

Service users' experiences form a fundamental measure of a services quality. Eleven interviews were undertaken with families which had been associated with Springboard. Five of the interviews took place in July 2006 with families on the Springboard caseload, while the other six took place in March 2007, three with families currently engaged with Springboard, and three with families which had been discharged from Springboard. The interviews were semi-structured in nature and lasted for approximately one hour. Each family provided informed consent prior to the interview as part of the agreement to receive support from service. They were also advised that the content of the interviews would be confidential and the data would be anonymised at transcription. One family refused to allow the conversation to be tape-recorded but agreed to notes being taken. The interviews were structured on three areas: Experience before engagement with Springboard, Introduction to Springboard, and the Effect of Springboard intervention.

### Experience before engagement with Springboard

All of the families had a significant level and variety of service involvement, with most of the support originating from statutory and enforcement agencies. Their experience of this contact was varied, but the overriding theme was one of dissatisfaction. They felt isolated and disempowered by the experience.

***"...I just feel like, they was just taking over, if you know what I mean. You didn't feel like the parent really. They were constantly telling you what to do, how to look after your children... They're too nosey."***

The families described contact as being spasmodic, invasive, ineffective and lacking in focus. They were concerned with the lack of consistency in relation to communication presented by the practitioners from these services. There was a level of agitation relating to having to continually re-tell their story every time a new worker appeared. There was a suggestion that the service came in to the family home, told them what to do and then ***"...they left, and left me to it"***.

This experience seemed to leave parents feeling both intruded upon and then abandoned. Clearly, the statutory aspects of these services influenced how they interacted with the families, but the families were left with a feeling of dissatisfaction with the experience, as one mother remarked:

***“I didn’t really like them, because, to be quite honest, I don’t like social services anyway because they just come around and take your children away.”***

## Introduction to Springboard

The families consistently described complex incidents within the family which instigated the referral to Springboard. These included, for example, domestic violence.

***“I split up with my husband. He kicked off in the house, and he attacked two of the children. So we got the police involved and we got him away from the house, obviously. I took him to court, and he ended up getting two years’ probation, and then the police said that we’d been referred to Springboard”.***

This particular parent cited this as the prime reason for the referral but also described a catalogue of additional factors, including refusal to attend school, minor crime by adults and children within the family, and drug use by adults.

Practitioners from other services described Springboard as a service that would offer more help to the family “without anyone getting on your case, if you know what I mean”. The staff making the referrals gave a clear description of the process that would be followed during the referral. Most of the families were introduced to Springboard through a case conference which involved all the services associated with the family and those staff from Springboard who might be expected to start working with them. Although this can be seen as an effective method of introducing the new workers, it was not always a positive experience for the family. As one mother saw it:

***“...there was a few people there, and my ex-partner was there shouting his head off, saying he didn’t do it. And, you know what I mean, it was, like, backfiring on me, so it was a bit... difficult.”***

Although these meetings were difficult for the families the Springboard service always made a home visit after the initial meeting to clarify its involvement and what the families could expect to receive in relation to support. It was a measure of the effectiveness of the arrangements that family members could list the staff from Springboard who were involved with them and to explain their individual roles in contact with family members.

## Effect of Springboard intervention

All of the families described vividly how the staff from Springboard treated them with respect and dignity. It was clear that the families felt valued by the staff, and they described the commitment that they experienced from the staff. Although they still acknowledged the professional-client divide, nevertheless they viewed the Springboard staff as being more friendly than the professional with whom they had previously been in contact.

***“I always get on with [staff name] you know. She’s always saying I’m a good mum, and she always speaks up for me if anyone says a wrong word in meetings what I go to every month. She’s always looking at me as if to say ‘just ignore it’. She knows I’m trying my best. She’s someone to talk too.”***

It is important to view with caution such direct comparisons made by families in this manner, since the “halo effect” may be in operation. This is a response which is commonly seen in research into products and services in which when one product or service is found to be preferable to others, then it is reported to be so in all aspects, and alternatives are reported to be poorer in quality in all respects. The key aspects of the Springboard approach which were intended to produce the difference in perspective and response from families were effective co-operation between services, immediacy and responsiveness of intervention, and a clear emphasis on working with families to solve previously intractable problems. It seems likely that achievement of these aims was the real stimulus for families to recognise an improvement in their lives,

Overall, the families recognised the impact that Springboard had exerted on them.

***“Well, they helped me [to avoid] getting evicted for a start. The team supported us through our separation, and they were there for us both. I couldn’t fault them. They was there if I needed anyone to talk to; it was great. They did things beyond what they should, I remember phoning [staff name] on a Saturday, saying I need help to do this and [staff name] she advised me what to do. And that was her day off. It was nice of her.”***

## Summary

It is clear from both the evidence from the baseline documents and the interviews with the families that the Springboard pilot project exerted a significant impact on the lives of the families. The level of chaos experienced within each of the families saw a significant reduction. There were positive movements within all of the domains, with significant reductions in the level of criminality and anti-social behaviour, and an increase in school attendance. These results were very encouraging, but it was also striking that while these changes in behaviour were being effected, family members also made changes in other aspects of their lives such as smoking cessation and movements towards gaining meaningful employment. These changes may have represented an improvement in the self-esteem of individual family members as a result of increased stability and positive input from the team. This view was substantiated by the interviews that clearly displayed the positive regard in which the families held the staff, and which was reciprocated in the team’s response to the families.

The findings from the baseline documents were particularly encouraging and displayed significant quality of life improvements for the families associated with Springboard. They supported the ‘can do’ approach that was adopted by the Springboard team and its willingness to cross the professional boundaries that often restrict holistic practice. When these findings are linked into the other elements of the evaluation it is clear that the families held the Springboard team in high regard and were not only willing to engage with the team but were also prepared to be challenged regarding their behaviour. It would appear that the findings support the expansion and continuation of the Springboard approach to engaging with families, especially those families that are hard to reach and hold a negative or hostile perception of service providers.

# Section 5 Change in ways of working

## Introduction

In addition to the achievement of SLA targets, the project was designed to bring about changes in ways of working among agencies and individuals involved in Springboard. Indeed, it was envisaged from the start that without cultural change of this nature, the Springboard project would not be able to achieve its potential impact.

To establish the degree to which change had occurred the research team undertook two data collection exercises. The first was to work with the Springboard team workers and managers in workshops and other events, eliciting perceptions and attitudes towards the project, and helping to work through some of the problems.

The second strategy was to interview members of the Operational Management Group, mostly by telephone, to establish their views on the problems, achievements, strengths and barriers to success which attached to the project.

## Interviews with Operational Management Group members

12 interviews were held using an interview schedule and at the convenience of the respondents. A transcript of the interview was returned to the respondent for review, and in 3 cases minor amendments were made to the transcript. It is perfectly common in an interview for a respondent to make a reply which, given more time to compose the response, might be expressed differently and more accurately. Such was the nature of amendments made.

## Agencies and Roles

The agencies represented in the interview cohort (as declared by the respondents) are represented in Figure 15, and they included individuals involved in social care, education, health, the police, and specialist services. The roles held by these respondents were varied, as were the degree and length of involvement in the project.

<b>Agencies represented in the Operational Managers interviews</b>
Young people substance misuse service (“The Hub”)
Pupil Welfare (formerly ESW)
Response and Assessment Team
Children and Young People Services
Connexions
Targeted Services (Children’s social services)
Inclusion Support Team
Police
Health (Adult Mental Health)
Family Support
Springboard

The group included managers or leaders of services and teams, most with a remit to support the Springboard project as part of a wider brief within their agency. Their understanding of their role was varied and related to the wider demands of their post and the input of their agency into the project.

There was recognition that they contributed to a multi-agency decision-making body at which vital aspects of the project would be determined. There was also acknowledgement of acting as a link between the Strategic Management Group and the Springboard team, helping to direct the project and to ensure that there was two-way communication.

Gatekeeping referrals to the project was an important aspect of the role noted by several members. While this might be more or less explicit, it was made clear that this gatekeeping role was necessary for the proper functioning of the project. One of the enduring problems faced by the Springboard project was the quality and appropriateness of referrals. The efforts made by operational managers to screen potential referrals were vital to success.

***This included gatekeeping referrals and maximising the outputs from springboard. This means that we try and put appropriate resources into the families so that we can deal with the causes of the problem instead of just reacting all the time.***

Finally, some members also noted the importance of their role in providing the services that were crucial to Springboard intervention. This could be evidenced by the perception that without this aspect, the contribution to Springboard would be restricted.

***My involvement has been limited because we do 'similar' work to Springboard at a different level. I didn't supervise a member of the team so my direct involvement was limited***

The complexity of roles held by one individual was also clear.

***I manage the team. But it's bigger than that. I sit on the steering group and I chair the op management group as well. I deliver the family intervention project under the respect agenda.***

## Outcomes of the interviews - Planning / organisation stage

### 1) How were you involved in planning Springboard?

The group was characterised by two sub-groups: those who had been involved from the first inception of Springboard (n=5), and those who joined part way through, mostly after about a year (n=7). The former respondents tended to be involved in the Strategic Managers Group, while the latter were appointed or seconded as a replacement for another member. This relative instability in membership was found to be one of the stimuli for tension in the Operational Management Group, though this was gradually overcome. Those who were involved at the beginning recognised the importance of the vision and principles of the proposed development – the origins and nature of the model.

One group in particular recognised the potential of Springboard and signed up wholeheartedly from the beginning.

***Because of the earlier work we had done in the axis project, we knew the potential benefits of the project. When we had to refer families to the project it takes a lot of time and investment to research and identify the most appropriate families to work with. We, the police, saw the benefits of identifying the right families and therefore bought into the project. Of the first 15 families on the project 12 were from the police. Some agencies didn't see the potential benefits of investing in Springboard and therefore did not invest their time or energy in selecting the families.***

## 2) What went well in the planning process?

Four issues came to light in response to this question. Again, the clarity of the vision and commitment to the project were emphasised.

***From a senior management point of view, the vision was clear and the commitment was there from all agencies***

***I think the spirit and ethos of Springboard was well demonstrated. Also it was well delivered and there was clarity regarding the 'virtualness'.***

This was reinforced by efforts to advertise and explain the initiative, ensuring that all potential partners understood what was expected and what outcomes were sought. Bringing the agencies together with a clear, common objective was part of this.

***The key partners were involved in the planning days and for the launch. Most agencies were aware of it and it had full council backing. The promotion of it and the involvement of key agencies were good.***

***Getting all the different agencies together at the start of the project was important and was a success.***

The importance of motivated, committed individuals (as well as agencies) was noted.

***I got some really good staff. They wanted to be there – they had been set up to do the task and they wanted to do it.***

Clearly, participation in the Springboard project also necessitated an active contribution and determination to find a way to make the initiative work. This was clearly expressed in the response from one manager.

***We were able to maximise what we wanted to get out of the project by investing time, resources and the building. We were able to buy into it and work at it and to make it work. One of our aims was to try and change the culture in the police service around how we dealt with problem families.***

## 3) What could have been done better?

With hindsight, respondents were able to identify a number of areas which might have been addressed differently or which might be considered for future ambitious and wide-ranging initiatives of this kind.

There were specific issues such as proposed amendments to the constitution of the Springboard team, though this was not widely expressed. Linkage with schools was held by 2 respondents to be a weaker aspect of the project in response to other questions, too.

***If I'd have been involved I would have had a PWO in the team as school attendance was a success criteria for the project.***

***Perhaps I would also have gone out to more schools to sell it more broadly.***

While acknowledging that clarity of vision was an important aspect of the planning phase, several respondents then expressed that the operationalisation of this was sometimes less clear (and they accepted joint responsibility for this).

***We might have been a bit clearer about how we made decisions on what to accept and not to accept.***

***Possibly it would have been better to have stronger foundations/guidelines about what Springboard was really about (it was a bit woolly round the edges sometimes).***

***The bureaucracy around recruitment and selection was painful and time-consuming. Some of the documentation wasn't fully available [at the beginning].***

Resistance from some agencies was another key aspect which required more effective intervention.

***There is a reluctance to buy into it - they don't see that other agencies can contribute to their aims and outcomes.***

***Also there was a difficulty with getting key SSD staff on board.***

Indeed, ensuring greater buy-in from all agencies was the most strongly expressed issue.

***The vision should have been shared with middle managers to get more 'buy in' at the middle manager level. We had many away days and planning days but there was always a resistance from certain agencies. Some agencies were precious about their roles and responsibilities and they don't think other agencies can contribute do their task.***

***There could have been wider PR within social services and health. There needed to be some agreement around buying in, (meaning everyone wants it to work). We only got health input as just one person. It needed to be wider than that. If the service continues this needs to be addressed.***

This perception of absence of one or another agency requires some comment. There was legitimate concern at the lack of engagement from child and adolescent mental health services (CAMHS), for example, but otherwise there had been consistent and widespread commitment from health services at senior management, operational management and operational levels, including provision of resources. Nevertheless, the message was clearly stated that ensuring "buy-in" from all agencies (and key aspects of each of these) was clear.

## **4) How good were the interagency relationships in the planning process?**

The main impression in response to this question was that the starting point was one of considerable difficulty and disharmony, but that this moved on to become more positive, more effective, and, ultimately, a strength.

The negative comments suggested a more widespread reluctance to work in the required manner.

***People had very different understandings of what Springboard was meant to do (who, what and how).***

***We're not that great at working together in Blackpool which is strange because we are such a small place.***

***Again, there was a reluctance from some agencies to really join in.***

For some a more accurate picture was one of mixed responses, sometimes surprising, but also disappointing.

***Really positive from some of the partners that I expected to be reluctant. But from some partners that I expected would really welcome the project I got some negativity which really upset me.***

***With the key people they were very good. But the wider network were less involved.***

It was acknowledged that action was taken to address the tensions.

***There were some difficulties with personalities in the first instance, but these were, in the main, resolved.***

Some aspects were positive from the beginning, and while difficulties were faced, the end result was one of positive working in partnership.

***From a strategy point of view [interagency relationships were] clear and strong.***

The majority of interagency relationships were good - we made some very positive partnerships that carried over to other pieces of work

***They had every chance to get the approach right. The method was good and there was strong emphasis on Inter-agency sharing and working together. Perhaps individual approaches often stifled that. Strong individuals who were able to think outside the box and put families first made the most difference.***

## 5) Were the right families referred to the project?

One respondent held that there was a problem particularly at the beginning of the project with identifying the right families.

***No. At the beginning there was confusion about this. I believe very strongly that Springboard works better at level 3 rather than level 4. It needs to be more of a preventative service.***

Another respondent was unsure.

***They are picking up the referrals – but whether the right families are being referred I don't know.***

Otherwise, the respondents were universally positive.

***On the whole yes. There were still some inappropriate referrals (but this is normal). Springboard are getting to the families they need to get to.***

***Yes. I gate-keep the education ones. But in the main yes the right ones were referred, for the right reasons.***

***I think so, yes.***

***Yes.***

***Yes. Right from the start there was a lot of consideration given from the gatekeepers.***

***Yes definitely.***

***80% of the time.***



## 6) How good was the 'welcome' and retention for/of families and new team members?

With regard to staff it was clear that the welcome had been positive, both from a first-hand perspective and from the viewpoint of those managing the team workers.

*From a staff point of view they were hand picked – they responded by owning the families and the problems - they owned that way of working. They all bought in and helped to develop the project from the start.*

*I have always felt very included in what Springboard do (I have a seconded worker from the team).*

*That was very positive. Good processes were used – I haven't seen an unhappy worker.*

*Not actually involved. As far as I'm aware they were welcomed by families.*

*[One service] have had 3 members of staff. The first was the wrong person. This was an organisational mistake. The other 2 that have represented health relished it and continue to relish it so much that they would stay if it was rolled out. So that's a good example.*

There was acknowledgement that there had been some problems, and that the implications of fixed-term contracts were unavoidably disruptive.

*Staff – good initially. As we came near to the end of the project there is a natural wastage because their contracts come to an end in March. Because of the fixed term nature of the contracts retention becomes an issue.*

*We also became a 7 day service recently and this was a reason why some staff left.*

Almost all of the selected families welcomed team members, perhaps reflecting the ethos of inclusion of families in the whole process of Springboard.

*For families – we have only ever had one family who refused [due to hidden issues]. Apart from that one the welcome and retention were good. They exit when they feel ready.*

*This was a key issue right at the start. The early welcome was really good both for families and staff. The support for staff was really good.*

*Springboard has made a massive difference for families. For the first time they've had a co-ordinated approach from a team that went in and made a difference.*

*Exemplary. The approach from the workers is genuine and on a level with the families and that is what they need.*

One final comment that may be significant is that for various reasons it proved difficult to attract and retain a field social worker as part of the team.

# Outcomes of the interviews - The springboard process (middle stage) family work

## 7) What went well in the Family work stage?

The achievement of establishing positive relationships and engaging intensively with families was the first step to other positive changes.

*The engagement between the team and the families. The approach from the team was being positively received – doing with rather than to. Even the kids were saying ‘they don’t judge us’. Also seeing the visual improvement in families – that we were getting it right.*

*From the outside, the feedback from agencies was that the staff had a positive approach to families.*

*The team seemed to have a holistic approach – both emotional and physical needs dealt with and that was well done.*

*The unconditional approach from the staff.*

Another element that was crucial to success was the flexibility of the team and its collective expertise. This was matched by the dedication and commitment demonstrated by staff, who were adequately supported by access to (mostly human) resources.

*The one-stop-shop idea. Things were delivered at a fast rate. There was also expertise that meant if one member of staff couldn’t help another could. The staff were also very flexible in their team work.*

*Team collaboration, lack of preciousness about their individual disciplines. Going into shifts has been essential, moving away from the traditional 9 to 5 culture.*

*Springboard was able to put massive multi-agency resources in. They had the time to work effectively with families. That was the beauty of it.*

The new way of working meant that previously persistent problems and intransigent families could be approached with confidence, leading to enduring resolution.

*Because the workers ‘owned’ the families and the process, the family work went well. There were many good examples where long standing problems were dealt with creatively to prevent problems getting worse (eg preventing family eviction).*

Key factors in this success, then, were availability of support, immediacy of response, and ability of workers to intervene effectively and creatively.

*Springboard is completely unique in Blackpool. Other areas might have been working like this for some time. But it was unique – a close interagency team with some really good workers. They also had the resources to respond to families in an immediate way. A family can get the support they need Monday to Sunday creatively and flexibly. This made a real difference to families even though some families had really entrenched problems. I can think of one example of a single dad who really benefited and ended up volunteering to be a mentor.*

## 8) What could have gone better?

Most respondents felt that nothing or little should have been done differently or better at this stage.

*Nothing, really.*

*No I don't think there was much that could. When they went into a family they did the work that was expected.*

*I'm not aware of anything*

*Earlier recruitment to key posts such as the social worker. Can't think of anything else.*

There were thoughts about possible changes to processes or communications. Although the referral criteria for inclusion in the Springboard caseload were established at the beginning of the project and were never changed, a perception persisted that change was continually being made. This may have been due to the various iterations of the documentation made over time and with input from the Springboard team and the Operational Management Group.

*I suppose the only thing would be when we became the FIP and appointed key workers, it was different than referring to the specialist in the team like before.*

*They suddenly made a decision to change their entry criteria. I was on leave. Communication was lacking at that time.*

*There could have been more middle management involvement to support the Springboard team manager.*

One respondent reported the documentation to be problematic.

*The referral system and the matrix were appalling – bureaucratic and jargonistic. People did not want to fill them in. It was very slow. The referral system became more important than the families.*

This documentation was developed over a period of time from the initiation of the project and evolved for several months afterwards in response to feedback from practitioners and managers. However, it continued to be a burden for some and delays were experienced in completion.

## 9) How positive were the interagency relationships within the Springboard team?

There was universal agreement that the Springboard team worked in an effective, productive and mutually respectful manner, optimising the potential of the interagency approach. This was partly a result of careful selection for the team and partly the enthusiasm and attitude of the team members themselves.

*Fantastic - a really good sense of interagency work... From my dealings they seemed to work well together... The team was fine... Great. No problem... Very constructive. Very forward thinking...*

*They have worked really closely and well as a team. They also cover for each other stepping out of each others normal roles when they have to.*

*Feedback from the health worker is that there is an openness: a true collaboration. The staff are not work shy. They respect their manager ...and... the organisation.*

*I got the impression that there were good working relationships – they certainly gave the impression of a united front*

*You couldn't fault them. Very positive. They were specially picked. A lot of people wanted to work in the team with the Springboard manager. They were motivated and were dynamic. It was a chance to make a difference and they did.*

## **10) How positive were the interagency relationships between the Springboard team and other practitioners?**

Some respondents held that, overall, relationships had been positive, though these had some reservations.

*In the main positive between Springboard and referring agencies.*

*That varied. It depended on the referrer's knowledge of what Springboard could do. If they had this knowledge they could make a really good referral and carry on working well with the team. If they knew a member of the team this also helped.*

*They made a huge effort to try to draw people in. But it's the same when people are asked to do something extra to their day job – it can be difficult.*

*My relationship with them has been OK (I've worked with [the Springboard manager] for many years)*

*I see Springboard as a trial run for integrated working. Sometimes it has been difficult – but that is not the Springboard staff's fault.*

Tensions were noted in the relationship, with both the Springboard team and other practitioners being blamed for this. Work was done between services to address such problems, though perhaps not to the satisfaction of all.

*Some were positive, some were very negative, guarded and destructive. It depended on the agency.*

*The relationship between Springboard and targeted services was difficult at times. They [Springboard] kept moving the goalposts.*

*There were some frustrations at times, with some of the external agencies (particularly schools).*

*One of the main aims was to change agency cultures . But it has been difficult to change cultures in targeted services (eg social services).*

It was clear that the negotiations and discussions around the threshold of referral to targeted services [Blackpool's level 4] were complex and difficult. It should, however, be noted that such threshold conflicts are shared with most other safeguarding systems (Joint Inspectors Reports 2002/2005). However, it is also clear that significant progress was made in developing clearer and better working relationships over the lifetime of the Springboard process. As one senior manager pointed out:

*“The first year was hell, real hell, but I think we got over that...Since then there has been an awful lot of effort put in on both sides to resolve those issues.”*

There was a suggestion that the Springboard project diverted resources from other services or that other services experienced inferior support.

***The new team got a wealth of info about a family – but sometimes other agencies weren't aware.***

***On occasions workers from outside Springboard felt that Springboard had all the resources and low levels of pressure.***

Abuse of the Springboard initiative was a source of frustration.

***Sometimes Springboard was seen as a dumping ground for families that they don't know what to do with any more.***

***Some agencies only refer families when they can't do anything more with them - then they withdraw.***

A few specific areas were noted as weaknesses in the system, usually within an overall judgement of a positive relationship.

***Sometimes it was difficult to make adolescents' needs a priority.***

***I think they were more positive in the child care arena & housing. Mainly, it's where the children are concerned liaison with the schools etc. A lot of the health stuff was focused around adults and this was a weakness. There is more of a weakness around individual adult providers.***

On balance, though, the Springboard project was thought to have seen positive relationships, and the work was held to promote these.

***On a positive note partner agencies such as housing relished the opportunity to look at the way their agency could work with Springboard staff and the families and reduce evictions for example. In addition to improving performance it enhanced working relationships across agencies.***

## **11) How positive were the relationships between managers in the interagency system?**

On this issue there was more disagreement among those interviewed. For some, there was no significant problem.

***Fine.***

***Quite positive from operational managers onwards. Many managers were completely committed to the project.***

Some suggested that this was an optimistic assessment and that, with hindsight, some aspects could have been improved. Importantly, though, this was reported as a matter of self-reflection and in a spirit of acceptance of joint responsibility.

***I think that's probably a weak area. Operationally we knew that managers were signed up to this, but perhaps we didn't share enough time together and I'm not sure if there was full representation at the Strategic Group. Perhaps earlier PR and marketing would have helped that. For example, in the middle of Springboard pilot, I heard Springboard described as the best kept secret. This was from someone who should have known about it.***

For most, however, the picture had been one of a mixture of positive and negative elements.

*That varied. There was a lot of change within the group. It took time to bed in.*

*Generally good but there were tensions between agencies because of the guidelines and boundaries with statutory work (these were resolved as the project developed).*

*When I started with Resolv I didn't really know what the sessions were leading to, it could have been contextualised earlier. Some of the Resolv time has been around people understanding what integrated working means to them.*

*Like any organisation some have been good and some haven't – it's down to individuals.*

*Overall, really professional and positive. Some reluctance and negativity from targeted services – some of the responses from here were very 'precious' and disappointing.*

## Outcomes of the interviews – Outcomes for families

### 12) What difference do you think Springboard made to the families who participated?

The difference was often closely linked to work to promote self-esteem and to raise aspirations in the selected families.

*Some of the families improved aspirations, their self-esteem. It was an enabling role. They also felt they didn't have to tell 9m people their story – they knew we knew why we were there.*

*We have before and after pictures of one particular family. They had got so far down they didn't know where to start to get out. It was somebody to go in and work with them in order for them to get back to where they needed to be.*

*It gave them a kick start in terms of moving them on. They were given a vision of how things could be different. It also broke down bureaucracy and the suspicion of authority. It gave that authority a human face.*

Springboard provided the boost required to initiate movement in an upward spiral out of otherwise seemingly hopeless circumstances.

*Emphasised the fact that they (meaning families) need to help themselves, but that there is a lot of support there to help them do that. I think that care gave them a step up to another level from the plateau they were on.*

*Traditional services have helped, but without that heavy, intensive emphasis at the beginning [the required change could not begin].*

Careful selection of families for ability to work with the team and for having the motivation to change was a vital factor for success.

*For some families things were very entrenched. But for most families, particularly with the new key workers the outcomes have been really good. It is a 'luxury' for some of these families to have such a responsive service. Some families are ready and they've done really well. Others are not ready.*

*For a number of families it made a huge difference. But perhaps these families were chosen because they knew that they were going to be open to do the work*

***For some families they made an incredible difference. With some, little difference. This might be due to the type of families they were working with – there seemed to be more success with Level 3 families.***

The impact on families was also recognised to be medium or long-term consideration, particularly given the complexity and previously intractable nature of cases involved.

***It's been a positive outcome for some families. They still might need support but not as much as before. Families are engaging which is also positive. Having the financial ability to help has been positive too.***

***For the first time they have had a coordinated approach. Because they've had one person taking a lead they have felt listened to, understood, and the lead practitioner could put in long term solutions.***

## **13) What could have been done differently/better to improve their outcomes?**

For some, the answer to this was nothing much could have been done to improve the outcomes, or that it would simply have been better to start earlier.

***Nothing. The actual idea is brilliant and they have had excellent outcomes.***

Several comments related to the pilot nature of the project to date, and this included thoughts about the longer-term impact once the pilot project was completed or when families were moved on from Springboard back to “normal” services.

***Good outcomes, but only for a small number of families.***

***It hasn't had an impact on the amount of work coming into us.***

***A more efficient exit strategy. It has been regarded as a stand alone project.***

Three respondents identified specific issues which might have improved the outcomes.

***Targeting the right families.***

***The health liaison for adults in particular.***

***I almost was made to feel guilty about spending resources on the family. We have to recognise that eviction/care etc is much more expensive – don't feel bad about a small amount of spending on a family.***

## **Outcomes of the interviews – Rolling out the springboard process**

## **14) What do we need to do to help the Springboard roll out succeed?**

Learning from the pilot project and some of the issues that had been seen as less well planned, prepared, or “sold” to key agencies, the managers identified five areas that required thought and action if roll-out were to be achieved successfully. The suggestions were expressed both in positive terms (“we could do this even better”) and (to a lesser degree) as complaints.

## Preparation

Perhaps recognising the benefit of hindsight, some identified the need for thorough preparation in specific areas and particularly those fields which has proved to be weak points. However, the difference between perception and reality has to be borne in mind in responding to such suggestions. For example, substance misuse and mental health services were 2 of only 3 agencies that provided staffing for the project. Engagement by all practitioners within these services may have been more difficult.

***They need some resources and some good buildings. We also need really good preparation for managers and practitioners. Don't just force it on them - really prepare them well.***

***Make sure there are strong links with adult services. We need to get the key services on board (substance and mental health especially).***

***I think the line they are taking going Central, North and South is a good start. We need to recruit like minded staff into any roll out. We need to have information sharing systems in place, have work shops for potential staff on approaching working in services that are not as remit-specific as we've traditionally known.***

## Hearts and Minds

The need to gain the approval and commitment of practitioners on the front line was highlighted in order to ensure that the necessary drive and motivation would be felt.

***In general I don't think Springboard has been 'sold' to grassroots workers and if practitioners don't buy in there is always going to be a barrier.***

***We have to work on the positives both from a financial and a quality of life point of view. We need to promote that and point out how effective the multi-agency approach has been. It needs to be sold to middle managers – to get all agencies used to the collective approach***

## Adjust the system

Practical changes to the processes and ways of working (notably communication) were also recommended. However, these suggestions, while mostly proposing amendment and change, were offset by the warning not to cause instability by continually changing processes.

***Perhaps it will help when the senior practitioner comes to sit with this [Springboard] team. That will help. The individual worker also needs to go to the [Operational Management Team] panel (rather than the manager).***

***Stop moving the goalposts. We don't know what is an appropriate referral or not (I only got this info this morning).***

***Within Blackpool it needs to be better communication. People need to be actively involved rather than just told.***

***Make the referral system more user-friendly. Re-develop this system. Target level 3 families.***

***Blackpool could use a pre-Springboard service that intervened even earlier.***



## Firm up interagency working

The crucial factor of effective interagency working was stressed. While this is central to the Springboard initiative, respondents were clear that there was still work to be done to ensure that interagency communication and working was effective and practised across the board.

***A wider consultation to bring all the key agencies on board. Look at existing provision and dovetail into that. You also need the proper kind of funding to implement what the families need. It also needs the support from the key personnel in the L/A. It also needs to focus down on some localities. I would also like a more adolescent friendly approach.***

***They have started that. They have had a meeting with targeted services to break down barriers. Communication is the key. This is important as the practitioners will behave differently than if they were back in their 'home' agency, interagency relationships also need to improve, but I think this is getting better.***

***Hopefully the model will become a natural way of working for all agencies.***

## Move into localities

While the Springboard project had been introduced as a pilot scheme, the need to integrate roll-out with other initiatives was noted. The key issue of linking the effort with localities was identified. Involving local families more in the process could be seen to be part of this.

***We need to move this now to link it in with neighbourhood policing and other local models.***

***We need to move it into localities so they can work with families at an earlier point.***

***Springboard works because you have a co-located team who work with the families and talk to each other about those families.***

***If we could get families involved more in the planning process this would be good. If they could become community champions that would be good too.***

## 15) What do we need to avoid doing?

Some refinement in the process was called for in order to avoid wasting time and effort, particularly on cases which will not be accepted into the programme.

***We found the referral system is a bit clumsy. There is a lot of time wasted by practitioners filling out forms and then the families aren't accepted. Make it simpler in the first case. Only collect the more detailed info if the family are going to be accepted for the service.***

***It needs to avoid individual assessments on family members. It needs to avoid too many remits.***

Measures were called for to avoid tension arising due to suspicion or animosity over resources and financing. This was both in terms of feelings that resources had been "stolen" from other services in order to fund the Springboard project, and that there was no parity in contribution from agencies to the resourcing of the project.

***[Avoid causing] ill feeling about the resources allocated to the team***

***Don't let one agency take responsibility for funding it. This is a truly family approach and we need support from all agencies.***

***[Avoid] being predominantly Council-delivered. It needs a 50-50 split with this and health.***

Once again, there was a widespread misperception that resources had been diverted from other services to create and finance Springboard. In fact, the project was sourced through Neighbourhood Renewal funding as additionality to existing funding, and no resources were diverted from other services. The new funding was administered through the multi-agency local strategic partnership. Later in the project, additional funds were contributed from the police, substance misuse and adult mental health services.

There was also a call to ensure that Springboard did not become static, losing its dynamic nature and failing to be responsive to the real world of the families involved.

***You can't afford to stand still. Springboard needs to continue to develop and become part of all practitioners way of working. It needs to change cultures in all agencies – to be more family focussed in approach.***

Finally, some recognised the importance of avoiding negative reactions to roll-out by emphasising that the Springboard approach was effective, that it was not cost-prohibitive, and that it was feasible to apply this approach across the borough.

***We need to not sell it as a separate strategy, it needs to be integrated. No longer a project on the side or a separate agency but it is a model of working.***

***Avoid having a launch where this is seen as a new thing, because it's established, it works, people need to see this, that it works. If we went out to sell it to people that haven't got it we need to sell it as something that is good and works avoid re-launch. Avoid people thinking it works because it's had a lot of money ploughed into it.***

## **16) Any other comments/information that might be useful?**

This question prompted varied answers, equally split between positive and negative perspectives. The negative items elaborated on comments made earlier, though opinion was also divided on the value of the external consultancy.

***The Resolv process has been a waste of money.***

This was an interesting assertion. Indeed, the engagement with the external consultant had proved more difficult for some than for others, and the aim of this intervention was to foster acceptance of cultural change across a wide spectrum of varied agencies and individuals. In section 7 it is clear that at the end of the process, however difficult it may have been and without attempting to erase unpleasant memories, there was the hoped-for widespread acknowledgement of the success of the whole venture. The same comment could be made of other complaints from operational managers.

***The hardest thing in all of this process has been to justify your position, and it wears you out having it to do it all the time.***

***There is a cultural reluctance to engage in this agenda. The social work teams are so negative. We want to address it but we are walking on glass. Some families can really move forward.***

***There needs to be a strategy of how to deal with entrenched silo working. There is still a safeguarding of professional boundaries. Its not about working separately anymore but integrated. There is also an unconscious hierarchy of professions – we need to get beyond that.***

***I'm not really sure what their [Springboard team] day to day practice is – it hasn't been sold well enough to other agencies.***

Despite these misgivings, and with recognition of difficult periods during the evolution of the whole initiative, there was a strong expression that the end-point of the project was one of success and a firm foundation for moving on into “roll-out” to the rest of the borough.

***It's been a rollercoaster of a journey. With quite a lot of bumps at the beginning. But recently these have been ironed out and we are ready to speed forward.***

***I fully endorse this approach. We are aware and support this way of working and will be supportive of the roll out.***

***It's a back to basics approach. It's allowing professionals to have a vocation. The approach they take is family-focused rather than service-focused.***

***My only criticism is that we need to know where it is going – we need early decisions about how we are going to roll it out. The current uncertainty is not good for staff or families.***

***No it's a brilliant way of working. You could roll it out to established teams by adding other practitioners.***

## Summary

The respondents from the Operational Management Group were clearly impressed with the positive effect on direct services to clients resulting from the Springboard intervention. While some had been more committed from the start than others (and, indeed, some had joined the group some time after its commencement), as a group they expressed their acknowledgement of the potential for this to achieve even more in the roll-out to the rest of Blackpool.

They commended the efforts of the Springboard team members to adjust their working practices and attitudes towards other agencies, ultimately establishing an effective, flexible and responsive intervention strategy which impacted significantly on the families involved.

They expressed some concern about how the Springboard project meshed with the wider efforts of agencies and individuals working in “traditional” ways and in other parts of the system. Linkage with schools seen as being less effective sometimes.

They reported perceptions of inappropriate re-allocation of resources, noting that concerns about diversion of resources from Targeted Services to Springboard had not been completely addressed. In their own words, Springboard had, perhaps, not been sold well to Targeted Services.

Overall, they saw the Springboard pilot project as a success, meeting the designed objectives, and indicating the need for its expansion into the main approach to be adopted throughout Blackpool. It is of note that this mainstreaming of even a successful service may need considerable effort and resources (Harbin and Murphy 2006, Murphy et al 2008). When the original agents of change in management and staff move on to other challenges the impetus for and culture of a new service can become unclear and unfocused.

## Section 6 Benefits for the Council

### Introduction

While the qualitative and quantitative evidence from the baseline measures, from the practitioners and managers, and from family interviews indicates very clearly that the Springboard initiative was a major success in terms of outcomes for the families, it remained to estimate the relative cost of this approach when compared with a service without the Springboard approach. In part this was demonstrated by the stark difference in the outcomes for the comparison group families: while the Springboard families improved drastically in almost all domains, the comparison group families showed no significant improvement. However, consideration of 2 cases from the Springboard caseload provide data to support a comparative analysis of costs with Springboard and projected costs without.

### Economic Benefits Of The Springboard Project

The eradication of child poverty is seen as morally just and economically sensible. It has been an enduring political target since the late 1990s (Brewer and Gregg 2001, Shaw 2007). However, the detailed cost analyses of the case studies presented here are, to some extent, speculative. It would not, at this stage at least, be possible to demonstrate economic savings (OPM 2007). However, it is also important to read the report's findings against the context of what is meant by economic efficiency (OPM 2007).

### Framework for costing case studies

The aim is to identify, in ways that are practical, the total costs and potential benefits of the Springboard intervention. The approach adopted is a cost-benefit analysis. The costs are considered from the point at which the child or young person becomes known to the Springboard team, indicated by the acceptance of the referral at the Operational Management Team meeting, to the point that the Springboard intervention stops. There is also an attempt to look at the 'what if' costs if the intervention had not taken place. For the purposes of this report the period of the Springboard intervention has been taken as a measure to calculate the 'what if' costs. This report does not address the long term costs to society over a lifetime (ie: an estimate of the societal value of averting poor outcomes).

Building on the Office of Public Management (OPM 2007) model, Blackpool has taken a 4-stage approach to building a calculation of costs.

#### Stage 1

Time spent by professionals on the case in referral, assessment and intervention.

Time spent by professionals in partner agencies that were referred to or signposted to by the Springboard team (ie: existing services consumed as a result of BHLIP involvement).

#### Stage 2

Costs incurred in providing services from the Springboard establishment.

#### Stage 3

Cost of other goods and services that were consumed as a result of sign posting to or referral by the Springboard team (ie: goods and services consumed as a result of Springboard involvement, but not actually paid for out of Springboard funds).

## Stage 4

Potential costs incurred in the absence of the Springboard service: “What If?” scenarios. In presenting ‘what if’ scenarios alongside costs, account must also be taken of the important issue of probabilities - the likelihood of one circumstance leading to another. Not every family involved in the Springboard project would necessarily have gone on to experience any of the ‘what if’ scenarios if the intervention had not taken place.

## Family 1

### Presentation family problems

This was a single parent family with 4 children all under 9 years, and the youngest aged 3. They had lived in a council property for 9 years. Two older male children lived in independent accommodation. The family was referred to Springboard for a number of reasons. These included poor housing, problems with educational attendance and inadequate basic hygiene.

- The property in which the family lived, being dirty and in a state of disrepair, did not meet the minimum standards for housing set out by the Office of the Deputy Prime Minister (2001). The back garden required attention before it would be safe for the children to play there.
- The Pupil Welfare Service had logged the children as being of concern due to poor school attendance (65%).
- Normal routines for meals, bedtimes, and personal hygiene were seriously lacking.
- The mother’s mental health was of concern due to overwhelming problems, lately exacerbated by grief following a bereavement.

### The implications of these issues

This combination of multiple problems becoming steadily worse (threatening to reach levels requiring statutory intervention) and requiring input from a number of agencies made this family an appropriate referral to the Springboard project. Because the acquisition and upkeep of reasonable living accommodation is such a basic necessity (Department for Communities and Local Government (DCLG, 2007), it has not always been fully appreciated in terms of the assessment and the consideration of a family’s complex needs. Poverty and social exclusion are known to be significant barriers to children achieving their potential. They can also be related to family size. Indeed, family size and inadequate housing provision can combine to exaggerate the impact of poor housing on the entire family.

### Springboard interventions

1. Renovation of the kitchen and bathroom was accomplished using an ALMO grant of £8000. The family was waiting for garden to be levelled and paved. The family also needed a decorator to bring the house up to standard, and this was under negotiation with the relevant authorities in the council and health services.
2. Speech and language therapy was arranged for the three year old who also had ADHD.
3. The mother was offered bereavement counselling.
4. Family support was introduced to work towards establishing routines, particularly for meal times and bed times. The FSW developed charts with the children around routines and parameters.
5. A new health worker started to work with the family’s health problems and acted as health coordinator for related services.
6. While not achieved to date, plans were in hand to arrange for the mother’s attendance at a positive parenting programme.

## Outcomes

- The house was made to meet the minimum requirements of the ODPM standards.
- School attendance improved with the establishment of early morning routines and help with transport. The children were no longer of concern to the Pupil Welfare Service.
- The boy with mental health problems remained unstable on medication, and the Springboard team was attempting to link with CAMHS services but this had still to be achieved.

## Stage 1:

- Time spent by professionals on the case in referral, assessment and intervention
- Time spent by professionals in partner agencies

Professional	Hours	Unit cost (£/hour with client)	Total
Nominated key worker	41.20	36	£1,483.00
Other key workers	52.00	36	£1,872.00
Nominated Family Support Worker	20.20	27	£545.00
Other Family Support Workers	36.00	27	£972.00
Health Visitor	13.50	43	£580.50
Other (eg: substance misuse, etc)	2.50	41	£102.50
<b>Total</b>	<b>165.4</b>		<b>£5,555.00</b>

## Stage 2:

- Costs incurred purchasing goods and services from the Springboard establishment

Item	Cost
Refurbishment & Decorating	£1,661.80
Garden renovation	£1,010.00
Other	£335.28
<b>Total</b>	<b>£3,007.00</b>

## Stage 3:

Cost of other goods and services that were consumed as a result of sign posting to or referral by the Springboard team

Item/service	Cost
ALMO grant	£8,000.00
House & garden	£5,200.00
<b>Total</b>	<b>£13,200.00</b>

### Total cost of the CAF/BHLP intervention over the 8 month period

Stage	Cost
Stage 1	£5,555.00
Stage 2	£3007.00
Stage 3	£13,200.00
<b>Total Cost of 13 months intervention</b>	<b>£21,762.00</b>

## Stage 4

Potential costs incurred in the absence of the Springboard intervention: "What If?" scenarios. There were a number of potential outcomes. The timeframe for these scenarios takes on the time frame of 13 months.

### Scenario 1

A care order leading to the children being taken into care. The children were showing signs of social and emotional neglect and the home environment was unsafe. The mother was struggling to cope. PSSRU calculated that the average cost per week per child for foster care (including board, allowance, administration, social worker support, and other costs such as education, health, etc) to be £520 per week. This amount for 4 children for 56 weeks = **£116,480**

### Scenario 2

Because of the unsafe conditions in the home there was a possibility of the family being moved into hostel accommodation. Assuming that alternative housing would be arranged within 3 months, the average cost of hostel accommodation for a family with four children is £,2500 for a 12 week period.

### Scenario 3

There was a very great possibility of the 3 year old experiencing severe developmental delay on entering school and requiring SENCO and teaching assistant support. Costs were calculated at SENCO 1 hour a week for 40 weeks and TA support 5 hours a week for 40 weeks.

Total cost for this support = **£4,400**

### Scenario 4

Because of the unsafe and unsanitary environment in which the family was living there was the danger of serious illness or accidental injury. The cost of an Accident and Emergency Department attendance leading to admission = £101. The cost of an emergency non-elective admission for an estimated 8 week period = £2000 potential cost

Total possible cost = **£2,101**

**In each case, Stage 2 and Stage 3 costs would still have applied.**

# Family 2

## Presentation family problems

This was a single parent family with 10 children including 2 very young babies. They lived in a 3-bedroom council property which was clearly too small for them. The family was referred to Springboard for a number of reasons. These included inadequate housing, offending behaviour, anti-social behaviour, and problems with school attendance.

- The property in which the family lived was far too small, and relationships with neighbours had deteriorated badly. Complaints from neighbours were escalating, so much so that it seemed as though almost every problem on the estate had come to be linked to this family. The Council had refused to relocate the family.
- There were problems with the children's personal hygiene as well as with hygiene in the house.
- 4 of the children were open to YOT with a high level of offending. One was at risk of prosecution with a 2 years supervision order and bail conditions.
- The Pupil Welfare Service was concerned about these four children due to poor school attendance.
- The mother was subject to domestic violence from an ex-partner.
- There were two new babies in the house. One was the mother's from another male no longer resident in the house. One daughter had become pregnant (before Springboard intervention) and had recently had the baby.
- The mother's mental health was of concern due to overwhelming problems, made more acute by anxiety over possible divorce and action to protect from violent abuse.

## The implications of these issues

This combination of multiple problems becoming steadily worse (threatening to reach levels requiring statutory intervention) and requiring input from a number of agencies made this family an appropriate referral to the Springboard project. Nevertheless, the case would prove to be challenging given the number of issues and the persistent nature of some of these.

## Springboard interventions

1. While a great deal of support was required before the family could consider this, the Springboard team helped the mother to acquire a private property off the estate (and away from the established reputation and the culture of blaming this family). Through a rent-bond scheme, a 6-bedroom property was identified and secured.
2. The older child with the most serious offending record was steered into additional support, including victim appreciation. Home-tutoring course with computer interface instigated.
3. A historic offence by the daughter with the new baby was resolved by an 18-hour reparation arrangement. Input to prevent further unintended pregnancy initiated
4. Another child who had not engaged with services well was introduced to a Prince's Trust course.
5. Mother supported in pursuing divorce proceedings and in application for a restraining order relating to the domestic violence.
6. Family support work to build social structures in the household and to establish roles.
7. Family fun day organised with neighbours to build relationships and dispel stigma.
8. Younger children moved to local school.
9. Supervised contact with father arranged.
10. Health worker leading on issues of hygiene and child care.



## Outcomes

- Positive relationship maintained with the landlord. 12 months tenancy secured (the first time that a tenancy had not been temporary). The resulting security led to immense relief and falling off of offending behaviour. Some issues remained regarding hygiene in the house, but work was ongoing with this, and the landlord had moved the family out temporarily for repairs to be effected.
- No further offending behaviour. No further ASBOs.
- School attendance 100% for those at new school. One child had to remain at previous school. Attendance 75%, but contract agreed to improve attendance (with the promise of a bicycle if conditions met).
- Daughter with baby attending courses (some absences but not significant). Child care appropriate and competent.
- Child on Prince's Trust course completed this and enrolled on further courses.
- Level of supervised contact with father reduced. Working well.

## Stage 1:

- Time spent by professionals on the case in referral, assessment and intervention
- Time spent by professionals in partner agencies

Professional	Hours	Unit cost (£/hour with client)	Total
Nominated key worker	311.00	36	£11,196.00
Other key workers	84.00	36	£3,024.00
Nominated Family Support Worker	37.00	27	£999.00
Other Family Support Workers	145.25	27	£392.00
Other (eg: substance misuse, etc)	51.50	41	£2,111.50
<b>Total</b>	<b>628.75</b>		<b>£17,722.00</b>

## Stage 2:

- Costs incurred purchasing goods and services from the Springboard establishment

Item/service	Cost
None	
<b>Total</b>	<b>£00.00</b>

## Stage 3:

Cost of other goods and services that were consumed as a result of sign posting to or referral by the Springboard team

Item/service	Agency incurring cost	Frequency	Cost
	Pupil Welfare Service	No additional cost	None
	Prince's Trust course	No additional cost	None
<b>Total</b>			<b>£00.00</b>

#### Total cost of the CAF/BHLP intervention over the 8 month period

Stage	Cost
Stage 1	£17,722.00
Stage 2	£00.00
Stage 3	£00.00
<b>Total Cost of 25 months intervention</b>	<b>£17,722.00</b>

## Stage 4

Potential costs incurred in the absence of the Springboard intervention: "What If?" scenarios. There were a number of potential outcomes. The timeframe for these scenarios takes on the time frame of 25 months.

### Scenario 1

A care order leading to some or all of the children being taken into care. The children were engaged in offending behaviour and truancy, and the home environment was unstable due to external pressures and the addition of 2 babies to the household. The domestic violence against the mother added to the concerns. The daughter's new baby was of concern. The mother was struggling to cope, as was her daughter.

PSSRU calculated that the average cost per week per child for foster care (including board, allowance, administration, social worker support, and other costs such as education, health, etc) to be £520 per week. This amount for 10 children for 32 weeks = **£166,400**

### Scenario 2

Because of the inadequacy of the housing, there was a possibility of the family being moved into hostel accommodation. It is also possible that the domestic violence problem could have escalated, resulting in the family having to flee to a women's refuge with resulting greater cost than hostel accommodation.

The average cost of hostel accommodation for a family with 10 children is £535.25 per week. The costs for 12 weeks = **£6,423**

### Scenario 3

With four children known to the YOT team as significant offenders the possibility of eventual incarceration was high. Average cost of stay in Young Offenders Institution = £632 per individual per week

Total cost of incarceration for 2 young people for 6 months = £32,888

### Scenario 4

Because of the unsafe environment in which the family was living there was the danger of serious illness or accidental injury, particularly to the babies. Additional threats to health were posed by the problems with hygiene – especially with young babies in the house. The cost of an Accident and Emergency Department attendance leading to admission = £101. The cost of an emergency non-elective admission for an 8 week period = £2000 potential cost

Total possible cost = **£2101**

## Summary

While the new service to provide intensive and focused intervention with minimum delay was inevitably to be associated with some cost, deeper analysis reveals that the alternative to the Springboard approach would be likely to be far more costly – both in financial terms and in terms of the impact on families' quality of life. Furthermore, with increased efficiency arising from practice and experience, further cost-effectiveness might be expected from the Springboard initiative.

## Section 7 The wider impact of Springboard

### The Impact of Springboard on Services in Blackpool

A significant proportion of this evaluation has been rightly concerned with the considerable differences that the Springboard project made to the number of families that the Springboard team worked with in the last two years. However, the number of families involved with the team was, by definition, only a small proportion of the total number of vulnerable families and children in need in the Blackpool area. What, therefore, was the wider impact of Springboard on child and family services and practice in Blackpool?

#### Cultural change

One of the ways of beginning to understand this wider impact is to look at the cultural changes of understanding, communicating and collaborating that may have occurred because of the Springboard process. What was certain was that the Springboard project was developed and managed with conviction and enthusiasm. As two managers pointed out:

***“Its about understanding different perspectives and different ways of dealing with problems and dealing with families. I think it broadens that out in a positive sort of way.”***

***“I think it has been quite remarkable that the organisations involved have slowly but surely shifted their focus onto whole family services. It has been pushed forward by passionate, charismatic individuals who believed in the service. The cultural change has been impressive. People have seen how well it works with families – and that has changed attitudes.”***

These enthusiastic individuals have acted as reticulists (Murphy 1996) or champions of cultural change within the system. This cultural change seems to have been evidenced in several different ways.

#### The mindset of Partnership

The commissioning, establishment and implementation of the Springboard project required significant partnership engagement and development at three different levels. This has been particularly evident at senior management, operational management, and practice levels. This level of emphasis and investment in partnership at all three levels seemed to have produced a change in expectation and practice.

***“It has taken a bit to get there, but any problems now are dealt with appropriately at the line management level... There have been great examples recently of joint work and joint training.”***

One of the by-products of partnership development was the wider influence of those dynamic partnership arrangements on other collaborations in services in Blackpool:

***“The principles and ways of working established through Springboard have now been adopted more widely and have become the norm. A mindset has been established of sharing information and problems, then sharing solutions.”***

In particular, these different levels of partnership development significantly influenced interagency collaboration within childcare systems and subsequently between adult-oriented services and childcare systems.

## Child care systems

The Springboard process coincided with a period of intense change in wider national childcare systems. What local partnerships were successful in doing was harnessing many of these national developments to further improve collaboration in child care networks in Blackpool. Thus the FIP, BHLP, CAF and 'Think Family' initiatives all added resources and impetus to developing the Springboard culture of collaboration.

***“It is about culture – it has got to be a whole approach rather than the individual approach... We have got to be properly integrated – everyone has to look at the whole family.”***

## The relationship between adult and child care systems

Developing collaborative relationships between adult and child care systems has been a significant national challenge for a considerable amount of time (Kearney et al 2000, ACMD 2003, Cleaver et al 2007). The cultural change stemming from the Springboard process brought significant shifts in collaboration, particularly in collaborative commissioning and practice, between substance, mental health and child care systems.

***“There are far more referrals from adult services for parenting programmes, this brings in mental health services a lot. This is a big move forward – a great achievement.”***

It was also notable that the focus of Springboard on the wider needs of families brought an increasing level of collaboration between the voluntary and statutory sectors.

## The move to prevention

Last, but not least, was the impact of the Springboard process on developing a truly preventative, early intervention approach to vulnerable children and their parents in Blackpool. This desire to move towards preventative approaches has been key to government policy since the implementation of the Children Act in October 1991. Springboard, along with the BHLP and parenting programmes made this desire to move to an earlier, preventative, whole-family approach more practical and achievable for staff and families in Blackpool.

***“How do people in need of services get an earlier entrance, and even if they have gone to the wrong place – how do you get people to say we are one Council...the one council approach no matter where in the Council you come.”***

***“The aim is to make our targeted services a very tiny team by reducing [the number of] children coming into care through whole family services.”***

Even though safeguarding and care interventions always have to be a factor, the Springboard approach helped to ensure that they are used only in the most appropriate occasions.

***“What Springboard will show us is that all supportive/preventative involvement has been tried and that the decision to go into the protection or care process is the right one.”***

## Remaining Challenges

The evaluation, however, indicated that a number of ongoing challenges to the rolling out of the culture of Springboard remained.

- 1) The relationship and interaction between levels 3 and 4 (child in need and safeguarding work) would continue to be one that required ongoing attention and developmental work. It should be said that at the end of this work Blackpool may be closer to working out this difficult relationship than most other areas of the country.

- 2) There was an ongoing anomaly between supporting and controlling anti-social behaviour from families in the community. "So we are putting way more resources into some families... [while] in other areas we are saying we will not tolerate this behaviour. There are real conflict and agendas with that."
- 3) One of the issues identified by both adult and children's services during this process was the need to have more effective measures in place to facilitate seamless holistic services for families. The successful bid to be a Family Pathfinder will enable these services to develop this challenging area of work. Additional work is needed to facilitate the integration of child and adult mental health services in this field.
- 4) In any process of organisational change, where boundaries, ways of working and traditional demarcation lines are significantly changed, there is always a need to work out the details and embed them in the staff consciousness and in their practice behaviour.

## Conclusion

As is normal at the end of any systematic evaluation, it was impossible to prove the exact cause of any change in culture or practice. What was clear was that the Springboard project was part of a process of sustained collaborative partnership at several different levels of seniority in agencies in Blackpool. That sustained effort was assisted by national policy development and enthusiastic response from some practitioners and the children and families that experienced the service. It was evident that the sum of this sustained partnership effort had left Blackpool, as a local strategic partnership, with a far stronger collaborative agenda in commissioning, organisational development and practice than it enjoyed before the Springboard process began.

# References

- Brewer M, Gregg P (2001) ***Eradicating child poverty in Britain welfare and reform and children since 1997***. Institute for Fiscal Studies: London.
- British Sociological Association (2002) ***Statement of ethical practice for the British Sociological Association***. BSO. Available at: <http://www.britsoc.co.uk/equality/63.htm> (accessed 05.02.07)
- Butler-Sloss E (1988), ***Report of the Inquiry into Child Abuse in Cleveland, 1987***. London: HMSO.
- Cleaver H, Unell I, Aldgate J (1999) ***Children's needs: parenting capacity***. London: HMSO.
- Cleaver H, Nicholson D, Tarr S, Cleaver D (2007) ***Child protection, domestic violence and parental substance misuse***. London: Jessica Kingsley.
- Department for Communities and Local Government (2007) ***Assessment of implementing decent homes in the social sector***. Available at <http://www.communities.gov.uk/documents/housing/pdf/381399.pdf>  
Accessed on 13th May 2008
- Department for Education and Skills (2003b) ***Keeping children safe***. London: HMSO
- Department for Education and Skills (2003a) ***Every Child matters***. London: HMSO
- Department for Education and Skills (2004) ***Every child matters: change for children***. London: DfES.
- Department for Education and Skills (2005a) ***The Common Assessment Framework***. London: DfES.
- Department for Education and Skills (2005b) ***Children's Workforce Strategy***. London: DfES.
- Department for Education and Skills (2006a) ***Working together to safeguard children***. London: DfES.
- Department for Education and Skills (2006b) ***Teenage pregnancy strategy***. London: DfES
- Department of Health (1991a) ***Working Together under the Children Act 1989***. London: DfES.
- Department of Health (1991b) ***Child abuse: a study of inquiry reports 1980-9***. London: DH.
- Department of Health (1995) ***Messages from research***. London: DH.
- Department of Health (1999) ***Working together to safeguard children***. London: HMSO.
- Department of Health (2000) ***Framework for the assessment of children in need and their families***. London: DH.
- Department of Health (2006) ***Joint Inspectors Reports 2002/2005 Safeguarding children***. London: DH.
- Department of Health and Social Security (1974) ***Report of the committee of inquiry into the care and supervision provided in relation to Maria Colwell***. London: HMSO.
- Department of Health and Social Security (1988), ***Working together***. London: HMSO.
- Elliott E, Watson A (1998) ***Fit to be a Parent? PHRRC no8***. University of Salford.
- Frost N, Robinson M (2004) Social work and identity in joined-up teams: some findings from a research project. *Social Work and Social Sciences Review* 11 (3) 16-28.
- Frost N, Robinson M, Anning A (2005) Social workers in multi-disciplinary teams: issues and dilemmas for professional practice. *Child and Family Social Work* 10: 187-196.

- Frost N, Robinson M (2007) **Joining up children's services: Safeguarding children in multi-disciplinary teams.** *Child Abuse Review* 16:184-199.
- Harbin F, Murphy M (2006) **Developing whole family treatment services in Harbin F, Murphy M (Eds) Secret lives: growing with substance.** Lyme Regis: RHP.
- Harris P (2006) **Where it all begins: growing up and the helping relationship.** in Harbin F, Murphy M (Eds) **Secret lives: growing with substance.** Lyme Regis: RHP.
- Harris P (2007) **Empathy for the devil.** Lyme Regis: RHP.
- Kearney P, Levin E, Rosen G.(2000) **Alcohol, drug and mental health problems: working with families.** London: NISW.
- Manby M (2006) **Rossendale multi-agency assessment team: evaluation report.** Huddersfield: NCRC.
- Murphy M (1996) **The child protection unit.** Aldershot: Avebury.
- Murphy,M. and Oulds,G. (2000) **Establishing and developing collaborative links between substance misuse and child protection systems** in Harbin,F. and Murphy,M. **Substance misuse and child care** Lyme Regis:RHP
- Murphy M, Harbin F, Halligan F, Murphy C (2008) **No longer alone: an evaluation of the Holding Families Project.** University of Salford/Bury MBC.
- Office of Deputy Prime Minister (2001) **Care and repair, briefing on new ODPM guidance: A decent home, definition and guidance for implementation.** Office of the Deputy Prime Minister. available at <http://www.careandrepair-england.org.uk/pdf/decenthomes.pdf> Accessed on 13th May 2008
- Office of Professional Management (2006) **Budget Holding Lead Professional a literature review report for Department for Education and Skills** available at <http://www.everychildmatters.gov.uk/files/F9F31378456BD37EE6C34489AF02CEF6.doc> accessed on 21st April 2008
- Pickett J, Maton A (1979) **The multi-disciplinary team in an urban setting.** *Child Abuse and neglect* 3:115-121.
- Pitts J (2001) **Korrectional Kareoke: New Labour and the zombification of youth justice.** *Youth Justice* 1 (2) pp3-16
- Ritchie J, Spencer L (1994) **Qualitative data analysis for applied policy research.** in Bryman and Burgess (eds) **Analysing qualitative data** London: Routledge pp173-194.
- Royal College of Nursing (2007) **Research ethics: RCN guidance for nurses.** London: RCN.
- Shaw J (2007) **Eradicating child poverty Economic Review 24;** 4 available at [http://www.ifs.org.uk/economic\\_review/fp244.pdf](http://www.ifs.org.uk/economic_review/fp244.pdf) accessed on 21st April 2008
- Social Exclusion Task Force (2007) **Reaching out: think family.** London: HMSO  
[http://www.cabinetoffice.gov.uk/social\\_exclusion\\_task\\_force/~/\\_media/assets/www.cabinetoffice.gov.uk/social\\_exclusion\\_task\\_force/think\\_families/think\\_families%20pdf.ashx](http://www.cabinetoffice.gov.uk/social_exclusion_task_force/~/_media/assets/www.cabinetoffice.gov.uk/social_exclusion_task_force/think_families/think_families%20pdf.ashx) accessed 21st April 2008
- Social Exclusion Unit (2004) **Making a difference to disadvantaged families? Qualitative case studies: a report for the Social Exclusion Unit in the Breaking the Cycle series.** London: Office of the Deputy Prime Minister.
- Taylor A (2003) **Secret practices; interdisciplinary work in child welfare.** Leicestershire: Upfront Publishing.



# APPENDIX A: Participant Information Sheet



**University of Salford**  
A Greater Manchester University

**Evaluation of the Blackpool  
Council Springboard Project**

## Participant Information Sheet

Invitation to participate in an evaluation study

You are being invited to take part in an evaluation study. Before you decide it is important for you to understand why the evaluation is being done and what it will involve. Please take time to read the following information carefully. Talk to others about the evaluation if you wish. Please ask us if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part.

What is the purpose of the evaluation?

The evaluation is designed to measure the outcomes of the Blackpool Council Springboard Project. It aims to clarify the benefits of providing services in this way for the Council and for the families using the services.

Why have I been chosen?

Your family has been chosen as one which makes use of a variety of services under review. We want to know whether or not providing a combination of services in a new way is more or less helpful for families.

Do I have to take part?

No. It is up to you to decide whether or not to take part. If you do, you will be given this information sheet to keep. You are still free to withdraw from the evaluation at any time and without giving a reason. A decision to withdraw at any time, or a decision not to take part, will not affect the provision of the services that you currently receive.

If any individual member of the family prefers not to take part, they need not do so. They do not have to take part in any discussions. Additional information is provided for children in the family.

What will happen to me if I take part?

Families that agree to take part will be interviewed briefly by a researcher twice each year until the end of the evaluation (a maximum of 6 times). The interview will focus on your experience of the Springboard Project and particularly how the new arrangement for providing services is better or worse than before from the family's perspective.

The discussion will be tape-recorded simply so that the researcher will be able to remember your comments more easily. Your confidentiality in this is guaranteed, and, if you prefer, you may keep the tape(s) on completion of the evaluation. Alternatively, we can destroy the tapes. Only the research team from the University will have access to the tapes. The results of the interviews will be reported to the Council, but no names or other identifying information will be included.

What do I have to do?

Your involvement in the evaluation is restricted purely to the confidential interviews. No changes will be made to your services, and you will not be asked to make any changes to your lifestyle.

What are the possible disadvantages of taking part?

We are not aware of any disadvantage associated with taking part. The interviews, while brief, will take up some of your time, and we will need to arrange an appointment with you in advance. If someone tells us something that makes us worried about your health or safety we will talk to one of the workers that you know to see what can be done to help.

What are the possible benefits of taking part?

We believe that it is important that the users of the services under evaluation should have their views included. Participation will allow you to express your own thoughts on the Springboard Project and its effects on your family. It may not result in immediate changes for your family's services, though we hope that the result of the evaluation will be a general improvement in the effectiveness of services for families in Blackpool.

What if there is a problem?

Any complaint about the way you have been dealt with during the evaluation will be considered carefully by the team from the University of Salford. If you have a concern about any aspect of this evaluation you should ask to speak to the researcher who will do his best to answer your questions. If you remain unhappy and wish to complain formally, you can do this through the Springboard Project workers using the information provided by the Project.

Contact Details:

The researcher, Mike Ravey, can be contacted on 0161 295 2712 (the University of Salford, including voicemail), or by email at [m.ravey@salford.ac.uk](mailto:m.ravey@salford.ac.uk).

Alternatively, you can contact the Director of the Evaluation, Dr Tony Long on 0161 295 2750 (secretary 0161 295 2768 for messages), or by email at [t.long@salford.ac.uk](mailto:t.long@salford.ac.uk).

If you prefer to speak to one of the workers that you know from the Springboard Project services, that will also be perfectly OK.

What will happen to the results of the evaluation?

The results of the evaluation – including information from the interviews with families, but without any details that would identify individuals or families – will be used to review, amend and improve the services involved in the Springboard Project. A report will be written and circulated to interested organisations, and if you would like this, we will send a summary of the report to you. In order to allow other Councils to benefit from what we find, we will present the overall findings at conferences and in professional journals. We would stress again that no individuals or families will be able to be identified in any of this.

Who is organising and funding the evaluation?

The evaluation is funded by Blackpool Council and undertaken by a team of experienced researchers in the field of services for children and families from the University of Salford.

Who has reviewed the evaluation?

The evaluation has been reviewed by the University of Salford Research Governance and Ethics Committee.

Thank you for taking the time to read this information and for considering taking part on the evaluation. If you would like to help us by taking part, please let us know either at the contacts for the researcher or Director, or by letting the worker who gave you this information sheet know. We will then get in touch to make further arrangements.

**Mike Ravey**  
**Researcher**  
**University of Salford**  
**0161 295 2712**  
**[m.ravey@salford.ac.uk](mailto:m.ravey@salford.ac.uk)**



**Dr Tony Long**  
**Project Director**  
**University of Salford**  
**0161 295 2750/2768**  
**[t.long@salford.ac.uk](mailto:t.long@salford.ac.uk)**

**Room C705, Allerton Building, University of Salford, SALFORD, M6 6PU**  
**<http://www.research.salford.ac.uk/scnmcr/SCNMCR>**

# APPENDIX B: Managers Interview Schedule

**Name**

**Agency**

**Role in Agency**

**Role in the Springboard Process**

## Planning/organising stage (section 1)

- 1) How were you involved in planning Springboard?
- 2) What went well in the planning process?
- 3) What could have been done better?
- 4) How good were the interagency relationships in the planning process?
- 5) Were the right families referred to the project?
- 6) How good was the 'welcome' and retention for/of families and new team members?

## The Springboard process (Middle Stage) Family Work (section 2)

- 7) What went well in the Family work stage?
- 8) What could have gone better?
- 9) How positive were the interagency relationships within the Springboard team?
- 10) How positive were the interagency relationships between the Springboard team and other practitioners?
- 11) How positive were the relationships between managers in the interagency system?

## Outcomes (section 3)

- 12) What difference do you think Springboard made to the families who participated?
- 13) What could have been done differently/better to improve their outcomes?

## Rolling out the Springboard process (future) (section 4)

- 14) What do we need to do to help the Springboard roll out succeed?
- 15) What do we need to avoid doing?
- 16) Any other comments/information that might be useful?

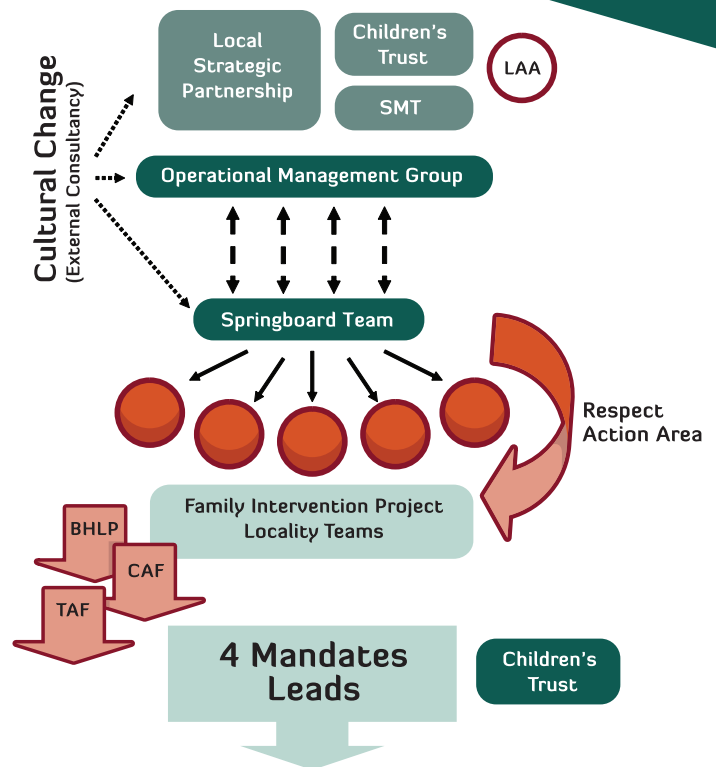
## EXECUTIVE SUMMARY

### BACKGROUND TO THE PROJECT

Springboard was the result of a strong, three-year partnership at senior management level that attempted to change the culture of interagency collaboration in Blackpool. The partnership was driven by and through the local strategic partnership and corporate plan, and at each stage of development that partnership was successful in drawing down more resources to ensure the development of the service.

In April 2006 a virtual team was established and began to accept referrals. The project aimed to offer an intensive service to 60 families at a high threshold of need. The team itself was constructed by the local strategic partnership to work over a 2 year period with a group of 60 families which were of particular concern to the Council and its partners as being “chaotic” or difficult to support effectively. This was a determined attempt to break the cycle of dependency and the pattern of intervention, closure, and reopening of cases. The project was designed to contribute towards the achievement of key PSA targets.

Springboard was a cross-agency project that delivered specific support to the most marginalised families and young people that placed the highest demands upon support networks. These were some of the families which, in the view of the Social Exclusion Task Force (2007), were the “small proportion of families with multiple problems which are still struggling to break the cycle of disadvantage”



The way forward for collaborative services

In January 2007 Blackpool became a Respect Action Area and as part of this initiative Springboard became a Family Intervention Project (FIP) and moved from January to September 2007 into new locality bases with key workers. Springboard did not develop and operate on its own, but was part of a wider effort to promote better collaboration at all stages of the family work process. Other associated initiatives included:

- Budget Holding Lead Professional (BHL) pilot project
- Common Assessment Framework (CAF)
- Team around the Family (TAF) model
- Parenting team (parenting programmes)

**Social Exclusion Task Force (2007) Reaching out: think family.**

[http://www.cabinetoffice.gov.uk/social\\_exclusion\\_task\\_force/~/\\_media/assets/www.cabinetoffice.gov.uk/social\\_exclusion\\_task\\_force/think\\_families/think\\_families%20pdf.ashx](http://www.cabinetoffice.gov.uk/social_exclusion_task_force/~/_media/assets/www.cabinetoffice.gov.uk/social_exclusion_task_force/think_families/think_families%20pdf.ashx)

# METHOD

## Study Aim

To measure the outcomes of the pilot project and the benefits of working in this way, not only for the Council but also for the families receiving the services.

## Objectives

The study objectives were:

- 1) To establish baseline targets for each of the families which can then be monitored, and to implement the recording and analysis of this monitoring.
- 2) To identify change in practice amongst practitioners and the benefits to the Council and the families involved.

## Project Evaluation

### Instruments

The research team, with the co-operation of service providers, developed an **assessment matrix** to capture and measure the most obvious signs of disadvantage and exclusion, and a **baselines** document for on-going reporting of activity and progress.

## Data Collection

### Family baseline data

Intermittent completion of the family baseline document for each family was undertaken by the Springboard team members. This data was retrieved by the research team for collation and analysis.

### Comparison Group

A small comparison group was formed of families which met the criteria for recruitment to Springboard but which had not been included in the pilot project. Because of the small numbers in the comparison group statistical comparisons were not appropriate. However the families' experience and the data from Blackpool as a whole offered a useful comparison with the Springboard data.

### Views of families receiving services

A sample of 9 families (representing the breadth of service use involved in the project) was followed on a case-study basis to explore their experience of involvement on the project. Tape-recorded group interviews were held with each family to elicit their perspectives and reflections.

## Cultural change in teams

Events were held at which cultural change within teams was explored. These included an "Open Space" meeting (in which the delegates set the agenda of issues which require to be addressed and then meetings were held to negotiate recommendations for change or objectives to be met), or of simple individual or group interviews. Senior managers were also interviewed at the end of the evaluation to elicit views on the wider impact of the Springboard project on ways of working and provision of services.

## Cost-effectiveness analysis

Two cases were analysed to establish the cost effectiveness of the intervention using the 4-stage model developed by the Office of Public Management (2007) for Blackpool.

## Data Analysis

Quantitative data from the baseline documents was collated and compared directly with corresponding data from the comparison group, Blackpool as a whole and national statistics where available.

The mechanisms involved in the Springboard pilot project were complex. A modified framework-analysis process was applied in order to store and manipulate the varied qualitative data and to derive the required conclusions.

## Ethical Issues

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.

Formal ethics approval was secured from the University of Salford Research Governance and Ethics Committee.

[http://www.invo.org.uk/Publication\\_Guidelines.asp](http://www.invo.org.uk/Publication_Guidelines.asp)

*British Sociological Association (2002) Statement of ethical practice for the British Sociological Association.*

<http://www.britisoc.co.uk/equality/63.htm>  
(accessed 05.02.07)

*Royal College of Nursing (2007) Research ethics: RCN guidance for nurses. London: RCN.*

## Overview of Findings

Dramatic changes were noted in the areas of criminal and anti-social behaviour, housing, and education. There were more subtle changes in health and social care facets of families' lives and in acquiring employment.

### Health

#### Registration with a GP

Six of the families were not registered before they engaged with Springboard, but all were enabled to register with a GP during the period of receiving support.

#### Sexual Health

There were 21 young women between the ages of 15 to 17 in the Springboard caseload, but only 1 of these became pregnant while engaged with Springboard: a significant improvement against the borough overall. Success in dealing with several key risk factors identified in the teenage pregnancy strategy demonstrated that Springboard intervention undoubtedly reduced the on-going overall risk for the young women.

#### Smoking

Given the multiple challenges faced by families, cessation of smoking was a low priority for many. Nevertheless, 3 individuals stopped smoking completely as a result of the support from the Springboard team. One was referred to a structured support programme, while 35 were sign posted to appropriate smoking cessation services.

#### Substance Misuse

Substance misuse can be most resistant to change. 14 people were known to use illicit drugs before inclusion in Springboard. A further 22 were identified who required referral to specialist drug services. Of these, 1 young person stopped using cannabis, 7 accepted support to engage in treatment, and 2 were supported in abstinence. 3 received support to continue prior treatment.

### Criminal Behaviour

Of 42 families, 27 had members with at least one criminal offence in the 12 months prior to their acceptance into Springboard. 93% displayed a significant reduction in criminal activity, with only 2 families displaying an increase. Total crimes reduced from 246 to 78 (68.3%) against a target of 15%. Reduction in youth re-offending was

also exceeded, and this also impacted on other targets, such as reducing the number entering the youth justice system.

### Anti-Social Behaviour

Nuisance behaviour reduced by 66.8% from 401 incidents to 133. Police call-outs reduced from 249 to 37: an 85% fall. Referrals to other agencies fell by 95.4%. ABCs reduced by 95% from 21 to 1. No ASBOs were imposed on individuals associated with Springboard.

### Domestic Violence

Domestic violence occurred in 10 of the families in the 12 months prior to inclusion in Springboard, with 27 incidents recorded. This reduced by 74% to 7 while receiving support. Associated arrests reduced by 50%.

### Missing from Home

The number of children and young people reported as missing from home dropped by 86% from 64 incidents to 9.

### Children Placed in Care

Following referral, only 3 children from Springboard families experienced an episode of residential care. This compared to 25 instances of residential support in the previous 12 months before referral: an 88% reduction. Involvement with child protection services reduced significantly by 80%.

### Relationship Breakdown

Family breakdown reduced by 80%. Two families experienced breakdown, but the outcome of these was positive, instigating stability rather than chaos.

*“Well, they helped me [to avoid] getting evicted for a start. The team supported us through our separation, and they were there for us both. I couldn't fault them. They was there if I needed anyone to talk to; it was great. They did things beyond what they should...”*

### Housing and Accommodation

Ten families were recruited with significant arrears, but after involvement 100% of Springboard participants previously in arrears achieved acceptable, sustainable repayment arrangements. There was a 50% reduction in families living in non-decent accommodation.

## Employment

Two adults were supported into paid employment, and a further two commenced voluntary work at a local volunteering centre. With the support of the Springboard team, six individuals commenced training or full-time adult education, and one undertook a part-time college course. This represented a more positive picture than that presented by the comparison group, which saw no apparent shift in this area at all.

## Education

There was a reduction from 18 to 12 (33%) in children and young people in the NEET group, mirrored in a reduction from 22 to 16 (27%) in young people linked with YOT. The proportion of children judged as being in tier 2 also reduced by 33% from 9 to 6.

## Attendance

Of 33 children and young people with attendance problems at the outset of their family's inclusion in the project, 66% improved their level of attendance as a result of Springboard intervention. Six increased their attendance to above 90%.

## Exclusion

Significant improvements in school exclusion were achieved. Children currently or previously engaged with Springboard at the time of the evaluation had sustained a total of 9 permanent exclusions before engagement, but no permanent exclusions at all were incurred during engagement. For families currently or previously engaged with Springboard, intervention achieved reduction, stabilisation, or absence of fixed-term exclusions in 45 families: 83% of the total.

## Service User Experience

The families described contact prior to Springboard as being spasmodic, invasive, ineffective and lacking in focus. They were concerned with the lack of consistency. All of the families described vividly how the staff from Springboard treated them with respect and dignity. It was clear that the families felt valued by the staff, and they appreciated the commitment that they experienced from the staff. They recognised significant positive impacts on their lives from engagement with the Springboard team.

## Wider Impact of Springboard

The commissioning, establishment and implementation of the Springboard project required significant partnership engagement and development at different levels. This was particularly evident at senior management, operational management, and practice levels. This level of emphasis and investment in partnership at all three levels produced a change in expectation and practice.

One of the by-products of partnership development was the wider influence of those dynamic partnership arrangements on other collaborations in services in Blackpool:

***“The principles and ways of working established through Springboard have now been adopted more widely and have become the norm. A mindset has been established of sharing information and problems, then sharing solutions.”***

It was also notable that the focus of Springboard on the wider needs of families brought an increasing level of collaboration between the voluntary and statutory sectors.

A final significant impact of Springboard was on developing a truly preventative, early intervention approach to vulnerable children and their parents in Blackpool.

To discuss acquisition of copies of the Matrix and Baseline instruments used in the Springboard Project, contact:

**Merle Davies,**  
**Senior Officer, Children's Services Policy & Strategy**  
**Blackpool Children's & Young People's Dept**  
Tel: **01253 476563**  
Email: **margaret.nickson@blackpool.gov.uk**

**Ravey M, Murphy M, Long T, Fallon D. Evaluation of the Blackpool Springboard Project. (2008) University of Salford.**

**Centre for Nursing & Collaborative Research**  
**Wendy Moran (Research Administrator)**  
Tel: **+44 (0) 161 295 2768**  
E-mail: **w.e.moran@salford.ac.uk**

**CYP@Salford.ac.uk**

Contact the Centre for Nursing and Collaborative Research:

**CYP@Salford**

**Wendy Moran (Research Administrator)**

Tel: +44 (0) 161 295 2768

E-mail: [w.e.moran@salford.ac.uk](mailto:w.e.moran@salford.ac.uk)

<http://www.ihscr.salford.ac.uk/SCNMCR/childfamilyhealth.php>

To discuss acquisition of copies of the Matrix and Baseline instruments used in the Springboard Project, contact:

**Merle Davies**

**Senior Officer, Children's Services Policy & Strategy**

**Blackpool Children & Young People's Department**

Tel: 01253 476563

Email: [margaret.nickson@blackpool.gov.uk](mailto:margaret.nickson@blackpool.gov.uk)

This report can be referenced as  
**Ravey M, Murphy M, Long T, Fallon D (2008)**  
**Evaluation of the Blackpool Springboard Project.**  
**University of Salford.**

ISBN: 978-1-905732-53-1



© University of Salford