



University of Salford
A Greater Manchester University

Extended Evaluation of the Blackpool Springboard Project

Mike Ravey
Joan Livesley
Tony Long
Michael Murphy
Debbie Fallon



FINAL REPORT

May 2010



Acknowledgement

The project team wishes to acknowledge the help of the children, parents, families, practitioners and managers who contributed to the evaluation.

Particular thanks are due to:

Janet Berry (*Development Officer, Change for Children Team*)

Moya Foster (*Development Officer, Think Family*)

Merle Davies (*Senior Officer, Policy and Strategy and commissioner of this evaluation*).

CONTENTS

THE PROJECT TEAM		2
PROJECT BACKGROUND		3
PROJECT AIM AND OBJECTIVES		5
PROJECT DESIGN		5
	Overview of the Study	5
	Data Collection	5
	Data Analysis	6
	Ethical Considerations	6
	Modifying the Project Instrument	6
	Sample	8
OUTCOMES FOR THE COHORT		9
	Demographics	9
	Family Journeys	9
	Findings from the Baseline Documents – Measuring the Impact	9
COMPARATIVE RESULTS FOR EACH FAMILY		14
A FAMILY PERSPECTIVE ON THE ONGOING IMPACT OF SPRINGBOARD		18
CONCLUSIONS		23

The Project Team

CYP@Salford.ac.uk

Mike Ravey is Senior Lecturer in Learning Disability Nursing in the University of Salford. His clinical background is in learning disabilities and he is currently the lead nurse for learning disabilities within the School of Nursing and Midwifery. His particular research interests focus on three areas; children and families, particularly hard to reach families; offending behaviour by people with a learning disabilities and issues around rheumatoid arthritis.

Joan Livesley is Senior Lecturer published in the field of children in hospital and evidence-based practice, and researches the improvement of safety in hospital in partnership with children. Qualified in adult & children's nursing, she has a clinical background in services for children in hospital and the community, and links with community health drop in centres.

Dr Tony Long is Professor of Child and Family Health in the University of Salford School of Nursing & Midwifery and leads a multi-professional group on research with children and families. A Registered Child Health Nurse, his personal research programmes are in evaluation of health and social care services for children and families, safeguarding children, early intervention, and clinical research on the outcomes of treatment for children.

Michael Murphy is Senior Lecturer in Social Work. A qualified social worker and counsellor, he has published widely in dealing with substance misuse, looked after children, chaotic families, and safeguarding children. He is a training consultant to DATA, NWIAT, Right from the Start, and Bolton HSCB). He is the chair of Bolton Substance Misuse Research Group and was an executive member of Promotion of Interagency Training in Childcare.

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.

Research With Children and Families



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

PROJECT BACKGROUND

The National Policy Context

Children deserve the best start in life and families deserve services that work together to support, sustain, and, when necessary, improve their parenting capacity.¹ All children have the potential to succeed, be happy, safe, enjoy a healthy life and make a positive contribution.^{2,3} Families, not government raise children. Yet, parent-based family circumstances directly impact on the outcomes and life chances for children. A central plank of the UK government's strategy is to establish effective early intervention for children and young people through effective multi-agency working and child and family centred services.¹ Key to understanding this is that no one service or agency can deliver for children and families alone.⁴ Securing and sustaining the benefits of family life for all children, particularly those children who are part of the most disadvantaged groups requires that the whole community works together and that local councils and their partners do all they can to improve the lives and life chances for all children.⁵

By 2007 there was a growing awareness of a smaller group of families which were seen as being highly resistant to mainstream services and therefore unable to make use of the support that was available: ***"It is necessary to focus on helping the small number of families with multiple problems who are still struggling to break the cycle of disadvantage"***.⁶ Some research had suggested that rather than seeing such families as being resistant to services, they should rather be seen as being isolated and unprepared for the complexity of the parenting task.⁷ The Government responded with the introduction of Family Intervention Projects (FIPs) which, although aimed mainly at preventing crime and anti-social behaviour, entailed a strong commitment to supporting chaotic families, thereby improving the life chances of children. By 2009, more than 2000 families were being supported through FIPs.⁴

The Springboard Project

Springboard was established in April 2006 as a pilot project to establish a new way of working with a specific group of families who reside in the Blackpool area and are deemed as 'hard to reach' by services since April 2006. The fundamental ethos of this approach was that another tier of service provision would not be established, but staff from different services would be brought together under the umbrella of what was described as a ***'virtual multi-disciplinary team'***. It was the intention that these staff would work together to address the myriad of complex needs presented by these families, but that they would remain within their seconding services. This approach had two fundamental objectives, the first was to make meaningful changes to the lives of the 60 most difficult to reach families within Blackpool and the second, was to undertake a cultural shift in how service were delivered to families as a whole in Blackpool.

The pilot study was evaluated by The University of Salford, who were involved with the project from the outset and produced a report in 2008, which demonstrated significant changes in relation to reducing the chaos the families were experiencing. The quantitative data produced from this evaluation highlighted significant reductions in arrests and anti-social behaviour linked to members of the families.

¹ Department for Children Schools and Families (2007) The children's plan: building brighter futures. London: TSO.

² Department for Education and Skills (2004) Every child matters. London: DfES.

³ Department for Education and Skills (2004) Every child matters: change for children. London: DfES.

⁴ Department for Children Schools and Families (2009) Breaking the link between disadvantage and low attainment – everyone's business. London: TSO.

⁵ Department for Children Schools and Families (2010) Working together to safeguard children: a guide to inter-agency working to safeguard and promote the welfare of children. London: TSO.

⁶ Social Exclusion Task Force (2007) Reaching out: think family. p4. London: ODPM.

⁷ Blackburn F, Murphy M, Long T (2009) Evaluation of the Pinnacle Project. University of Salford.

It demonstrated an increase in school attendance and an increase in the stability in the housing situation for all of the families, in relation to the type of housing used and the amount of debt associated with rent arrears.

The approach adopted within the Springboard pilot had a crucial impact on culture change and it has played a significant role in influencing how services are delivered within Blackpool. Since the original evaluation the approach has been rolled out and adopted by a number of services within the Borough. Since the evaluation a number of families have moved on from Springboard, and it was felt that the time was right to explore the sustainability of the change experienced by the families. As a result of this it was decided to extend the evaluation of the service, with an emphasis on resilience and change in behaviour of families who have been discharged from the service for approximately twelve months. The evaluation explored the sustainability of the impact that Springboard had on those families which had moved on from the service and also those which had received a service for a significant amount of time.

PROJECT AIM AND OBJECTIVES

Aim

The overall aim of this extended study was to evaluate the sustainability of the changes to the lives of the families who had received a service from Springboard.

Objectives

1. To analyse data provided by the sponsor relating to families currently or previously engaged with the Springboard intervention, and to report on this such as to inform the sponsor of outcomes of the intervention. This data will be similar in format to that collected for the previously completed evaluation (“family baselines”).
2. To elicit the perspective of service users through interviews and case study.

PROJECT DESIGN

Overview of the Study

The project was planned to be undertaken over a period of 12 months. Originally it was envisaged that data would be collected from 4 families at two points within the 12 months of the evaluation. However, as a result of a discussion between the Springboard management and the research team a decision was made to enhance the study by including a further 4 families and interviews with service users and involved professionals to develop an in-depth case study of one family.

Data Collection

Outcomes Measurement

Completion of the family baseline documents for each family was undertaken by the members of the Springboard team who were allocated as key workers for the families. The key workers had experience of using the baseline document and were familiar with its completion. This data was then retrieved by the research team for collation and analysis.

Comparison

The new data from the eight families was compared with the overall data from the original study and that specifically of the same families.

In Depth Case Study

This was generated through two telephone interviews and detailed qualitative evidence presented in one of the baseline documents. The data from these interviews were used to develop the case study that explored the changes within the lives of one family and how these had developed since the family was discharged from Springboard.

Data Analysis

Family Baseline Document

The quantitative data from the baseline documents was collated and compared directly with corresponding data from the period 12 months before engagement with Springboard, during engagement with Springboard, and at the end of the period of the extended evaluation (12 months after disengagement).

Interview Data

Thematic analysis was applied to this qualitative data.

Ethical Considerations

This study abided by the research ethics guidance offered by both the British Sociological Association 2002⁸ and the Royal College of Nursing 2007⁹. Guidelines provided by INVOLVE for the involvement of service users and children in research projects were also followed.¹⁰ Formal approval was secured from the University of Salford Research Ethics Panel.

Modifying the Project instrument

Learning from the original evaluation and taking into account complete data sets that could be accessed readily, the following domains were included in the extended evaluation.

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 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.

⁸ British Sociological Association (2002) Statement of ethical practice for the British Sociological Association.

⁹ Royal College of Nursing (2007) Research ethics: RCN guidance for nurses. London: RCN.

¹⁰ http://www.invo.org.uk/Publication_Guidelines.asp

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, and 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 addressing:

- 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.

Sample

For the purpose of collecting quantitative data through the baseline documents a sample of 8 families was selected at random from the cohort of families which had been discharged from Springboard.

The qualitative in-depth interviews were undertaken with one parent who volunteered to take part in the study and a professional who supported the children in their school and continued to have strong links with the family as a whole.

OUTCOMES FOR THE COHORT

Demographics

Within the eight families only three (37%) were headed by two adults, while the remaining five (62.5%) were maintained by a single parent, all of whom are women. Children formed a significant part in the makeup of the families with every family having children. There were a total of 34 children within the cohort, with an average of 4.25 per family ranging between two and seven. Twenty of the children (58.82%) were male and 14 (41.18%) were female.

Family Journeys

All of the eight families had a long history of being associated with Springboard, with six being referred to Springboard in 2007 and two in 2008. All of the families moving on from Springboard had made progress. One family was still accessing the service offered by Springboard but at the lower level of the Challenge and Support initiative and receiving integrated support from mainline services. All of the other families had been closed to Springboard for a period of at least 12 months. With one exception, all were transitioned to lower level services.

- One family was closed to Springboard but remained open to the Adult Treatment Service.
- Four of the families had been closed to Springboard but were supported by co-ordinated mainline services.
- One had moved to a point where no further service was required.
- The remaining family had been closed to Springboard but escalated to care proceedings. All of the children from this family had been removed and placed in care. The Springboard effort had demonstrated clearly that this was the most positive result possible for the children in this family. Despite intensive interagency support and intervention it had proved impossible to maintain the wellbeing of the children within the family.

Findings from the Baseline Document – Measuring the Impact

Health Issues

This domain focuses on a number of aspects that relate to the overall health of the families including access to GP services, health screening, young people accessing contraception advice, teenage pregnancy, smoking, and alcohol and substance misuse. Seven of the eight families had a GP. In the one family without a GP, the mother was registered but no progress had been made in relation to the children. Two of the families had teenage girls, none of whom had become pregnant since leaving Springboard. The Springboard team had adopted a proactive approach to offering contraception advice to both adults and teenagers, and all the young people had been signposted to appropriate services and advice.

From all eight families, a total of 10 family members smoked. This total had remained constant. All of the smokers had been referred to the appropriate service for advice and support in smoking cessation. There was no evidence of alcohol dependency in any of the family members. However, drug misuse was a presenting problem in three families. None of the individuals had managed to cease substance misuse, but all were engaged in treatment with the long term aim of discharge. There were four other individuals who, it was assessed, would benefit from advice and this had been provided by the substance misuse worker on the team.

Criminal Behaviour (Figure 1)

The baseline documents identified that in five of the eight families at least one member had been arrested within the previous 12 months. This baseline measure demonstrated a total of 29 arrests. Three families had a single arrest in this period before engagement with Springboard, one had a total of two arrests, and one had 26 arrests linked to their name.

During the intervention phase these figures increased to six families and 39 arrests. Two families with no previous arrests recorded one and eight arrests respectively. One family had an increase from two to 13 arrests during the intervention phase.

Since the intervention phase there had been an overall reduction in both the total number of arrests (n=13) and the number of families associated with criminal activity (n=4). Figure 1 also highlights that all the families had a reduction in the level of arrest, but it remained a major issue for two families which had eight and 13 arrests since they had left Springboard.

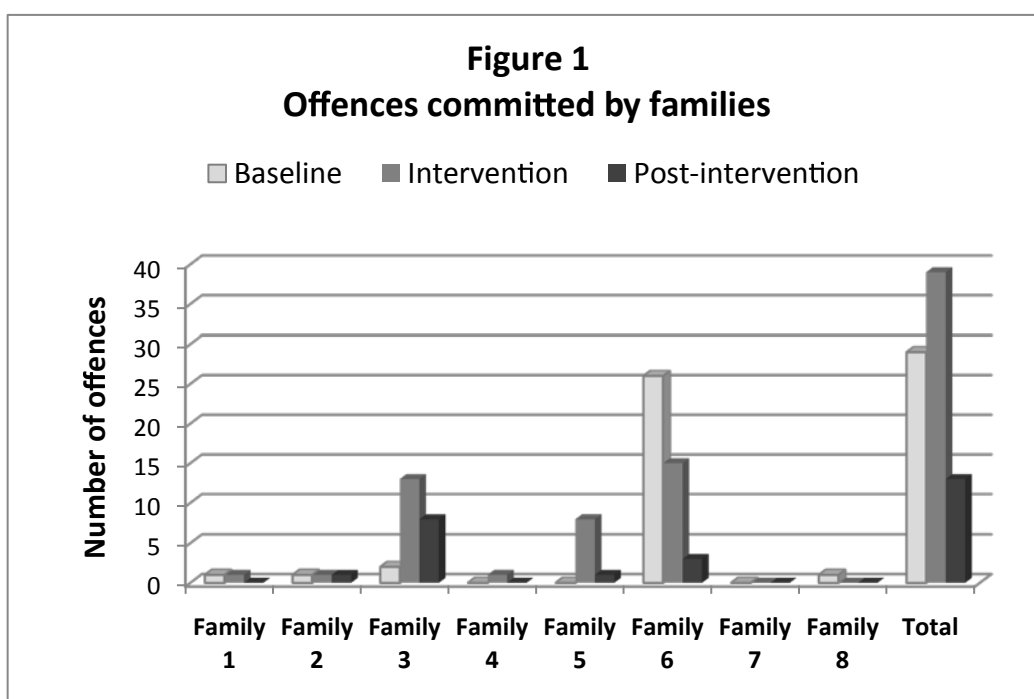


Figure 2 depicts the number of arrests associated with each family that can be viewed as crimes identified as **Best Value Performance Indicator Crimes (BVPI¹¹)**. Three families displayed a history over a period of the previous 12 months of arrests. One had a single arrest, one had 13, and the third had 25 arrests.

During the intervention phase, the evidence highlighted an increase of one in the number of families with arrests, and a marked increase in the total number of arrests for one family from two to 15.

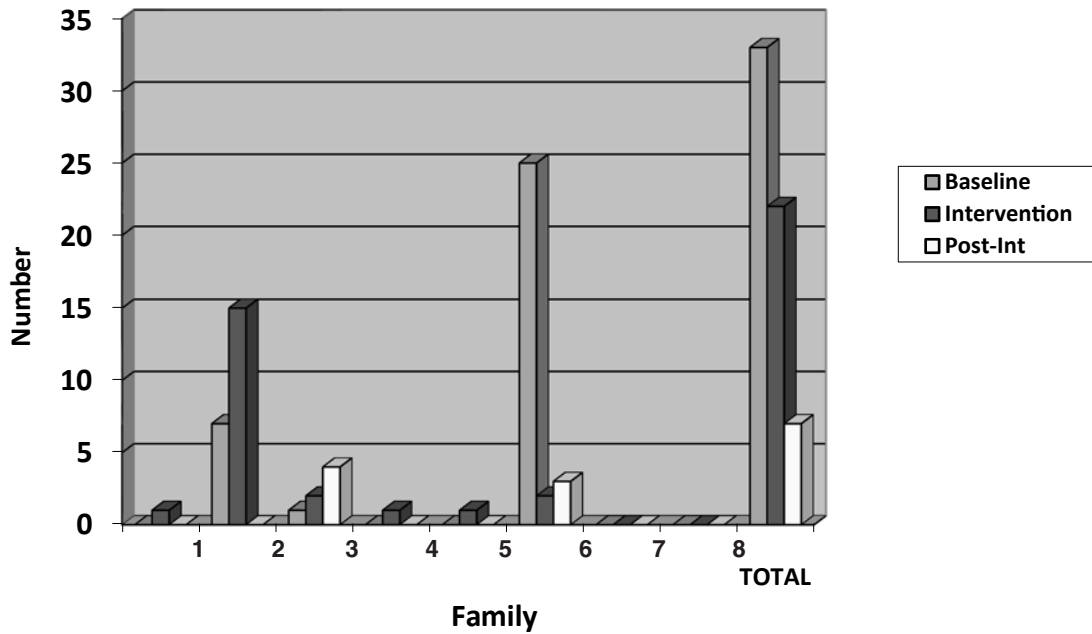
There was a marked decrease in these figures for the post-intervention period, with only two families displaying criminal activity in this area, one with four arrests and the other with three. Two families went against this trend with an increase in the number of arrests since being discharged. Both had two arrests each during the intervention phase, which increased to four and three respectively. All of the other families had no arrests since being discharged.

Arrests that relate to crimes listed under the **Public Service Agreement (PSA crimes¹²)** had also been displayed by a number of the families (Figure 3). Three of the families had arrests within the baseline period. The first family had one arrest, the second had 15 and the third had six.

¹¹ These are crimes which matter most to victims and which affect people's lives. While no longer in use at the time of reporting, BVPI was a standard indicator at the time of the main evaluation, and data was still available for the extended period.

¹² PSA crimes include robbery, domestic burglary and vehicle offences.

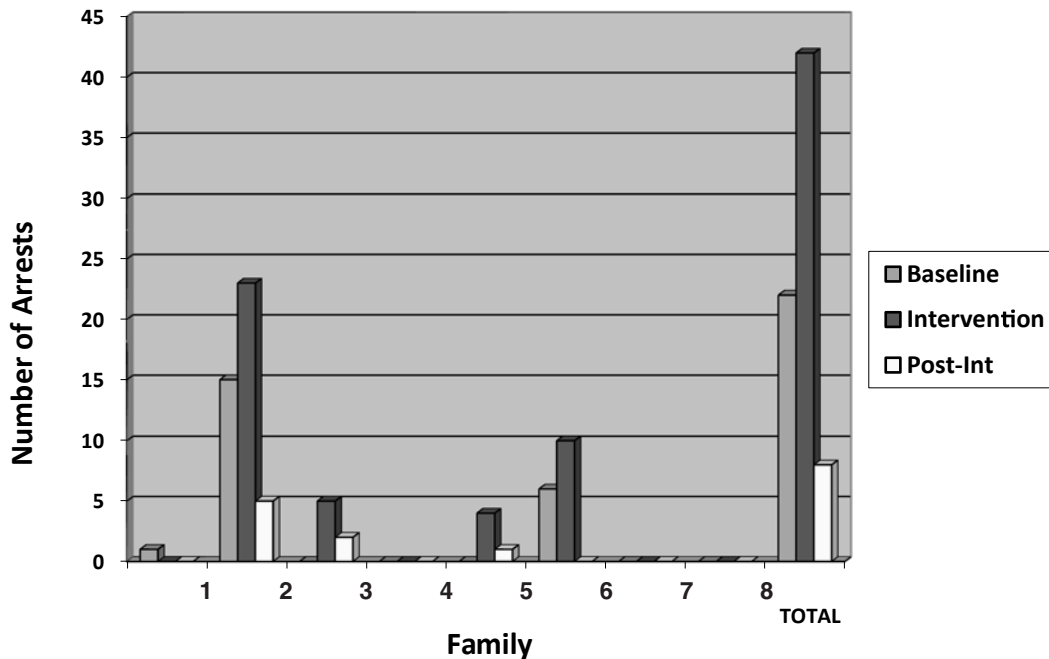
Figure 2
Number of BVPI Crimes



During the intervention phase the first family had no arrests but the other two had 23 and 10 respectively. Two further families had five and four arrests respectively listed as PSA crimes while they were receiving support from Springboard.

Since discharge only three families had experienced arrests, and all showed a reduction: one family had 5 arrests, one had two, and the third had only one.

Figure 3
PSA Crime



Anti-Social Behaviour

All of the families within the extended study had issues regarding anti-social behaviour towards others, and their activities associated with this domain are grouped into five categories:

- Reports of nuisance behaviour.
- The number of times police officers are called to the family address.
- The number of referrals made to other agencies.
- ABCs made in respect of any family member.
- ASBOs made in respect of any family member.

These categories are highlighted in Table 1 which displays a steady reduction in reports of nuisance behaviour, and the issuing of ABCs and ASBOs. The number of police callouts increased markedly from 52 at baseline to 99 during intervention, but this since reduced significantly to 13 over the twelve months since the families had moved on from Springboard. This spike in incidence was due entirely to two families. The first went from 15 at baseline to 28 but then went down to 0 since discharge, while the second went from seven to 57 and then down to 10. These families continued to receive support from appropriate teams as they transitioned to standard services.

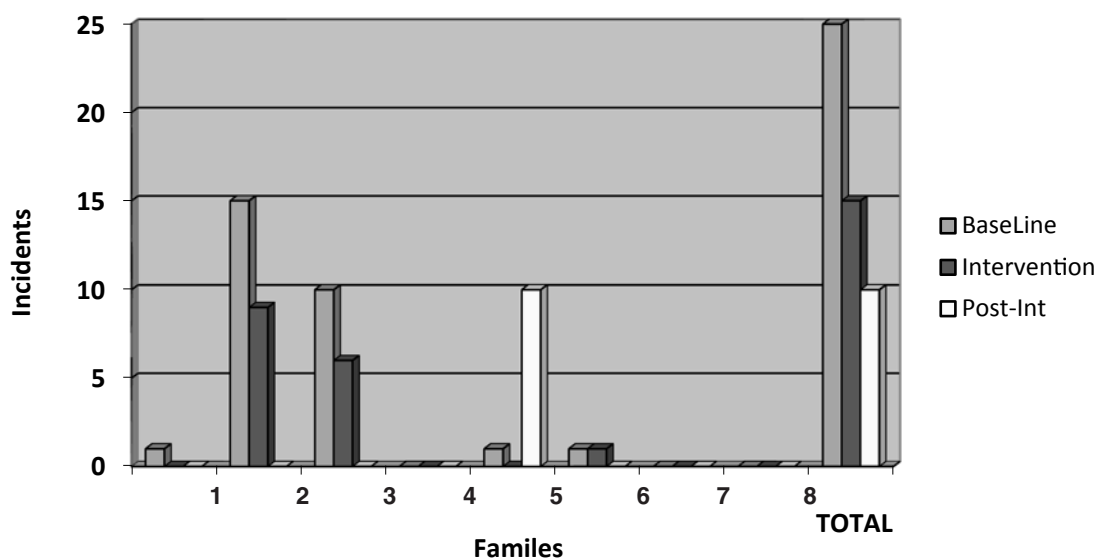
Table 1: Changes in anti-social behaviour

Anti-social activity	Incidents before Springboard	Incidents during Springboard	Incidents after Springboard
Nuisance behaviour	86	85	3
Police called out	52	99	13
Referrals to other agencies	12	4	5
ABCs	2	0	0
ASBOs	0	0	0

Domestic Violence

In relation to domestic violence the families displayed an ability to sustain a change in behaviour. There was a reduction in the number of recorded incidents of domestic violence from a baseline score of 25 episodes through 15 during the intervention phase with the families to 10 in the last twelve months. This represents a reduction of 15 (60%) (Figure 4). In relation to arrests as a result of domestic violence the trend was down from the baseline score of five to the post-intervention score of three. Springboard intervention helped families to build the confidence to report domestic violence, to believe that action would follow, and, consequently, to raise their own self-esteem.

**Figure 4
Domestic Violence**



Social Care

This section of the report focuses on safeguarding issues of children missing from home, children in care, child protection, and parental relationships. The evidence produced from the baseline documents for all eight families displayed a downward shift in **children missing from home** from 12 to two, an overall reduction of 83.3%. This trend was also highlighted in the fields of **children in care**, which saw a reduction from nine to zero, and **child protection** that dropped from 10 to two. As noted in the demographic section of this report there was a high proportion of single parent families within the extended evaluation group. The majority of these incidents of **parental relationship problems** were as a result of relationship breakdowns and domestic violence.

Accommodation

In relation to housing Springboard had continued to make progress in supporting families to establish a level of stability by reducing rent arrears, removing families from non-decent properties, and placing them in more appropriate housing stock. Two of the eight families were in arrears with their rent when they were taken into Springboard. The first had arrears of £800 which were eliminated, and the family had been up to date with the rent since. The second family had a debt of £3,000, but there was no evidence of progress in this area. Four families in the extended evaluation were in property that could have been classed as non-decent when they were engaged by Springboard, and all of these had been re-housed into more appropriate accommodation, a situation that had remained unchanged since the families were discharged.

Employment

There was no measurable evidence of change in the employment status of any of the adults within the families. However, the team had enabled one young man to gain employment and this evidenced in the case study in Box 1, along with the attempt to help his sister into further education. There is further evidence in "Jane's Story" (p17) of a client preparing herself for entry into the employment market.

Box 1: Promoting Employability

Both Alice and Simon were 16 years old and about to leave school. Both found school difficult with attendance levels below 53%. The team organised a place for Alice on a hairdressing course at the local FE college. This broke down, was re-established but failed again.

Simon was supported in joining the Prince's Trust, bench football course, and two energiser programmes, which eventually led to full-time employment in retail. He left his job to help to care for his child and is currently rethinking this option.

Education

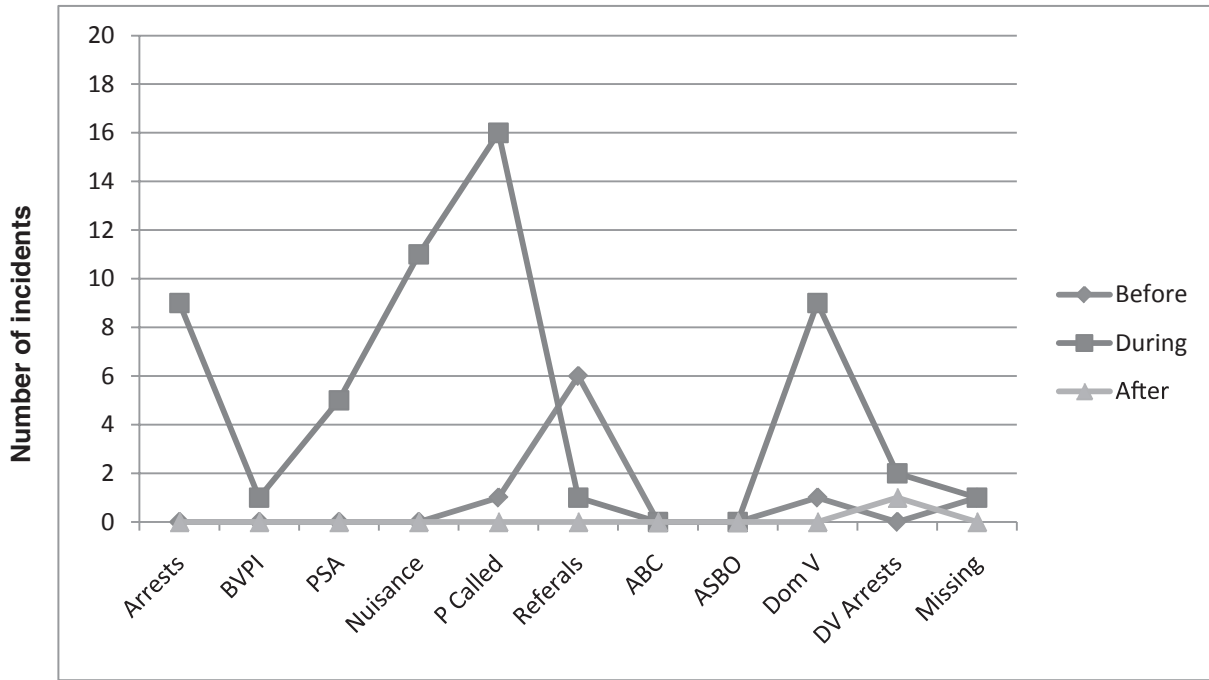
This section focuses on the attendance of the children in the households who were of school age. For seven families there were issues relating to school attendance when the baseline measures were taken. Out of the 21 children included in the baseline measures four displayed attendance levels for the previous 12 months of below 50%, and four had measures of 90% or above.

During the 12 months since the families had been discharged only 2 children had an attendance level of below 50% or below (35% for both), nine had attendances in excess of 90% and 15 had shown on overall improvement in their attendance.

COMPARATIVE RESULTS FOR EACH FAMILY

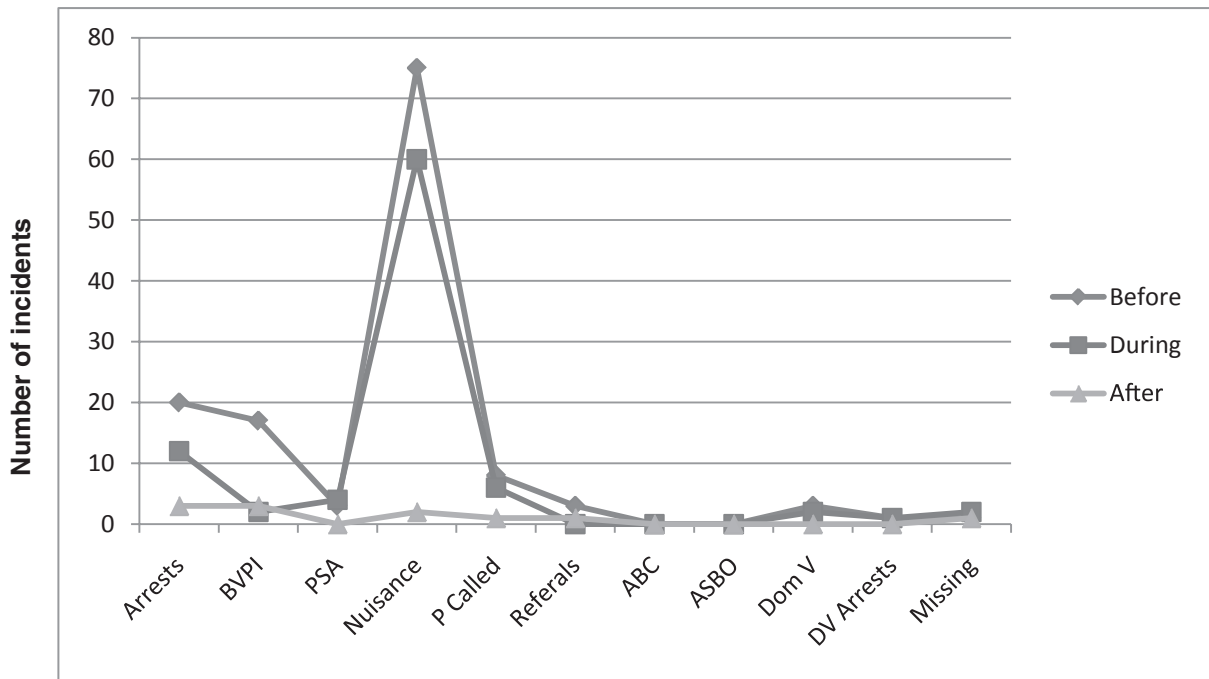
In the following tables, the incidences of each measured factor are shown for the 12 months period before engagement with Springboard (diamond), the period during engagement (square), and the period up to the end of the extended evaluation (triangle).

Figure 5: Family 1



Family experienced multiple problems and a chaotic lifestyle, but all factors were addressed successfully.

Figure 6: Family 2



Family 2 had major problems with nuisance behaviour but this was tackled effectively.

Figure 7: Family 3

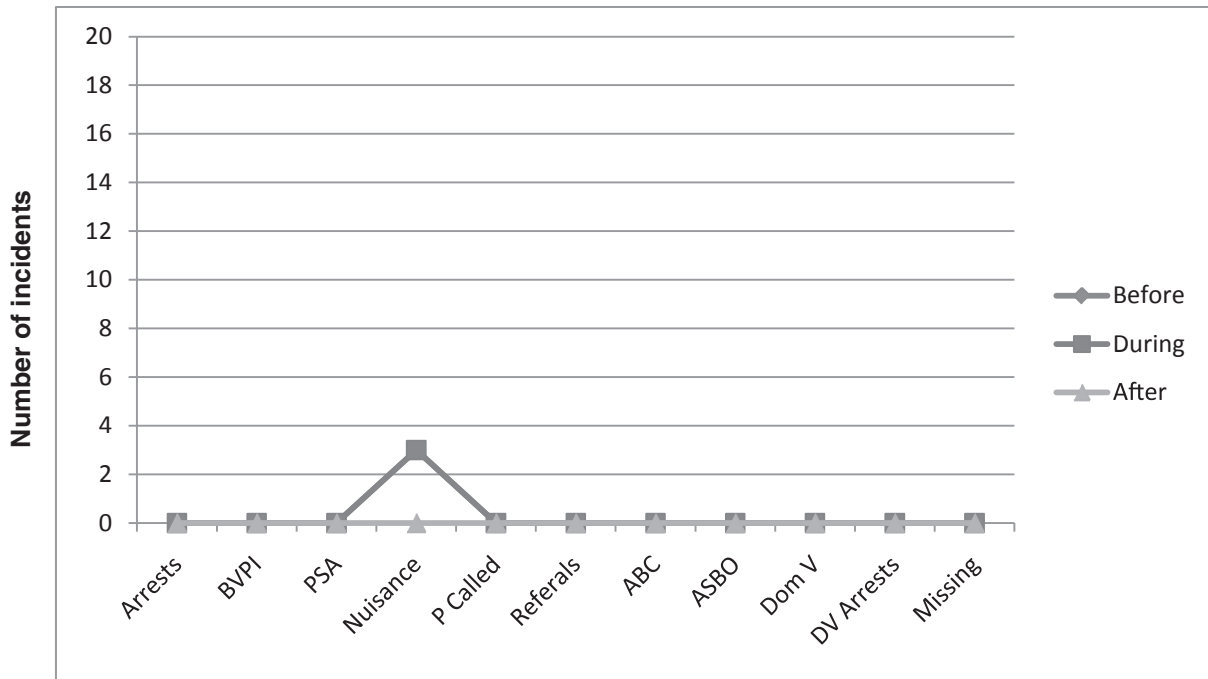
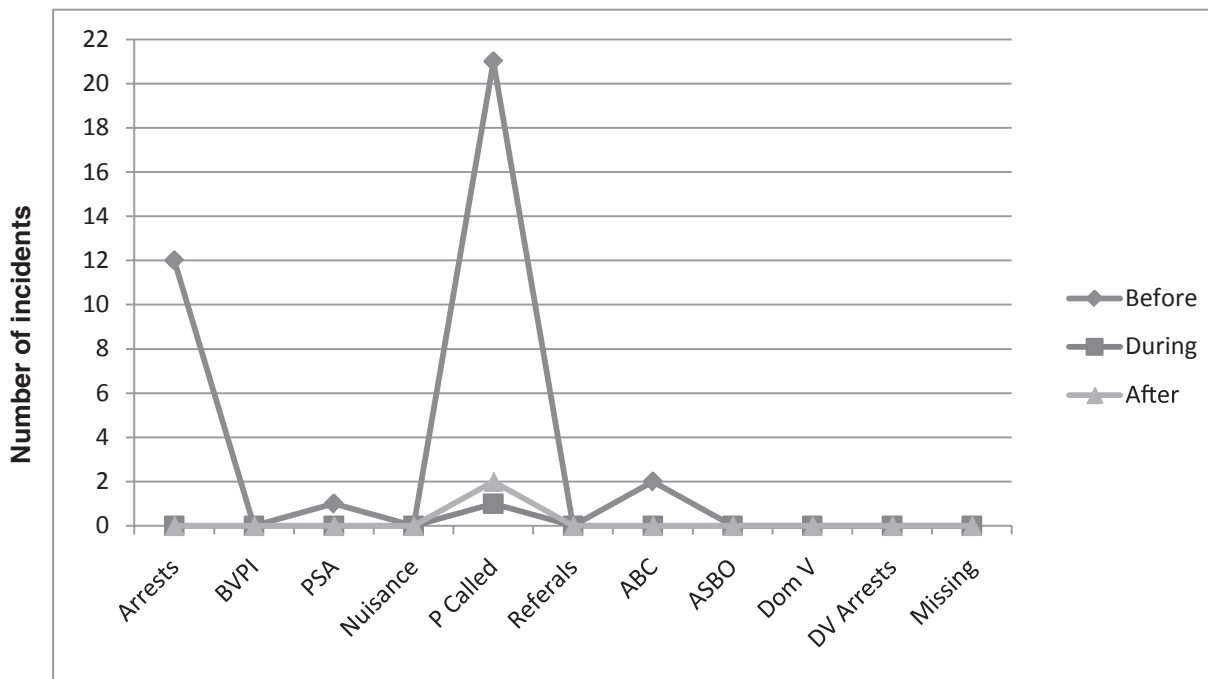
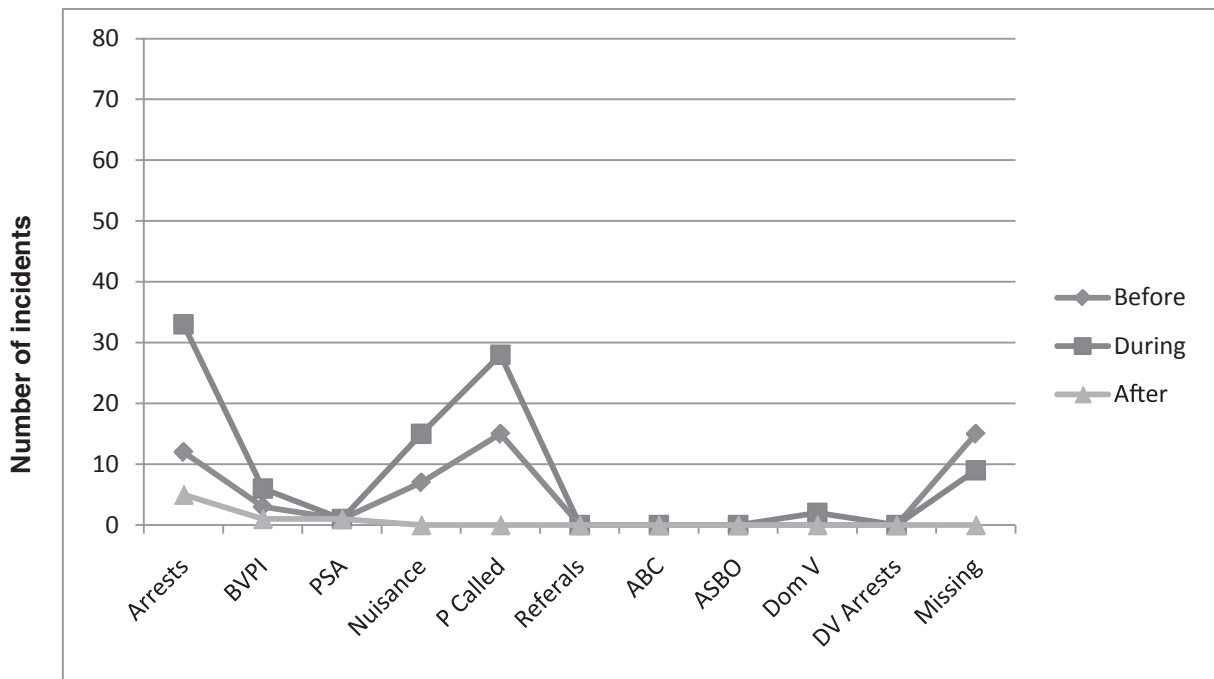


Figure 8: Family 4



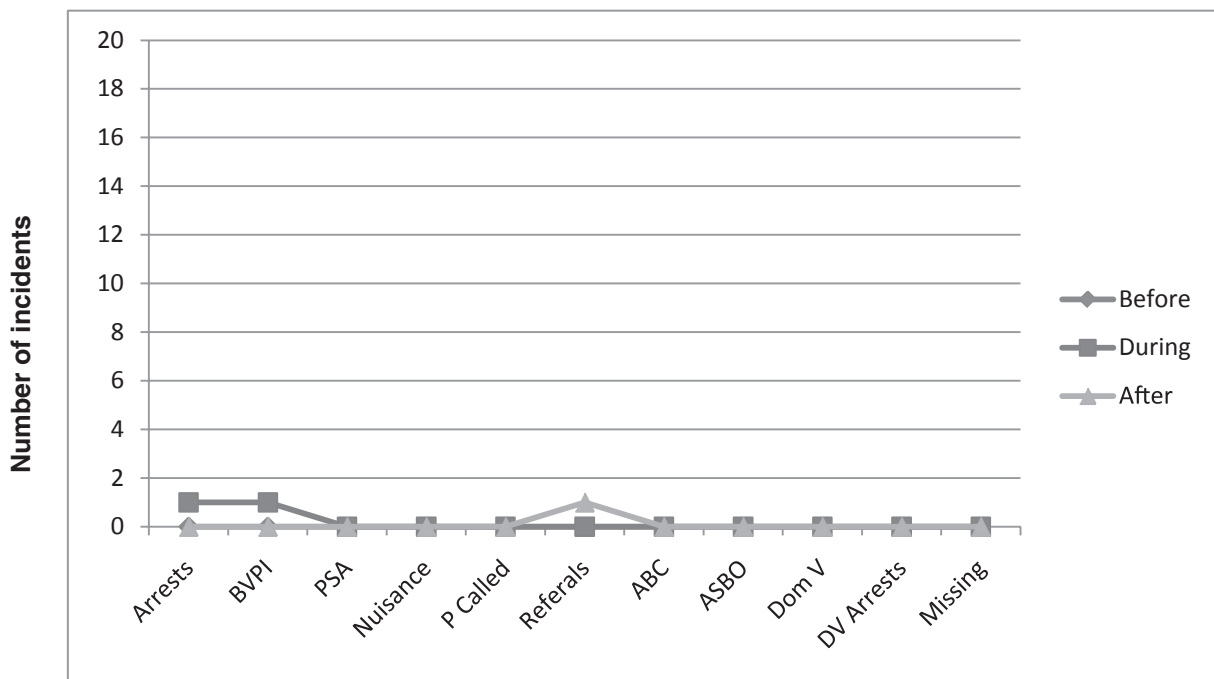
Family 4 presented with problems in several areas, but all of these were successfully identified and improved through engagement with Springboard.

Figure 9: Family 5



This family was assessed as having serious problems in multiple domains, but engagement with Springboard resulted in drastic improvement in all areas.

Figure 10: Family 6



Despite a spike in referrals after engagement with Springboard, the referral was a positive move taken in good time as soon as an additional problem was identified, resulting in engagement with an appropriate lower level service. Families were routinely transitioned from Springboard to standard services in a controlled manner.

Figure 11: Family 7

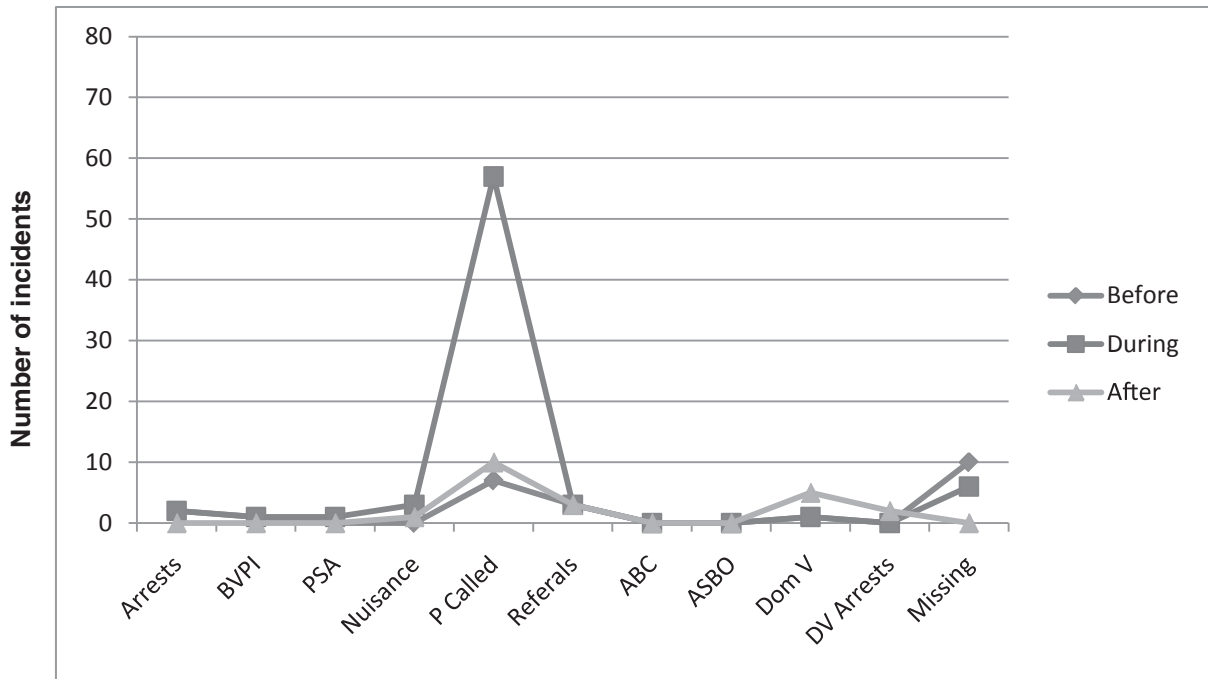
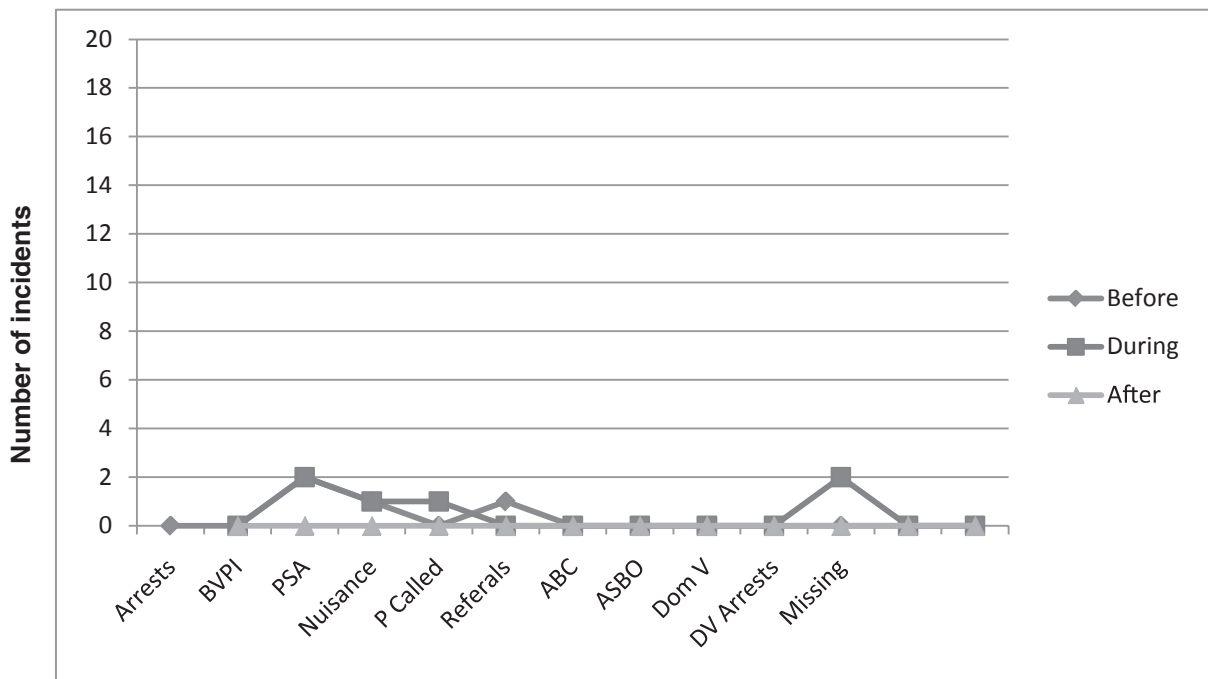


Figure 12: Family 8



Family 8's profile was low-level but complicated, with problems in several domains. All, however, were addressed successfully.

A FAMILY PERSPECTIVE ON THE ONGOING IMPACT OF SPRINGBOARD

The ongoing impact of engagement with the Springboard Initiative has been shown clearly in the hard data from measurement of key factors. However, this data was also validated through direct elicitation from service users themselves. This is a case study based on a family which was in many ways representative of the typical experience of families which engaged with Springboard. It focuses on the experience of being supported by the team, what happened subsequently, and aspirations for the future. It is taken from the outcome of two semi-structured interviews with a mother of six children and the pastoral manager for the school at which all the children attended.

Jane's Story

The stimulus for needing intensive intervention

Jane was a single parent with six children, two of whom had left home. The four children at home were John (11 years), Jane (8 years), James (7 years), and Joanne (6 years). Jane had no involvement with the service until John stated to display symptoms of ADHD and Social Services became involved. The pastoral manager noted that Jane's tipping point was triggered by her mother's illness and eventual demise, while the school welfare support officer explained that Jane's mother had been a significant support to Jane so that "...when she lost her Mother things just went all haywire". The pastoral manager also reported that as a result of having to care for her mother and her eventual loss, all in addition to having to care for the children, maintain the house and so on, the burden simply became too great for Jane and she became unable to cope. Additional problems accumulated, adding stress to Jane's burden.

Inability to cope in the face of multiple problems and ignorance of available strategies was a common factor to the families engaged with Springboard. The accumulation of challenges and increased stress common resulted in a downward spiral of despair and chaos. A major lasting effect of Springboard was helping parents to identify problems and associated strategies towards solutions so that repeated intervention for the same issues became less likely.

The path to Springboard referral

The family baseline document recorded involvement with social services as resulting from a number of referrals to child protection services on the grounds of neglect. It was clear from the interview with Jane that she had perceived this involvement to be intrusive and of no benefit to her or her children. She went on to describe how workers had dictated to her how she should discipline her children and would constantly tell her that she did not have her children under control. Jane explained that the Social Services staff felt that they could no longer help with the children, who were still viewed as being a problem. In response to this, the social services staff, with Jane's agreement, made a referral to Springboard.

At this time Jane felt she was struggling with John who had a poor sleep pattern, often staying awake for two consecutive nights at a time. This caused significant disruption for the family and had a knock-on effect in that children's attendance at school was poor, and they were often late. This had reached such a level that the education authority had threatened to take Jane to court. Jane explained that John was also presenting problems at school in respect of his behaviour, and he would often be sent home and temporarily excluded for 2 days at a time. In her view, he was being branded as a 'naughty boy' at school and by services generally. Jane acknowledged that the family was dysfunctional. She could not control the children, and she described John as being "**uncontrollable**". Nor could she structure her life, finding it difficult to attend meetings, for example, when she was called into school.

Part of the reason for the enduring effect of Springboard was the marshalling of multi-agency involvement to address the complexity of problems faced by families. Initially Jane clearly had a bad experience with traditional services, she saw them as a threat and as people who wanted to hold the power. She saw them as focusing on the negative aspects of her life and constantly reinforced how she was unable to cope with life. Her perspective was that in the end they were unable to help her. Perception was all-important. Whatever the normal services had offered or done, their intervention was perceived as being both ineffectual and unwelcome. This perception had to be addressed before problem-solving could begin in any meaningful manner.

Initiation of Springboard

Jane had signed a contract to be involved with Springboard for 6 months although her engagement went on beyond this period. She explained clearly how Springboard's involvement was totally different to her other experiences of services. A number of Springboard staff had become involved in the family's lives and she named 3 professionals in particular; a key worker, a police officer and a social worker; with whom she had worked much more effectively as they **"didn't judge"** but built up a relationship with her.

"...they came in with different ideas, set boundaries, and gave me ideas to manage the children".

This level of involvement was echoed by the pastoral manager...

"When Springboard stepped in there was plenty of support and she connected with [named key worker] very, very well, and I think this is where the connection originally springs from".

The pastoral manager perceived that this had been a crucial aspect of working with families such as Jane's because...

"...you have to go every which round you need to in order to keep the dialogue going, and if you can't speak to them then you can't move things forward".

Springboard's intervention had clearly made a significantly different impact on Jane's life. The multi-disciplinary approach, which focused on the family as a whole, took the emphasis away from the negative aspects of their lives. It was clear that Jane believed that the Springboard team had offered a much more positive view of her and the adoption of an enablement approach had enabled her to gain in confidence and take control of her life. This was mirrored by the pastoral manager when she explained how Jane had gained more self esteem.

"Hers was very, very low, which makes it low for the children if [their] mum's not good. And this applies to any of your families, but she certainly did very well and I would say she is a very good example of the support given by Springboard".

It was made clear that it was the nature of intensive support and the characteristics declared in main evaluation of what mattered to service users – honesty, addressing the family's priorities, being valued, and working in partnership – that had helped Jane to make the necessary changes to her life and which were sustained in the longer term.

The practical value of Springboard and its manner on intervention

Jane acknowledged that the relationship was built up through the Springboard team focusing not just on one aspect of the family's life but also offering support in lots of different ways. She had been provided with new furniture and a tumble dryer, which **"...was a great help with six kids"**. The pastoral manager explained that Springboard...

"...actually gutted her house for her, but she was actually very good and she had to move out at one time for them to really clean it up properly".

They had also helped in improving the environment for the family by attending to the back garden and paying for a new kitchen and bathroom. Jane had valued this as a way of increasing the family's quality of life. At the same time, the team had also supported Jane specifically with the children's behaviour by introducing strategies in relation to the management of behaviour and the setting of boundaries. Staff had also supported Jane in attending parent classes.

Blackpool is committed to the concept of individual level commissioning, giving front-line practitioners access to and leverage over a budget to meet the identified, assessed needs of children, young people and families that cannot be met by any other resource. Because Springboard workers have access to a budget, they are able to provide practical support, helping and empowering families to change their lifestyles.

In addition to highlighting the differences made within the house, the pastoral manager had also identified that...

"...it's all about getting into routine with the children, which is the biggest thing with any family and we always say that at school".

Jane explained that the team had helped in other ways. For example, the police officer helped by attending to trouble that the family had been experiencing in the area with hostile elements in the community. He had also helped when John had gone through a period of setting fires in the house.

"He brought the fire brigade in to talk to John and arranged for them to go into school."

Jane's willingness to engage with Springboard and her confidence in this engagement was emphasised in a comment by the pastoral manager when she described how Jane had changed.

"At one time, she had too many cats, and it was just causing a bit of a nuisance. It was a bit of a mess and they are carpeting, going to put new carpets down, and they did say 'you need to get rid of the cats'. And she did as they asked and got rid of the cats. She did as they asked, which I thought was really good because she was upset about it, but she did it".

The provision of positive changes to the family's situation and tangible goods such as a tumble dryer and improvements in the quality of the house, coupled with more abstract development of parenting skills enabled Jane to adopt the 'can do' mentality highlighted in the initial study as one of the qualities that the Springboard team brought to families' lives. The team had moved forward at Jane's pace and this also helped her to become more self-assured. Jane valued the regular contact made by the team by telephone. Organised and opportunistic visits helped to establish and maintain the relationship and understanding between them.

These aspects of good communication and working at the service user's pace became most apparent in Jane's description of how she was discharged from Springboard and stepped down to support through Sure Start and other services. It was clear that Jane had not developed a reliance on the Springboard team but had gained a self-awareness that she was ready to move away from the intensive support to a level of support that was based on self-reliance. It was clear that her perception of CAF and Sure Start was positive and that she was confident in the relationships that she had developed with service providers at this level.

The extent of Springboard intervention, multi-agency working, can do approach, and working with service user's priorities as well as what the professionals identified as a need were all vital. The quality of trust built up and the effect of this on persuading clients to make positive changes should not be under-estimated. This change in culture was one of the aims of the Springboard initiative and was seen to exert an effect even after withdrawal of the intensive support.

Positive link with school

Jane highlighted that Springboard had worked with her and the school and that this had helped to build relationships there. As a result she was working with the pastoral manager at the school rather than viewing this intervention as intrusive and unwelcome. This was supported in the comments of the pastoral manager, who had begun to make regular contact with Jane. For example, if James had forgotten his medication she would phone Jane who would then arrange to take the medication into school. The pastoral manager identified the importance of this link with school by explaining that any meeting between school, Springboard and Jane would take place at the school **“...which sometimes makes it a little more comfortable for the family”**. Springboard staff had also supported James in relation to his medication for the ADHD, which he had been taking for 3 years and which he had started to take without the need for assistance or supervision. His level of independence had developed and he was making his own way to school. He was in the process of transition from junior school to high school, and Jane acknowledged that this school...

“...have only accepted him off the last 12 months behaviour. If they had taken the previous two years he wouldn't be going”.

Jane saw herself as having a good relationship with school and she acknowledged the need for this to be transferred to the new school. The pastoral manager noted that Jane had progressed during the time with Springboard and proffered an example of this...

“Attendance for the children was bordering on appalling, a lot of lates etc. And we're now looking at 97%and 100% for these children. That to me is absolutely marvellous”.

The pastoral manager highlighted the importance of this and explained that they had both developed the confidence to communicate with each other if there were an issue, because...

“...if she needs to ring me about anything she phones me... She's very, very supportive of anything that's going on at school or anything going on with the children. If we need her we can always get hold of her, she's always on the end of the phone. To move this sort of thing forward with a family like that, it's what you need, and this is certainly what Springboard did when they went in and there was a good working relationship there. She attended all her meetings, and you could see things getting better on a day to day basis”.

School attendance is a strong indicator of a child's wellbeing. The enormity of the task of changing round such a problem in the face of so many other issues could be off-putting. However, Springboard and the school worked together efficiently to bring about the desired outcome. Both parents and children benefitted from engagement with Springboard, as well as the school being relieved of a persistent difficulty. Moreover, this change in the family's life was sustained after the family moved on from intensive support.

Life after Springboard

Jane had now been discharged from Springboard for approximately 12 months at the time of the interview. Acknowledging the structure that was put in place to ensure that this had been a positive experience, she remembered that **“They didn't just say ‘we are leaving now’ and then just disappear...”** She went to explain how the Common Assessment Framework (CAF) had been employed in the process and how the meetings had involved her, the key worker from Springboard, the pastoral manager and a health visitor. She explained that the meetings had started initially on a weekly basis, but were then reduced to fortnightly, and she was finally left knowing that she could telephone the health visitor or the pastoral manager if she were to need further support. She declared a feeling of having been in control of this process and that issues did not move on until she had felt ready. She further declared that she had felt ready at the point of discharge from Springboard. This process of enablement was also raised by the pastoral manager who had gained Jane's permission to become her lead practitioner.

“...was she happy about that? Which she said she was, and there were only a couple of things she needed sorting out then, and we were able to get sorted what she needed...”

Jane went on to explain that as part of the CAF process it had been agreed that her lead practitioner would be the pastoral manager from the school. She was clear that she was ***“still supported through the CAF, which helps”***. The pastoral manager noted that although the CAF process had been withdrawn at that time, it was unsurprising that Jane still felt supported through the same overall process. The pastoral manager also reinforced that if Jane were to experience problems again... “she can call us in and if there is anything that needs doing we’ll just sort it out or help”. The pastoral manager acknowledged that Jane had established a level of resilience by that point and described her as being...

“very, very steady at the moment, I’m glad to say, and she’s very good at looking after John, who’s the one with all the medication. Very, very good”.

The development of self-confidence, self-esteem and resilience in parents and children is essential for the establishing of the skills and mental reserves needed to address further problems. Discharge from intensive support was not a cut-off point but a gradual transition back to normal support services in a planned manner in close collaboration with other agencies. This prevented feelings of abandonment and panic in the family, preserving the new-found confidence.

Building aspiration for the future

Jane explained that she had “completed two short courses at the local Sure Start centre”. She felt that this had motivated her, and, although she could not envision working on a full-time basis, she was certainly interested in part-time work and intended to apply for a “dinner lady job”. Reflecting on how Springboard had helped her, Jane declared that...

“...they are a totally different family. I wouldn’t be where I am now without Springboard. I am more confident in myself”.

She saw herself as having more skills in relation to parenting and behavioural management. She was proud of her children as they had achieved 100% attendance at school. Returning to the issue of employment, Jane explained that full-time work was not an option since her second son, James, was then going through the process of being diagnosed with ADHD. She concluded the interview with the reaffirmation that being involved with Springboard had left her with more self-esteem and self-belief.

The legacy of engagement with Springboard was a new level of confidence and assurance in that Jane was confident that she was doing the right thing for herself and her family. The pastoral manager described Jane as being a new person who...

“...if she says she’s going to ‘ring them up’ or sort this out or sort that out, that’s it, she does. It’s not a case of wondering if she’s done it. She’s really focused and very positive, and the kids definitely benefit from it”.

For Jane this legacy was most apparent in her comments about her son James and his pending diagnosis. She did not raise this with an air of dread or apprehension about her ability to deal with what this might bring for the family, but with an air of resilience, which indicated clearly that she had the skills to cope. She was also aware that if she were to meet difficulties she had the confidence to ask for help through Sure Start or Springboard. Jane acknowledged that Springboard had enabled her to put her life ***“back on track”***. The sustainability of the input from Springboard was evident in the pastoral manager’s description of James:

“He is not an easy child and he does need handling, but she’s very, very good. She will say ‘he’s got one on him today...’ Now, to me that’s very, very good because we know where we stand and what we are dealing with”.

The lasting impact of Springboard intervention, then, was to be found both in parents and in their children. Its effect was not just in fixing immediate problems but moving on to equip parents with skills and strategies to cope better in future. These efforts in turn led to reduction in reliance on supportive services generally and restored parental and family independence.

CONCLUSIONS

The purpose of this extended evaluation was to establish whether the positive effects on families demonstrated in the initial evaluation of the Springboard project were sustainable. The findings from the extended evaluation mirrored the findings of the original evaluation in relation to the impact on the lives of participating families.

Positive change in measurable indicators

Evidence from measurable indicators highlighted encouraging changes in the lives of those people that were associated with Springboard and there was a strong correlation between the increase in family stability and the interventions introduced by the Springboard team. Families continued to display reductions in incidents of criminality, anti-social behaviour, domestic abuse, children missing from home, and children placed in care. There were also improvements in health care, housing and attendance at school, together with some movement towards encouraging family members into employment.

Areas of less obvious improvement

As with the initial evaluation there were areas that displayed no change even though significant efforts were made to instigate positive change in family behaviour. It would be unrealistic to expect families to make changes in every aspect of their behaviour simultaneously, and it should be acknowledged that in a number of areas of people's lives services such as Springboard achieve their goals by raising people's awareness of the health implications of certain behaviours. It is then the individual's right to make informed decisions regarding their behaviour.

Promoting sustained change and preventing repeated referral

Overall, the families had developed the ability to maintain the changes initiated during their involvement with Springboard. The majority had moved down the thresholds of need to CAF, Sure Start and even total self reliance. A gradual transition from intensive family support to more usual multi-agency support was experienced by most. The findings from the extended evaluation highlight a downward trend in the negative behaviours and an increase in the more desirable behaviours displayed by the families. The families had not only arrived at a plateau of behaviour which took them below the threshold at which intervention was required but had gained an impetus to continue the work towards increasing their newly discovered stability and independence.

The outcome for one family was that the children were removed. Superficial appraisal might lead to the conclusion that this was a negative outcome, and it certainly implied an increase in cost for social services. However, more careful analysis revealed that the Springboard effort had ensured that every effort had been made to retain the family integrity. When the evidence pointed to lack of sufficient change in the family the agencies involved could be sure that removal was the most positive outcome for the children in those circumstances.

It is clear that for a small number of families who blunder from significant crisis to significant crisis, a decisive move into long term care with a positive alternative family can be an anti-dote to long term neglect (Stevenson 2007,¹³ Forrester and Harwin 2008¹⁴). It is also the case that even in the most supportive family service a minority of children will still need alternative care (Harbin and Murphy 2006¹⁵). The move was made after a significant amount of support from Springboard staff who continued to maintain contact with the children. The subsequent evidence is clear that the children's quality of life improved as a result.

Cultural change in ways of working

It is clear from Jane's experience and that of other parents that families were introduced to Springboard at a particularly unstable time in their lives. Their previous experiences of services had left them guarded in how they related to intervention and support. It would appear that from the outset, at the contract meeting, families were introduced to a new way of working and to an ethos that viewed them in a positive light. This perception remained even months after the end of this engagement with Springboard and was part of the motivation to continued improvement. It was clear that Jane had felt in control of the situation and had dictated the pace of change.

Jane's story appeared to reflect an intervention strategy that revolved around a truly holistic, intensive approach, which was based on effective communication from the team and which continued into the post-intervention phase. The team appeared to have adopted an approach which was not fettered by professional identity. This was welcomed by those who used the service. The team had the capacity to develop a trusting relationship with Jane and then to instil tangible changes into her life that provided quality of life improvements. This meant that they could engage with Jane and other parents like her to make more structural changes to the families' lives.

This approach enabled Jane to become more resilient to situations that impacted on her family's life after discharge from the service. The importance of relationships was highlighted by service users and staff alike, and were recognised to be crucial to effective working practices. The evidence pointed to an ethos of enablement and empowerment which led to a process that reduced dependency and increased self-reliance in the longer term.

¹³ Stevenson O (2007) *Neglected children and their families*. Oxford: Blackwell.

¹⁴ Forrester D, Harwin J (2008) Parental substance misuse and child welfare: outcomes for children two years after referral. *British Journal of Social Work* 38(8):1518-1535.

¹⁵ Harbin J, Murphy M (2006) Developing whole family treatment services. in Harbin F, Murphy M (Eds) *Secret Lives: growing with substance*. Lyme Regis: RHP.

Contact the Centre for Nursing & Midwifery Research:

CYP@Salford.ac.uk

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

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

This report can be referenced as
Ravey M, Livesley J, Long T, Murphy M, Fallon D (2010) Extended evaluation of the Blackpool Springboard Project. University of Salford.

ISBN: 978-1-907842-04-7



© University of Salford