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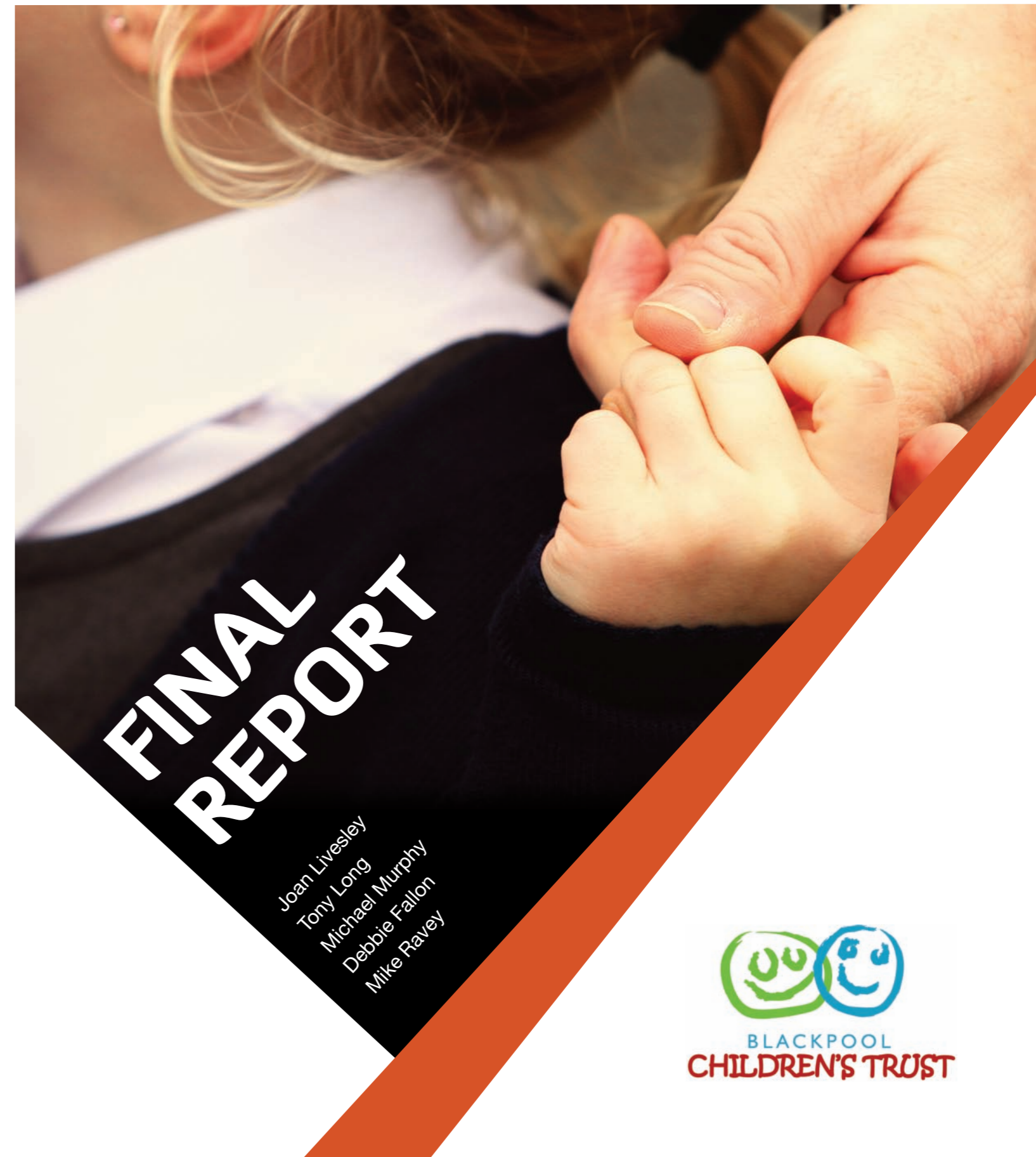
**Evaluation of the Blackpool
Budget Holding Lead Practitioner Project**

This report can be referenced as
**Livesley J, Long T, Murphy M, Fallon D, Ravey M (2008) Evaluation of the Blackpool
Budget-Holding Leading Practitioner Project.
University of Salford.**

ISBN: 978-1-905732-52-4



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Acknowledgements

The project team wishes to acknowledge the help of the following:

The families, practitioners and managers who contributed their experiences and perspectives to the research team.

Janet Berry – Blackpool Budget Holding Lead Practitioner Project Lead

Hilary Quarmy and Vicky Wells, Blackpool Council

Staff at the Brunswick and Talbot, Grange Park and Baines Children's Centres

Stefan Cantore, Office of Public Management

Bill Crooks, Cartoonist
(All cartoons by Bill Crooks)



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The Research Team

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The evaluation 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.

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

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SECTION 1: CONTEXT of the PROJECT

Introduction

The inquiry into the death of Victoria Climbié (Department of Health (DH) 2003) heralded determined efforts to establish effective and efficient integrated working across the children and young people's workforce. The green paper Every Child Matters (Department for Education and Skills (DfES) 2003), the Next Steps (DfES 2004a), the National Service Framework for Children, Young People and Maternity Services (DfES 2004b), and Youth Matters (DfES 2005a) set out the political vision which was further strengthened by the amendments to the Children Act (DfES 2004c). Combined, these initiatives provided the political and legislative spine for developing effective, integrated and accessible services focused around the needs of children, young people and their families.

Developing the necessary structures to support integrated working was not easy (Office of Professional Management (OPM) 2006), but the early vision was reiterated recently in the Children's Plan (DCSF 2007a) and in Building Brighter Futures, the Next Steps for the Children's Workforce (DCSF 2008). The current definition of integrated working offered by the Children's Workforce Development Council in partnership with the Department for Children Schools and Families (DCSF 2007b) is:

"Everyone supporting children and young people working together effectively to put the child at the centre, meet their needs and improve their lives.... (p1).

According the DCSF (2008), integrated working will:

- Provide more comprehensive approaches to prevention and early intervention in universal settings
- Provide services that are personalised around the needs of individual children and their parents
- Make sure that everyone supporting individual children, including their parents, shares high expectations of them to succeed
- Provide better co-ordination and a single point of contact for families
- Reduce the likelihood that children and young people who are at risk of harm or are putting others at risk are likely to go unnoticed by the systems
- Start the move towards a system where it is service users, not just the services themselves, who drive design and delivery, and where it is children, families and young people themselves who are empowered to take responsibility for their outcomes.

CWDC and DCSF suggest that this will be achieved by workers combining professional expertise, knowledge, and skills, and will be facilitated at an operational level by the adoption of common service delivery models, tools and processes (DCSF 2007c). These common tools and processes include the common assessment framework (CAF), the role of the lead practitioner (LP), information sharing, ContactPoint and e-CAF.

The statutory guidance in the Children Act 2004 (section 10; Duty to Co-operate and 11; Duty to Safeguard Welfare) sets out clear expectations for the implementation of the role of Lead Practitioner. In addition, the Lead Practitioner Good Practice Guidance (DfES 2005b) lists the aims of the role as follows:

- Act as a single point of contact that children, young people and families can trust, and who is able to support them in making choices and in navigating their way through the system
- Ensure that children and families get appropriate interventions when needed, which are well planned, regularly reviewed and effectively delivered.
- Reduce overlap and inconsistency from other practitioners.

It is clear that the lead practitioner is pivotal to the success of integrated working. However, there was considerable speculation as to whether access to a budget would further enhance the ability of lead practitioners to deliver services and goods targeted at assessed unmet needs.

The BEACH Initiative

In 2006, Blackpool was designated by the DCSF as one of 16 Budget Holding Lead Practitioner (BHLP) pilot projects and received associated funding to pilot the initiative. The BHLP pilot project was known locally as Blackpool Early Action for Change (BEACH). BEACH processes were founded on a comprehensive and inclusive purpose that set out to help children, young people and families benefit from the ethos and application of integrated working, aiming to promote more effective intervention through earlier identification of additional or unmet needs. In particular, universal services were targeted with the intention of providing a simple process for the holistic assessment of individual children's needs and strengths, taking into account the potential impact of the role of their parents or carers and environmental factors on their development. Crucial to the project was the role of lead practitioner who would be drawn from and working alongside other members of the children's workforce including health and social care services, local authorities, schools, voluntary, community and faith organisations, as well as police services, youth offending teams, further education, housing and probation services. In particular, the aim was to influence the health and well-being of children and young people through the delivery of child-centred services, safeguarding and promoting welfare.

The role of the BHLP built on and enhanced the lead practitioner initiative to deliver better packages of services for core groups of children and families by giving lead professionals access to a budget with which to commission services or procure goods directly from providers. The pilot project set out to test whether access to defined budgets would enable lead practitioners to achieve two main aims:

1. to ensure that children, young people and families received the services that they needed when they needed them, rather than as and when organisations granted the services to them
2. to reduce the overlap and inconsistency from other practitioners, thus reducing the costs per "episode" of intervention.

The focus of the BHLP was on early intervention support for children, young people and their families who had a number of different needs and who required integrated and co-ordinated support to help them to address those needs. The needs did not in themselves require statutory services or the involvement of a more intensive model of co-ordinated support, such as key-working, but, when considered as a whole, required a high level of input and co-ordination.

Budget-Holding Lead Practitioner Initiative

The emphasis of the BHLP pilot project was on joined-up working, with the child and the family at the hub of this experience, and built firmly on the common assessment framework (CAF) and the role of the lead practitioner. The BHLP pilot project was extended to children and young people aged 0-19 and their families living in five geographical wards in Blackpool. These wards were chosen as they had high levels of deprivation but also the necessary financial structures required to support the pilot project. Practitioners were encouraged to involve children and their families in the decisions about how the money was used. In fact, involving children and their families in decision-making was seen as part of the package of services wrapped around the child and family. Agreeing targets with children, young people and families, developing action plans, and holding review meetings were additional necessary processes.

The families involved in the project had been assessed using the CAF model and their perceived needs fell within the tier 2/3 band of Blackpool Children and Young People's Services Department 'child in need' model; that is, those under the threshold for statutory service involvement. The aim was to provide preventative, early intervention support.

BEACH Project Process

The BEACH pilot enabled lead practitioner access to a budget of up to £1000 per child via a designated budget holding lead practitioner. The following six stage model was designed and implemented to support the initiative:

1. CAF initiated
2. Multi-agency meeting convened - lead practitioner appointed
3. Additional family and/or CYP needs agreed - Action plan written
4. Tier 2/3 needs not met through existing budget identified
5. Request for additional funding from designated BHLP
6. BHLP agrees need and releases budget

These processes were intended to enable staff to address the Every Child Matters (DfES 2003) five priority areas of being healthy, staying safe, enjoying and achieving, making a positive contribution, and achieving economic well being. Fundamental to the processes outlined was the intention to support earlier intervention, improve multi-agency working and reduce bureaucracy. The processes were also intended to enable staff to meet their obligations required in Section 10 and 11 of the Children Act 2004. The intention was to use the CAF when a child or young person was not making the progress expected or when they were likely to need support or input from additional agencies.

SECTION 2: METHOD

Evaluation aim and objectives

The aim of the evaluation was to evaluate the outcome of the BHLP pilot project for Blackpool CYPS and the families, children and young people who used the service

Objectives

1. Explore how the integrated processes of the BEACH project (CAF, LP, BHLP, action planning meetings and review) contributed to an enhanced family centred service
2. Examine the impact that access to the BHLP exerted on children, young people and their families
3. Examine the impact that access to the BHLP pilot exerted on lead practitioners
4. Make recommendations for mainstreaming successful aspects of the pilot into Blackpool as a whole

Appreciative Inquiry

As a result of discussion and agreement with the BHLP Project Development Officer, the evaluation was framed within an Appreciative Inquiry (AI) approach (Cooperrider & Whitney 1999, Liebling et al 2001, Gergen et al 2004, Keefe & Pesut 2004, Carter 2006). Fundamental to this approach is the desire to discover 'what works well' in organisations/systems and 'why it works'. It is based on a '4-D' cycle: discovery, dreaming, design and destiny as illustrated by Carter (2006). (See Figure 1).

AI has been used effectively within a variety of complex organisational structures (health, prisons, and community settings). In particular, this approach has been utilised in Cumbria and Lancashire in a project that focused on multi-agency working with children with complex health care needs (Carter et al 2004). Appreciative inquiry also reflects the methodology used by the evaluation team from the Children's Fund which collected indicators across health, social care and education, where appropriate and available, to help understand how service providers made decisions and what worked in which

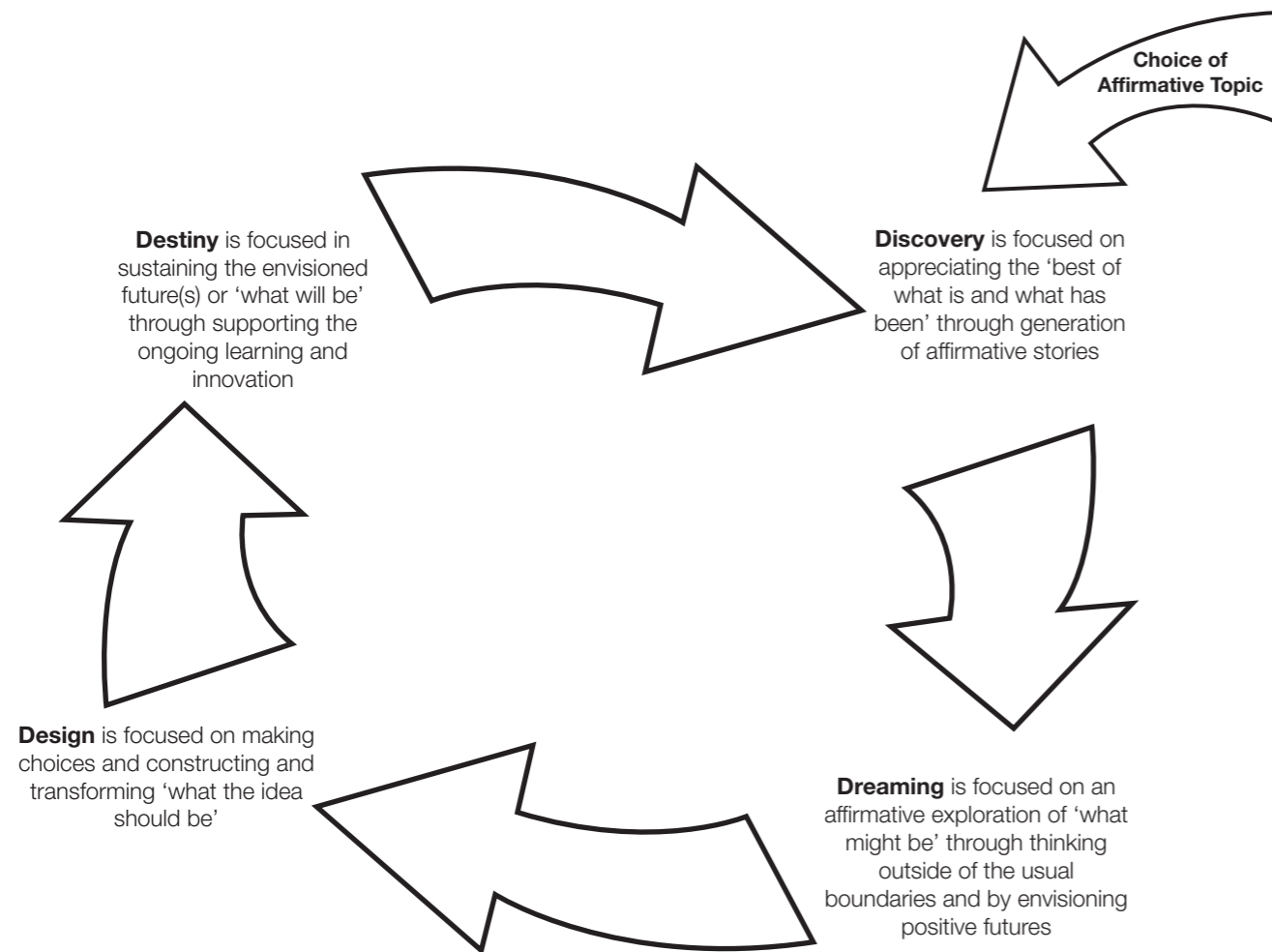
circumstances. AI is not designed to produce a detailed comprehensive evaluation, but in this case it provided an in-depth, focused, qualitative evaluation of perceptions held by parents, children and young people, lead practitioners, budget holding lead practitioners, and other stakeholders of 'what worked well' in relation to the BHL P pilot project.

This study provided evaluation findings using four aspects of appreciative inquiry. These were:

1. *appreciative framing* of the topic/questions
2. *discovery* focused on the 'best of what is and what has been' through the generation of affirmative stories. (This aspect was the most fundamental one for this project)
3. *dreaming* focused on affirmative exploration of 'what might be' through thinking outside of the usual boundaries and envisioning positive futures.
4. *destiny* focused on the exploration of what staff and families felt that they could or would do in the future to help them to realise positive futures as envisioned in the dreaming phase.

The methods used were a mix of appreciative interviews (discovery) and group discussions (dreaming). Consultation and analysis was undertaken throughout the project.

Figure 1: The 4-D Cycle of Appreciative Inquiry



(Carter 2006)

Data Collection with Family Participants

In accordance with the project brief, participation was restricted to those families which had engaged with the CAF and BHL P initiative. Potential family participants were identified by the staff working on the BHL P project. The families were given an information sheet to read that contained details of the aims and objectives of the evaluation (see appendix 4). Those who agreed to take part then signed the consent form (see appendix 5) and their contact details were passed to the interviewer. The person named on the consent form was then contacted by telephone by a member of the research team (JL). In each case, the family member who had agreed to be interviewed was asked to indicate their preference for the location in which the interview would take place.

In all, 18 families participated in the interviews. The families were made up of 16 mothers and 2 mother-father pairs. The face-to-face narrative interviews were undertaken in 3 children's centres. Most families expressed a desire to be interviewed without their children present. This was facilitated by extra nursery sessions or arranging the interviews in school time. While some children attended the interview at the children's centres with their parents, they were all (except 2) babies. Two older children (one aged 3 and one aged 12) attended with their mother but chose to play rather than take part in the research interview. The 3 interviews undertaken in participants' homes were carried out in the presence of children. Again, the children chose to play rather than to take part in the process.

The interviews, exploring 'what had worked well' against the family's individual action plan and key outcomes from the Every Child Matters (ECM) initiative (DfES 2003) (see appendix 6), were audio-recorded and professionally transcribed. Using an appreciative narrative framework to elicit individual family stories of how the CAF, LP and BHL P had contributed to the outcomes detailed in ECM (DfES 2003), the families considered:

- why and how they were first engaged in the process
- their experiences of the CAF, multidisciplinary meeting, action plan and review
- action planning targets
- impact and outcomes for the family (adults, children and young people)

The interviews were focused on the participants' experiences of engaging with the BHL P and CAF initiatives and developed in response to the participants' disclosures. Although the interviews were framed to elicit appreciative stories, the families were encouraged to consider what else could be done to meet their perceived needs, how the process could have been improved, and what they understood to be their part in ensuring that set targets were met.

On completion of each interview a £30 gift voucher was offered as a token of gratitude for the time and good will invested in the interview process. The children were also offered a gift. The children's gifts (toys) were selected with the children's age and abilities in mind. This practice was consistent with guidance issued by INVOLVE (2007).

Data Collection with Staff Participants

Staff were recruited to capture their perceptions of what was working well. Potential worker participants were identified and restricted to those working on the project. All members were sent an information sheet and an invitation to attend a half-day appreciative workshop (see appendix 7). Twenty-seven staff members attended, including lead practitioners, budget-holding lead practitioners, and other professionals involved in the pilot project. The appreciative framing of the key questions for the workshop was achieved through collaboration between the research team, project consultant and project lead. The questions were then incorporated into the 4 'D' process as follows;

1. *The discovery activity* focused on the sharing of affirmative stories to elicit 'what had worked well throughout the BHLF pilot project'.
2. *The dreaming activity* focused on affirmative exploration of 'what the world would be like for staff if what they had discovered from the affirmative stories worked all the time'. This required staff to think outside the usual boundaries and envision positive futures.
3. *The design activity* involved staff identifying what they thought needed to be put in place for the dream to become a reality.
4. *The destiny activity* required staff to decide what they would take from the workshop and implement in their ways of working in the future.

A cartoonist had been asked to develop sketches based on what was already known from the BHLF pilot project. These were placed around the room to help participants think about the project as a whole and to consider the CAF process, the impact of the lead practitioner, and access to the budget. He then spent time listening to and recording people's thoughts which he then converted into sketches and fed back to the group (appendix 4).

Data Analysis

The mechanisms involved in the BHLF and CAF work were complex. This meant that what worked well for individual children, young people and families differed. In part, this difference was due not only to the context, culture and nature of the needs each family had, but also to the way that they constructed these in the context of services and goods available to them. Despite this, it was possible to distinguish those things that families perceived to work well in order then to identify those things that could work better.

A modified framework-analysis process (Spencer and Ritchie 1994) was applied to the data in order to elicit some of the tangible mechanisms related to both the processes inherent in the BHLF and CAF initiatives and the outcomes for the individual children, young people and families. The framework-analysis process involved the analysts (DF & JL) in;

- 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.

In the first instance the analysts searched for positive experiences, mechanisms and outcomes in order to establish what worked well in the CAF and BHLF project. When complete, further interrogation of the data was undertaken to identify negative cases. This process continued until all the data had been indexed and categorised. This approach reconciled the modified framework analysis with appreciative inquiry methodology. It did so by enabling a thorough identification of what worked well alongside the possible mechanisms that enabled this to happen in particular contexts or cases. In this way the inductive analysis is reconciled with the deductive overlaying of specific questions to reach conclusions that were grounded in real life and real cases. This meant that the data analysis revealed some of the reasons for success in order that lessons from this could be learned, and that the recommendations for mainstreaming were firmly grounded in the experiences of practitioners and families alike.

Ethical Considerations

Printed information sheets were provided for participants. The project team was prepared to make information available in languages other than English if this need had been identified, though this eventually never materialised.

While 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, all participants willingly signed a written consent form. However, the researchers ensured that individuals who wished to disengage from a discussion would be enabled to do so without embarrassment or fear of untoward consequences.

The researchers abided by the research ethics guidance offered by the British Sociological Association (2002) and the Royal College of Nursing (2007). 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 the National Research Ethics Service. However, formal approval was secured from the University of Salford Research Governance and Ethics Committee. Field work interviews were compliant with the University of Salford Centre for Nursing, Midwifery & Collaborative Research policy on field work safety.

SECTION 3: TIPPING POINTS AND ACCESS TO THE CAF AND BHELP

Composite 1 - Significant family burdens

My dad's not very well, hasn't been right since Mum died, but it's got a lot worse. Throat cancer and lung cancer. Terminal.

Luke's in nursery; my little one. He's 17 months. He only does half days. Eleven 'til three. That suits me though. I go to my dad's in the morning, drop Sammie off at school first (she's 7). Feed my dad, then come home and do my housework. Go back about half ten and make him a cuppa. Then me and my sister, she lives up that way, we take our two to the nursery together. Then I go and do him a sandwich or some soup, for lunch you know, do his shopping, his Hoovering and any washing he's got. By then it's time to pick Luke up and Sammy, take them home and give them their tea. Then it's baths and bed and stories, of course. Then I've got lunches to do for tomorrow and ironing – try to eat my own tea, too, and give my dad a quick call to see how he is. It's all just a routine, you know. I've never been one of those people who's had the choice.

I'm not on my own with the kids. My brother Jason lives here, too. I don't mind so much. Had a bit of trouble with my ex-partner, so it's good for security. It's a bit cramped, with him on the couch and Sammie and Luke in together. She needs her own room now, but I can't move at the moment – not the way things are with Dad. Jason can't leave, either. Bail conditions. He's had a hard time, been inside for a while – drugs – he's clean now. Tried to cut his wrists and went through a tendon, now he's got no feeling in his right hand. Waiting for an op but God knows how long that'll take.

Sounds grim doesn't it? Sick dad, criminal brother, two kids. I don't look at it like that. It's just life. And since we've had the CAF things have been better. I'd love to go back to work eventually. I really would. There's so many things I'd like to do. With everything that's gone on it's hard to imagine a light at the end of the tunnel. But sitting there, around that table, with everyone who is important to the kids' lives; all there together; only having to say things once. It just made everything seem more achievable. I'm not saying it's all sunshine and flowers, like. It's all still hard work. My dad's not going to get any better; he slips a little bit more every day. Luke's still boisterous; a handful, but I feel like there's more options.

I had a bit of debt you see. I was paying for the nursery then, only £30 a week, but that's a lot of money to me and I just couldn't afford it. I was robbing Peter to pay Paul: putting off the water rates and TV licence so I could pay the nursery. Or missing the nursery to pay the electric. Got myself into a mess. I don't mind admitting it now, but I couldn't at the time. I didn't know what to do, who to turn to. When you hear the word "debt" you think of all kinds don't you? It wasn't like I was buying fancy clothes or having nights out. Just trying to survive.

I got chatting to my health visitor one day and it all came flooding out. Crying and everything. I felt ashamed. But C (staff member) is lovely. She knew my mum when she was alive, and I think that makes a difference. She mentioned the CAF, just as an option. She said she'd help me sort it out. It's amazing what a difference just that little bit of help can make. It's such a small thing, but just having someone to listen... And you can tell she cares and she's not thinking "Oh god, here she goes again".

Anyway, we did the CAF and it's been a big help. Paid for nursery for Luke three days a week, which, again, it's a small thing but it makes a big difference. Just that extra half hour to wash my hair or go next door for a cuppa and have a proper conversation. And they got that, the CAF people. They really understood it.

And it paid my debt off. Not like a hand out; it just meant that I could get myself back on the straight and narrow. There's so much going on in our house. It's always chaos. The phone going, the door bell going. Our Jason in and out.

The doctors calling about my dad. Just to know that I don't have to look over my shoulder. I don't have to worry about that knock on the door: who it's going to be, if they're coming for the money or the telly.

And I did a course: money management. Tell you the truth, I wasn't looking forward to it, but it was part of the deal. It was good, though, you know. I liked the social aspect too, meeting new people and being out. Doing something for me. It makes a difference. Makes me feel a lot calmer.

I mean, I know the CAF's not really for me; it's there for the kids. But, that's just it really. We're a family. And if I feel stressed out, under pressure, you know, then so do they. They sense it. Anything that's good for me has to be good for them. You see, I am my kids, and they're me.

We come as a package.

Tipping Points

The families that participated in this project had complex and interrelated health, social and financial problems. Each respondent had a clear recollection of the tipping point that led to them needing additional help and support. Some needs related directly to the children and young people in the family. These included health problems, behavioural difficulties and developmental delay. Other tipping points related to the adult members of the family. These included mental health issues, domestic violence, housing difficulties and debt. Often there was an aggregation of factors that combined to leave the adult feeling unable to cope with the considerable burdens that they faced.

Tracy explained that she and her eldest daughter had significant health and social problems;

Tracy

...My two year old's got epilepsy. She's funded [in nursery]. I was going through post natal depression... and a few problems with my partner [drinking]...

Similarly, Brenda's daughter had complex health care needs;

Brenda

...L has been seeing different specialists since she was about eight, nine weeks old. The neurologist is at Preston, genetics I don't know where they are but she comes to see us at B H. Dr. T is at B H. She sees a specialist Health Visitor; we have a speech and language therapist, a portage worker, the O.T. and physiotherapist.

The burden of caring for her daughter was such that she had considered giving her away.

...I was very close to giving L away... I was living on my own with L and S and I think it was just lack of sleep, lack of support. I said to my mother one day I couldn't cope...

For Wendy, it was the behaviour of her 3 year old son that led her to ask for help.

Wendy

...D was showing signs of belting me. He's obviously been watching and seeing it [domestic violence]. It got to the point where I'd be cooking on the stove and I'd be juggling hot pans and he'd be coming up and booting me in my back...

Sheila lived with her own 8 children and one grandchild. She explained why she was concerned about her son's development.

Sheila

...I was having a lot of problems with B not talking and he was slightly deaf.

Other respondents reported that their own circumstances were exerting a detrimental impact on their children. Victoria had a 3 year old son and she was concerned that he was spending too much time on his own with her in the house;

Victoria

...I was in a really bad way. My bipolar was not at all stable, and I was thinking some unsavoury things. I just wasn't coping.

Debbie explained that it was the state of her house that had caused concern

Debbie

...We're suffering at the moment. The children are unhappy, the house is a bit of a mess, its damp, I've had no hot water for 38 days, the boiler's been condemned, and there's placemats on the bedroom floor for floor boarding.



Moira lived with her young son [12 months] and her teenage son who was studying for a place at university. She had difficulties with money that led to the threat of losing the nursery place for her youngest son. Moira's plight was not unusual as many of the interviewed families explained that being unable to pay nursery fees had led to their children losing their nursery places. It was possible that staff would not accept the payment of debt as a legitimate use of BHL P money.

However, many staff understood the importance of children attending nursery and how it often averted a family crisis.

Elizabeth (staff member)

Getting children into nursery quickly helped to overcome a crisis...

For Moira, getting her child back to nursery meant that she could continue in paid employment and ultimately become less dependent on services. Additionally, she agreed to attend a debt-management course that helped her to budget and manage her money to avoid future problems. In this way, the staff working on the Blackpool project concurred with the Department for Children, Schools and Families (2006) by putting the child's needs at the centre of services.

Accessing the CAF & BHL P

While the families could often recall a single event which led to them seeking extra help and support, one of three distinct mechanisms was used by the families and staff to invoke CAF procedures. These included Home Start and Sure Start staff responding to behavioural cues, health visitors taking timely action in direct response to family requests for additional help, and families requesting help from social services and charitable organisations (Barnardos).

Home Start and Sure Start Staff

Receiving an invitation from a member of the Home Start or Sure Start team was a common route into the CAF and BHL P project. Families (most often mothers) were often approached by staff who suggested that additional support (services, goods or finance) could be made available through the BHL P initiative. The mothers were usually identified as being tired, stressed or unable to cope with the demands being made on them. The cues used by staff included knowledge of financial difficulties, missed appointments, late arrival at the nursery or parents simply looking tired. The staff involved appeared to anticipate the need for extra help and support and were proactive in using their initiative to take action and avert a family crisis.

Moira recounted how she had first been invited to take part in the CAF process. Her youngest son attended one of the nurseries within the geographical boundary of the BHL P pilot. Moira was in debt and had been unable to pay her nursery fees. She was employed part-time and wanted to continue to work but knew that non-payment of fees was putting her nursery place at risk. The staff at the nursery intervened.

Moira

It was mentioned in here [children's centre] because my son goes to this nursery and I got called about it by one of the girls, and I said "Yeah". She said "I'll put your name..."

Similarly, it was Julie's apparent tiredness that led to intervention. A former drug addict, Julie lived alone with three children. Her eldest son, a 6 year old boy, had been diagnosed with autism. She told of his repetitive and sometimes difficult behaviour. She was concerned that her younger children were missing out as she had little time to give them the attention that she felt that they needed. She was also trying to cope with an abusive ex-partner and was struggling to have a restraining order enforced. Again, it was the nursery staff which initiated her access to support through the CAF initiative.

Julie

I was tired all the time. I was snappy and a bit under the weather or what have you, and then she said there's a CAF we can help you with, you know, keep K in nursery for a few days. It was just someone at the nursery, one of the girls at the nursery...

Edwina had also been struggling to cope with the demands of her two young children, an ex-partner whom she described as "difficult", and her terminally ill father who was dying from throat cancer. Edwina had agreed that her younger brother, who had a history of offending behaviour and drug addiction, could live with her in order that he could meet his bail conditions. The demands on her time meant that she was sometimes late dropping her son off at nursery. She knew that the nursery staff had noticed. They were clearly concerned about her extreme tiredness.

Edwina

The nursery teachers found that I was looking more tired... They know what's going on with my father, and I've had problems with [the children's] biological father, you know, trouble with him, and they knew that I was getting tired, or I'd turn up a bit late to drop him off, because I'd have to do something for my father, or something along them lines... They told me about it (the CAF).

May had a similar experience. She was concerned about how she would cope with her daughter who needed constant attention during the 6 week school holiday period.

May

I was just very stressed one day and I was saying what am I going to do when it's the 6-week holidays, you know. She's a very demanding child, and I've got to be around her all the time. You don't know when she's going to have a fit. And then J said, "I heard what you were saying before", and she said "we could help", you know, "we'll put her into nursery during the holidays for you" which was a brilliant help.

Other participants recounted how they, too, had been invited to become involved in the CAF process by nursery staff.

Denise

D at Sure Start mentioned it to me. She said that I might be able to get help because I was really struggling with B's [son] behaviour.

Brenda was offered help in order to support her coping with the complexity of her daughter's medical problems.

Brenda

...J (nursery manager) asked me if I wanted to do this form because it would save me having to go through all the history with different people that we saw. So that was when I first did the CAF.

Health Visitors

Other families came to be involved in the BHLF project by seeking help directly from health visitors. Liz explained that she and her partner, living in a 3 bedroom house with 8 children, had felt increasingly under attack from elderly neighbours. She had been sent a letter from the Council about complaints received. It appeared to Liz that the complaints were largely about the children playing and making a noise. The letter had a profound effect on how Liz felt that she could cope. She had only recently moved into the house from a hostel. She spoke of her real fear of being evicted, and was terrified that she would have to move with the children to a housing estate that she thought was wholly unacceptable because of the social problems that existed there. Liz knew that her stress was affecting her relationship with her partner and the children. She contacted her health visitor for help, who suggested that they use the CAF and BHLF project for help and support;

Liz

We started with the CAF. She (HV) came out with the CAF forms and she explained what it was about and suggested making up a list of things to do for the summer holidays...

Others explained how they had been told of the CAF project by their health visitors. The reasons for the health visitor intervention differed. Some mothers had post-natal depression;

May

...I was going through postnatal depression and a few problems at home, so the health visitor got in touch with me and did a CAF on J.

Wendy explained the impact of domestic violence on her 3 year old son.

Wendy

[I'd had] domestic violence issues, I actually called the health visitor in because my 3 year old son was, you might as well say, bullying me.

Kirsten had been thrown out of a friend's accommodation. While she had found a room in a local hostel, her friend had denied her access to her baby's cot and belongings. She felt that she couldn't cope with her young son.

Kirsten

I went to my health visitor; told her what I was going through because I was, obviously, really down, and she actually told me about this...how can I say it? This scheme that's going on that can get our children into nursery a bit sooner, without me having to pay anything...

Angela and Sam explained how they needed help because of their learning difficulties and inability to read and write.

Angela and Sam

H [HV] said because we've got learning difficulties it might be ideal to have a CAF meeting, put that into place. H sorted it all out so we could get a CAF, and they put lots of things in place what we needed like sorting out budgets...

While the health visitor was understandably the first person that families with young children turned to for help, not all families found their health visitor approachable.

Angela and Sam

We've got a new health visitor here but she won't even come out and see us. 'Cause she's an awkward woman. Well she thinks she's always too busy...

Patsy

I don't really see my health visitor. I only really see her when I go and get their injections...

A key mechanism seemed to be the approachability, accessibility and willingness of the health visitor to engage with the family. In fact, the families seemed to recognise a difference between those individuals who could engage with the family agenda to develop a good understanding of problems as the family understood them, and other professionals who were perceived as distant or unhelpful.

Composite 2 - Navigating health issues

I felt like I was being fobbed off all the time with E. That's my oldest daughter. She's 2½. She been diagnosed with epilepsy. She's on the medication now and she's doing a lot better, but she doesn't eat. I've got a nine month old and she's 15lbs and E, she's only 24lb. That's 9lb difference and there's more than a year between them. That's not right is it?

She's never eaten properly. She wouldn't feed when she was born, but no matter who sees her they say it's just a phase. A 2½ year phase. She just generally doesn't eat. She picks at food and then she tries to make herself sick. She does this thing, with her throat, rubs it up and down. Like she's trying to make herself swallow, and all the while she's gagging on it. That's not right is it? For a child who's not even three to be doing that. Even with Weetabix.

Me and my fella, we've had a lot of problems. What with all of E's health issues and then I had postnatal depression when I had J. That's my 9 month old. I'm a lot better now. But it was tough going for a while. He moved out. I made him.

E's funded 'cause of her epilepsy so she goes to nursery every afternoon, and then I got CAF-funded for J to go once a week. It helps. I wish it was a bit more, but it is nice to have a bit more time to myself. My mum said I should have asked for more, two afternoons even three, but I don't like to be too cheeky, really.

The CAF meeting was a proper eye-opener, though. You don't realise 'til they're all in one room how many people are involved in your child's life. Not so much for J 'cause she's OK, but for E. God, there was an early years worker, a health visitor, the specialist doctor from the hospital. But that's what I was saying. I felt like I was being fobbed off all the time with E, but in this meeting I was able to say it all. You go to the hospital and they do all these tests, things you've never even heard of and can't pronounce and you think, well they know what they're doing don't they? I come out of there thinking, why didn't I say this or I don't understand that. But at this meeting it was like we were all on the same footing. All there for E and I got more answers. Understood a bit more. I mean the hospital say she's a normal happy child, but that can't be right can it?

I know my daughter. I know when she's not right. She's pale all the time and she looks so drawn and tired. That's not right for a little girl her age. I said that, and the health visitor, E (staff member), she agreed. That was amazing – to have someone listen and agree with me. It's a long process now – but we've taken the first steps. We've done the action plan thing and I've just got to keep my fingers crossed and keep doing everything I can do to help E. If everyone's working together it makes life a lot easier doesn't it, in a nutshell. I don't know – everything in its place. Joined up thinking, that's what they call it isn't it? Joined up thinking around the family.

Social Services and Barnardos

The third mechanism that families described for accessing the CAF project was by asking directly for help from social services or Barnardos. For instance, May explained how her 14 year old had quite serious behavioural problems.

Tracy

He's had a lot of problems in his past. He only found out a couple of years ago that his father, who he is living with now, is not his real father, but he had brought him up from being a 6 month old, but he has had quite a few problems. I think he takes a lot of it out on his younger brother J. He is J's biological father.

His behaviour on the housing estate had led to the family being evicted under a Section 21 order. The family had been re-housed. She was pleased that the move had seemed to help her son to settle (although this move was not facilitated through the BHL P). She described how he was proud of the new house but she was still concerned about his behaviour at home and found it difficult to impose limits on him. A neighbour had suggested that she telephone Social Services for help.

Tracy

I actually phoned Social Services to start off with, and they said that there was nothing they could do unless the children are in danger. So they put me on to Barnardos and they basically followed me, followed me through and helped me and, you know, tried to do stuff with A. J (staff member) put me onto it (CAF). I met J (at Barnardos) and she's been brilliant...

Similarly, Denise, whose son B had behaviour problems and development delay, had become reliant on the help that she had received from the Home Start team. However, with her son's transition into primary school this had declined. She was increasingly unhappy and concerned about B's behaviour. She decided to approach Social Services directly for help. She told of the support that she was receiving and described the difficulties that she had encountered;

Denise

I tried to do things through them, but they're either too busy or they can't talk...its just they're not interested.

As with May, Social Services staff suggested that she should contact Barnardos.

Denise

[At] one stage I went to the Social Services and actually asked for their help and they turned around and said "no". And they gave me the Barnardos phone number...

Interestingly, the families who approached Social Services perceived that they had received an inadequate response. However, this was a reflection of families' understanding of social services and not a reflection of the service provided by social services. The families concerned had all been signposted to Barnardos where their concerns had been addressed.

Summary

To conclude this section, the tipping points that gave rise to the need for additional support, resources or services derived from a variety of sources. There were those tipping points that arose directly from the needs of children. These included health concerns, behaviour problems and developmental delay. In contrast, tipping points relating to adults included health problems such as depression, mental illness, alcoholism and drug addiction. Financial tipping points often gave rise to the non-payment of nursery fees, further compounding family difficulties. Perhaps the most alarming issue to emerge was domestic violence which seemed to be fairly commonplace. Finally, housing was also frequently cited as an unmet need when families first engaged with the CAF and BHL P pilot project. However, while sufficient on their own to give rise to additional needs, the tipping points were often interrelated, with one giving rise to another or combining to make the burden that the families faced seem insurmountable.

Access to the CAF and BHL P was negotiated through one of three mechanisms. Either staff responded to cues which indicated that the families, most often mothers, were struggling to cope, or health visitors suggested that BEACH processes could help to meet unmet need. Alternatively, some families made direct approaches to Social Services or Barnardos for help.

It also emerged that successful access to the CAF and BHL P pilot project relied heavily on a knowledgeable, proactive and committed staff. The workers who helped families to engage with BEACH not only anticipated or identified that additional needs existed, they also responded in a timely manner to cues (for example, missed appointments, looking tired) that indicated that families had unmet needs. The response to these cues appeared to rest on staff being sensitive to the possibility that the families were close to a crisis. This finding is consistent with the findings from the Concept of Operations Study (DCSF 2006) in that effective integrated working is founded on and sustained by strong personal relationships between staff, adoption of common models of working, language and service delivery approaches and an ability to put the child and family at the centre of provision.

Many participants spoke about their reliance on one professional that they had worked with or had access to for many years. This relationship was an important mechanism in their ongoing ability to aspire for better things and to have hope in the future. Being available and approachable when needed was identified as the single most important mechanism in making the BHL P pilot project work. Fast and reliable access meant that other mechanisms could and would follow.

Opinion varied on the perceived response to requests for help from Social Services. Families interpreted Social Services advice to go to Barnardos as an indication of disinterest or as an inadequate response. They did not, as staff did, see this as appropriate signposting and referral. Finally, one family struggled to maintain the support that they had received previously during the time of a child's transition to primary school. Any transition phase presents a challenge to effective integrated working that has a strong reliance on interpersonal relationships. When any child moves from one team to another, changes in personnel may cause the process to falter, and islands of good practice can turn on themselves to present another sort of silo (DCSF 2006). Certainly, it is possible that localised working may be limited by the personal sphere of influence of the team, and hence, the children with whom they work.

SECTION 4: CAF MATTERS

Families were asked to talk about their individual experiences of the multi-disciplinary meeting that was held to determine the targets and actions necessary to meet their identified needs. This enabled the researchers to formulate an impression of what was really going on, what worked well and how the positive aspects of this work could be used to further design effective meetings. The respondents spoke graphically of their experiences. They were all able to discern what had worked well for their own families. Many of the respondents expressed a feeling of being listened to, being heard, and joint action planning. They also spoke of appropriate targets being identified and a feeling of joined-up working across different professional groups and different agencies. For others, the multi-disciplinary meeting was daunting and intimidating.

A potential but important barrier to family involvement was the use of the term CAF. While all respondents but one were familiar with the term CAF, none knew what it meant. There was evidence from this work that some families confused the term CAF (Common Assessment Framework), with the term CAF/CASS (Children and Families Court Advisory and Support Service). The latter was associated with significant stigma for some families.

The Multi-disciplinary Meeting

Once families had expressed an interest in becoming involved in the project and engaged with the initial CAF to determine if they had additional unmet needs, they were invited to a multi-disciplinary meeting. Many families described this as a particularly positive experience. The meeting was often attended by key professionals who could procure goods or offer services for the family. The professionals came from many different professional backgrounds and agencies such as health, portage and Home-Start. Even when this was not the case, some families were offered alternatives to help them to cope while a final solution was being sought.

Brenda

A was there instead of my portage worker, P was there from early years, my health visitor was there, T from the nursery who organises the groups that the children go in, and E who did my CAF form was there...

Having the right people at this first meeting was considered by most families to be the key to success. It appeared that getting the right people to attend the CAF meeting was driven by the lead professional identifying who should be part of the team around the child. The staff who attended were different in each case. For Liz, the involvement of police officers was important given her concern about neighbour complaints.

Liz

There was a police officer, someone from Baines and someone from the Grange Park Children's Centre... The police were there because of the neighbours' complaints; the council were there because of the complaints, and my health visitor... I just thought for once that maybe they were actually realising they could do something for the kids...

It was nonetheless inevitable that not all professionals could attend at the same time. However, sometimes, those who could not attend sent written reports.

Brenda

...Other people sent responses saying that they wouldn't be able to attend, the specialist HV, the speech and language...

When key people did not attend or were not asked to attend, the families expressed disquiet and disappointment.

Brenda

...E wouldn't come. We didn't invite Dr T but I saw her last week and she said she wouldn't come...

However, most disappointment was expressed when those thought to hold the key to offer the families the services they needed did not attend. Gaye lived with her partner and 5 children aged between 4 months and 5 years. She explained that they had no family support in Blackpool and were struggling to manage in a 2 bedroom terraced house. During the interview she showed me how the double buggy, worth over £100, was stored outside in a tiny fenced space that separated the front window of the house from the pavement.

Gaye and her partner had decided not to declare the birth of their latest son as they felt this would prevent them from getting a larger house. They were right. They had been persuaded that declaring the birth of their youngest son would help their claim for a larger house. It did not. The housing department told them that they could no longer bid for 3 bedroom properties. The logic in this was simply that it was acceptable if they overcrowded themselves, but it would be illegal for the Council to do so. Gaye and her partner knew that there was a real shortage of 4 and 5 bedroom houses and had begun to despair of being offered anything better. Gaye was desperate for staff from the housing department to attend the multi-disciplinary meeting that followed the common assessment. Her frustration when they failed to attend on two occasions was palpable.

Gaye

...But the people from the Housing weren't there, they just sent their apologies and said they couldn't attend. My health visitor couldn't attend either. I was quite disappointed, because it wasn't what I expected. I thought that they'd come because that's basically what it was set out for, but they never attended and I had follow up, but people never turned up again...

Given initial findings of multi-agency working that point to the need for co-location, it is possible that a disconnection between professionals is sustained rather than challenged by geographical location.

Tracy also described her difficulties in achieving attendance by selected workers at the multi-disciplinary meeting. In fact, she was surprised that one person she had expressly asked not to attend did, while others whom she had requested to attend failed to do so.

There was considerable agreement between the respondents that housing and medical staff were the least likely to attend meetings.

Being Listened-to, Being Heard, and Joint Action-Planning

When the right people attended the meeting, families reported a sense of being asked for their opinions on what really mattered to them. This was especially important and, for some, it felt like a new and different experience.

Victoria

We make a joint decision; it makes you feel like you're not belittled, they're talking to you as a friend...because when people listen to you, you feel, well, heard; which is obvious. You feel like they're taking our point of view across with them and putting it into an actual activity...

Edwina agreed.

Edwina

It's nice to have someone to listen to you and be normal, you know, [not] 'oh she's going on again'. It was nice that I wasn't judged by what I was saying...

Victoria described how the meeting had been focused on what it was that she thought was needed.

Victoria

...it was a case of, what do you want, what do you think we can do? I want a nursery for S, you know, and they tried to accommodate something to help my oldest boy as well...they weren't shoving ideas down your throat...it wasn't like "oh we think you should be doing this, that and the next thing"...

Similarly, Brenda found that she could talk to people for the first time about what mattered to her.

Brenda

...because it felt for once I could actually say what I thought. You go and see the specialist and they'll say right, we've done all these tests, this has come back, this has – and I've always had these things to say to the specialist...and you don't feel you can because they're the doctor...they know better. So yeah, it made it easier to say what you wanted to say...

Families were not used to being asked for their point of view or to express what they thought that their family needed. Kirsten found the meeting empowering. She explained that it had given her confidence;

Kirsten

It's given me confidence, really... I think to myself, like, I go through a lot of problems in my head, you know, I'm putting myself down all the time... I'm sure everyone does that... but I've suffered with depression as well...I'm an ex-drug abuser as well and they've just helped me a lot, ...when I need to talk about something that's getting me down, I write it down on a piece of paper and it helps me relieve it...

Nonetheless, it was not surprising to learn that not all of the respondents felt able to speak for themselves at the meeting. For Liz, this was managed by her health visitor taking the lead in telling the professionals who were present what it was that Liz and her family wanted.

Liz

The health visitor asked them all and she explained what the family wanted to do and she asked them if they'd be happy with that. They agreed.

For others, the meeting was an intimidating experience. Denise understood what the purpose of the meeting was.

Denise

The way I look at it, the whole idea of the CAF meeting is to help the mother and the children... the family, as such...

However, she found the process difficult to cope with and explained why she thought that things could be done differently in the future.

I found it quite daunting because everybody was basically staring at me. [They] have the meeting but you just write down what you want sorted out, maybe, and then you hand that over to them and leave them. I broke down quite a few times in the CAF meeting because I felt so much under pressure

Similarly, Tracy found meeting with a number of professionals to be difficult, and she was unsure if she was being judged or helped.

Tracy

I don't know, you just feel, I don't know, I feel easy talking now, (1:1 interview) but with loads of people looking at you, you like ... Are they looking at me to judge me or are they really there to help me? You don't know do you?

Language

Not all families were easily convinced that taking part in the CAF and BHL project would be in their best interest. It is well known that there can be considerable stigma attached to those families that are involved with Social Services. There is also a fear that support from Social Services may lead to the removal of children. For some families, their reluctance to take part related directly to the similarity and confusion between the terms CAF and CAFCASS. This confusion and misinformation was, in part, fuelled by a community which relied heavily on word of mouth. Nonetheless, it had already impacted on some families' willingness to be involved. This became clear in the interview with Angela and Sam. When asked if they were happy to take part in the CAF and BHL project they replied;

Angela and Sam

No, not at first, because of the name...because it's called CAF. There's another service out there that's linked to Social Services what has a similar name, it's CAFCASS. It's where they take your kids off you...so the name of this one, we thought...when they said CAF, we thought they were changing CAFCASS to CAF, it was the same idea. So we were a bit dubious to start with...

It emerged that the similarity in terms and the popular understanding associated with CAFCASS had led other families to refuse offers of help.

Angela and Sam

Another family on the estate thought it was CAFCASS so he's refused plain blunt... (We've explained) but he still said no. He doesn't believe us. You see, he's had problems with Social Services...

Those families which had been involved with both the CAF project and CAFCASS could distinguish between the two. An example of this emerged in the interview with Jen and Mark. Jen, who had two children from a previous relationship, both subject to a residency order that meant they lived with Jen's sister, articulated what for her was an essential difference in how CAFCASS and the CAF worked.

Jen

...I have two other kids that are on the residential order with my sister...

Jen had been contesting the residency order and expressed her anger that the CAFCASS assessment had considered whether or not Mark constituted a threat to her children. He had been in prison (although he did not disclose the nature of his crime), and Jen was vociferous in her opinion that she, her current children and Mark should be seen as a family unit.

Jen

What it was...I don't just come as my own, I came as a package with R and A [children] and M [partner]. We're all the family, you know, and that's what really annoyed me more than anything. She [her sister] can have people to see her, you know, she had boyfriends and they can, you know, but instead of checking their background it was just basically on me. And it was totally out of order. And the stuff what he (CAFCASS worker) put in was just rubbish...

Jen was no longer contesting the residency order, but, she used her experience of working with both services to determine a strong preference for the CAF and BHL project.

Jen

...I've had a few bad years like with my father dying and my brother just died not far back, so it's just been a bad year...that's when you feel like Social Services and all that are going to come in saying you can't cope...our last social worker, she was rubbish...every time we tried getting hold of her and all that, she didn't even get back in contact with us...

By comparison, their concluding remarks on the CAF and BHL project were very positive

Jen and Mark

I think it is quite a good scheme to have...it's helped a lot of people really, who don't have the right funding to put the child into the nursery... that's why we support the process...

It seems apparent that rethinking the name of the project may not only reduce the perceived threat and stigma associated with CAFCASS but may also help to persuade some families of the benefits that may follow.

Action-Planning, Targets and Joined-up Working

Many of the respondents could remember the action plans and individual targets that were drawn up to help meet their needs. Brenda explained how the action planning identified which of her needs would be met first.

Brenda

We set a few targets, one of them was to try and get L a nursery place, to try and rush along some tests that she had done at the time. We set different targets for people to do... [for instance] L won't feed herself at home, but she's fed off yoghurt in the nursery. They were going to use prompt cards with her... so we decided to do prompt cards. One of the targets was to get involved with the disabilities team. I've been asking for a while for a social worker just to have an extra bit of support. We delegated [the actions] to different people at the meeting: everybody has a little bit of something to do...

She disclosed a real sense of relief knowing that people had come together in one place to consider and plan for what she needed. In other words, she experienced joined-up working.

Brenda

...usually if I'm needing something it would be me that would have to go about getting it, and we've managed to spread it around a few people so it's not all left for me to do. In fact, from the meeting I wasn't left to do anything. [It's] good, because I didn't have to worry about having to phone everybody up and say, right I need this and I need an appointment here, and it was good because everybody else was doing it for me...it was good yes...

There was a definite consensus that joined-up working was a significant benefit for families. As Wendy noted;

Wendy

...because if everybody's working together it makes life a lot easier, doesn't it, in a nutshell. I don't know, everything is in its place and if it's not in its place it comes into place.



Angela and Sam, who both had learning difficulties, found joined-up working to be of particular benefit. They shared what a difference it had made to them and the safety of their two children, one of whom had eczema.

Angela and Sam

...it was great actually. [Before] what happened was all the services were in different parts, everywhere, and because the services were put together, they said it was easier for us, [for] one person to come and see us rather than everyone coming and then [us] having to phone round everywhere...

This sense of joined up working came from bringing different agencies together to consider the holistic needs of families. It included housing, health, child development, and learning needs.

Angela and Sam

...all the services...she [their health visitor] then phoned round everywhere if there was a problem, not us, because we're not very good on the phone and then when she'd phoned round everywhere to sort things out she'd get back to us when she'd gone round everywhere...

...When the other things started to fall into place, we thought, well, we do need this service, we do need this and we do need that...Don't change the way the services come together, they're all services as one, 'cause that works. I think that works for everybody.

As in the example above, many families felt that the burden of coping with meetings, different professionals, and multiple agencies was lessened by the notion of things 'coming together' and being 'joined-up'.

Even when families could not recall action planning and target setting - key processes of the CAF and BHL project that enabled other functions to work - they could still identify what help they had received. For instance, when Sheila was asked about her action plan she said;

Sheila

...I can't remember, I can remember someone asking me about it...

However, Sheila could remember the type of help she had received;

Sheila

...Getting B into nursery, she [HV] got all my hospital appointments rushed through for me with B and she helped me a lot with M as well. I was having a lot of trouble with him...

Sheila concluded that this was very different to what she had experienced with her other children.

Sheila

...with all my other kids I have had no help whatsoever...

Even when respondents had some difficulty in remembering the exact details of their action plan, they could recall the main priorities that were agreed. For instance, Edwina, whose father was terminally ill, was very short of time; her need to get extra time to spend caring for her father was particularly immediate.

Edwina

My priority was getting L into nursery school so that I could have extra time to myself and my father...

Similarly Gaye remembered what her real priority was.

Gaye

I think my main priority was getting nursery places for the twins, which we got, which was quite good...

For the staff, joined-up working, being able to respond quickly, and having access to a budget had made a difference to how they felt that they could work with families.

D (Staff member)

...being able to openly discuss issues with other practitioners with the family and coming to a joint action plan...

L (staff member)

...[following a CAF meeting] a parent telephoned afterwards to say thank you and said that she felt that a weight had been lifted from her...

K (staff member) *Seeing families making decisions on what's best for them rather than the professionals deciding for them is evidence of success. It's really frustrating to see a family's need and not be able to act to avert that crisis. We have all met 3 year olds that we feel will have great difficulties when they are older unless intervention happens early...*

Summary

In summary, the processes developed to help staff and families to work together and engage with the CAF and BHL project began with the common assessment, arrangement of a multi-disciplinary meeting, the development of an action plan and identified targets with specific people named to action these. Given the importance of these processes to the overall working of the project, it was important to establish the families' and staff perspectives on how well these processes worked.

SECTION 5: PROCUREMENT OF SERVICES AND GOODS

Composite 3 - Averting a family crisis

He likes to line things up. Buses. He's a big fan of buses. That was one of his first words. I have no idea where the attraction to buses comes from. I mean, I used to read him Thomas the Tank Engine, but he's never been interested in trains. They try to teach him things using buses. Numbers. Numbers on the front of buses. And colours. They were talking about emotions and something called emotional perspective, but I'm not sure how you get that through a bus. I suppose they know best. He's 6 now, M. He's on the autistic spectrum. He's the middle one. I've got two little girls as well. K's 10 and E's 3. All by the same dad.

M has funny little habits. Routines. Things he has to do or he gets frustrated. He switches the light on and off in his room and everything has to be neat, in straight lines. He likes to line his buses up. I never knew a 6 year old could create such straight lines. He gets angry a lot: frustrated. He can't tell me how he feels. He can't express it. I don't know how to deal with that, or a lot of things he says and does. He makes family life hectic.

People don't understand how hard it is, trying to keep everything together. It's never just one thing; it's always a million little things. Like the childminder who M goes to. She turned round last week and said she can't have him anymore 'cause he's too disruptive. She gets paid over double because he's got extra needs and takes up more time than other kids. She's supposed to be specially trained. And I think, well, how do you think I manage? I'm not paid over double to do it. I've got no special qualifications. Just 'cause I'm his mum doesn't mean I automatically know what to do.

I do get some help. Don't get me wrong. He goes to special school. I think they're miracle-workers. He comes out of school looking happy and relaxed, and I wonder what the hell I'm doing wrong. It's ridiculous, like I'm jealous of my son's teachers 'cause they know what to do. I'm not really. All I want is for him to be happy. It becomes all about M. I worry about the girls 'cause I have to focus on him. 'Cause I'm on my own you see. Their dad's not allowed to be around. I got a restraining order against him. He can't come within 100 feet of the house or to text me or call me. He does, though, but what can you do? I just have to ignore it. He used to be really violent and always angry at me.

We had some hard times me and C. I was on and off heroin for years. I know that probably changes the way people look at me. I'm sure some people think that I deserve everything I get. I was selfish. I'm not selfish now. You don't have time to be selfish when you've got three kids.

It's hard without C. When E gets upset and she says that she misses Daddy, I don't know what to say or how to make it better. No amount of money can solve that. It's that sort of thing I need support with to tell me what to do. I'm all on my own here. My family live up in the other estate and this is where I was housed. I'd rather be there with them. My sister's there with her two kids. They could all play together, and I'd have someone to talk to.

I can't get the CAF up there, though. It doesn't cover that area, and I really need the CAF. It gives me some extra support and more time on my own. When you've got three kids you need a bit of time just to get things done. The CAF's been really good in lots of ways. Meant I could get a school uniform for K. That sounds stupid doesn't it. I couldn't even afford a school uniform. She used to get picked on in school 'cause she didn't have the right stuff. Not designer labels like, just the right colour jumper. I used to have a nightmare 'cause she only had one white shirt and I'd have to wash it every night. The washing machine costs a fair bit to run, but I hated it if she went in with a dirty shirt. You should see her now. Beaming she was when she tried it on. She looked so smart. The teachers said she's doing better in her work too. Bit of confidence it's given her, you see.

The enduring frustrations for families which struggled to make sense of discrete services that have traditionally been ordered to meet the needs of professionals and workers have provided a real focus for those charged with redesigning and planning of integrated services. Brandon et al (2006) note the significant challenges posed by the common assessment and lead professional initiatives. Some of these challenges related to systems and structures (for instance information technology and clear implementation strategies). Others related to the more sociological facets of work such as culture and being able to think differently. Strong teams which were able to work together and those that were co-located appeared to be important features of current successes (Brandon et al 2006).

Overall, there was general agreement that attending the multidisciplinary meeting was perceived to be a positive experience. Families reported a feeling of being listened-to and being heard. For many, this experience was far more positive than those that they had previously known. The families identified joined-up working as a key benefit of being involved in the project and gave the impression that there was far more effective co-ordination between agencies and professionals than previously experienced. For some, a sense of relief was palpable, and they spoke of no longer needing to co-ordinate complex and separate services. In addition, the respondents spoke of appropriate targets being identified and were pleased that these were grounded in what they felt was needed.

Not surprisingly, some respondents could not remember some specific details, but all identified specific actions and outcomes for themselves and their children. Overall, there was a feeling of being less burdened with impossible demands.

There was some evidence that at least one lead professional had worked as an advocate for a family at a meeting. Where this had happened it was appreciated and found to be helpful. In contrast, some respondents described attending the multi-disciplinary meeting as being daunting and intimidating. Although speculative, it is possible that this could limit the ability of some families to fully engage in the process. Methods of advocacy, such as having someone speak on the families' behalf or finding ways for their opinions to be presented, other than them speaking at the meeting, are worthy of further consideration.

While the workers involved in the BEACH initiatives had a sound understanding of the shorthand terms used (CAF, BHLP), families were less clear what these terms meant. Importantly, there was clear evidence from this work that some families confused CAF with CAF/CASS. It is known that some families are 'reluctant clients' of social services. Given the stigma associated with this term and the fear that involvement could lead to children being taken into care, this presents a potential but important barrier to family involvement.

The common assessment, which aims to identify needs earlier and attempts to avoid duplication between agencies (DfES 2004a, DCSF 2008) appeared to work well for many of the parents interviewed. The input of the lead professional enabled the building of a trusted relationship and ensured clear accountability for each case where more than one service was involved.

Devolving budgets to professionals who were closer to the family had a number of perceived benefits. It is suggested that it not only increases user involvement but also increases the efficiency of care, both logistically and financially. Additionally, devolved budgets are thought to have the potential of improving the quality of life for the families involved (OPM 2006).

And it's helping M out, too. Last week I saw him playing in his room and he was singing "twinkle twinkle little star". I couldn't believe it. I actually stood in the doorway and started crying. I was amazed. When I picked him up from school the next day I asked his teacher and she said he'd been doing it in the speech therapy he gets. That's not paid for by the CAF, but they helped push it forward 'cause everyone's there together, all round the one table, like.

Last week E got bitten in nursery: a big bite, teeth marks, on her face. Four days that was there for. But when I question the nursery about it they say I'm being unreasonable and that they don't want to upset the other child's family. What about me? It was my family that suffered. My little girl who cried all night 'cause her face hurt. And then there's the bag under my bed. That's a constant worry. It's got all the kids birth certificates and my passport in it. Anything important, that we'd need if we just had to go. That's what the police said. Keep a bag of important documents under the bed in case C gets in and we just have to make a run for it. How am I supposed to make a run for it with three kids?

All I ever worry about is them being safe. C hit me for years and I put up with it 'cause I loved him, I suppose. But it got too much. I knew it had to stop when M kicked me. Not like a frustrated kick in the shin or anything. Square in the face. Deliberate. Nasty. I saw it in his face that moment – he was copying C. His dad. E's done it too. She's three years old and knows how to play me.

I try to do the best I can, I do the time-outs and I try to be consistent. I make star charts and good behaviour badges. I do all the right things and some days it's great. Fantastic. But it still doesn't stop the other days, the days when they treat me like dirt 'cause I can't get them what they want. Because, you see, that's the only way they've ever seen me be treated. Like dirt. They've learned it. From him. And how do you ask for help for that?

The current UK government vision for children's services (DfES 2003, DCSF 2008) provides a clear set of outcomes for children and young people to be delivered by the children's workforce. The original 5 outcomes; being healthy, staying safe, enjoying and achieving; making a positive contribution and achieving economic well being (DfES 2003) have been further developed in the Children's Plan (DCSF 2008). The key to these outcomes - the provision of opportunities for every child to develop their full potential - depends in part on the early detection and effective handling of problems and factors that present barriers to achievement. As parents, not professionals, bring children up it is necessary to work in partnership with parents in order to achieve the set targets (DCSF 2008). For many of the parents who participated in this project, this potential centred on issues of child development. They often described aspects of developmental delay or behavioural difficulties exhibited by their children. In keeping with the DfES (2004a) and DCSF (2007a) strategic policies, the government aims to maximise the child's potential by supporting parents. This includes extending the offer of high quality childcare and targeted support for vulnerable groups. In this section, the participants describe how early intervention, targeted support, the procurement of services and the purchasing of goods led to successful outcomes for their children.

Provision of Nursery Places

One parent described a series of developmental and behavioural issues exhibited by her son including enuresis and violent behaviour towards both her and his sibling. She understood that his behaviour was related to what he had witnessed at home, but she was struggling to cope.

Denise

His problems have always been there...there was a lot of problems in the relationship, and he picked up on a lot of it ...He's having a lot of the problems, yeah, he wets the bed... he wasn't doing that [before] - instead of weeing into the toilet he'll wee on the floor...which is new as well. Then his behaviour's become, well, a lot worse, a lot more violent. He hits, bites, scratches. He pushed me down the stairs - torn a ligament in my ankle. I've had the knives situation where... he smashes all of his toys and it's not like anything triggers it off: he can just be happy like he is now but then he just...

Although there was some recognition that the experience of parental relationship problems may have impacted on him, Denise's narrative indicated that hopes for the CAF process centred around identification of the possible reasons for his behaviour in the context of increasing stress and fear. The removal of the child from the family situation for short periods of time (to attend nursery) during the week had clearly benefited her.

Denise

Originally, when I found out about this CAF I did say I wanted it to be able to hopefully put a perspective to maybe what's wrong with him. I was really, really, really stressed out with B... 'cause his behaviour can get very stormy. It can get really on top of you. It's a bit scary, and it scares me, the fact that he can hurt C.

Denise had received extra help for B's brother, which gave her the time that she needed to deal with other things. The youngest child was now in nursery for part of the week.

Now it's only 3 days... well, he goes on a Tuesday and Thursday, 1pm 'til 5pm; then Friday, 9am 'til 1pm...For me it's a great help.

The positive impact of the intervention (nursery) for this child in terms of cognitive, social and motor development, particularly language and feeding skills, were tangible for his mother. The comment "they've got him used to it" indicates how she felt that the professionals involved were able to provide and reinforce positive measures to aid his development that she felt unable to do unsupported. She also recognised a change in his mental well being, commenting that he enjoyed his time there.

Denise

And it relieves me in a big way... it's brought his speech on, he's started singing... He wouldn't try! I know it sounds daft but I couldn't get him to try... Yeah, now he sings and he says "Hiya", he says "bye-bye"... bye-bye, plain and clear, now...I couldn't get him to eat, himself... he'd eat finger food but I couldn't get him to use a spoon; now he's using a spoon that they've got him to use it...and he really enjoys it as well; when he comes back, 9 times out of 10 he's so tired, he just wants to go to sleep.

Similar outcomes were reported by Sheila, who also had real concerns for the development of her youngest son Br. There remained concerns about potential (but undiagnosed) hearing problems but her narrative indicated the extent of Br's development that she accorded to his attendance at nursery and receiving targeted speech and language therapy. Before this he had no speech...

Sheila

...I was having a lot of problems with Br not talking and being slightly deaf. So it helped him along, and he has been in here about four or five months now. He could not speak at all, and now he can say quite a lot.

...He had a hearing test when he was a baby and they said there was nothing wrong with his ears but now they are saying he could be deaf in his left ear, but we are still waiting for that operation to come up... He was walking into things all the time and I was like shouting him, and he was just stood there staring at me but not communicating with me. I had to grab his hands, turn him round, so he was looking at me, and talk to him that way... It looked like grommets because he gets a lot of infections... affecting his speech and everything, he gets a lot of colds and sore throats...

Br's communication difficulties also extended to possible problems with his sight since he was prone to "walking into things". Strategies were also used by Sheila to compensate for his possible hearing loss, which included shouting and ensuring that he could see her face when she spoke to him. At 27 months the continued contact with health professionals ensured that Br's sight and hearing problems were followed up appropriately.

Sheila

...Another thing we noticed about his eyes as well was that he was standing right in front of the telly all the time and I kept saying to him, "Br move" and he used to turn round and look at me and just carry looking at the telly...and then when we took him for his eyes the other day, they said a lot of that could be his eyes as well, with him walking into things...

...Yes he has got to get measured for them [glasses] and everything tomorrow and then he goes back in six weeks time but we think it is going to be hard putting glasses on him because he is going to be one of those kids who won't have anything in his face...

In terms of cognitive and social development Sheila also suggested that Br "has caught up a lot" and that he had begun to engage with new play activities. This gave a clear indication that developmental progress had been made during his time at the nursery. There was also some suggestion of improved parenting skills as the strategies to enhance his development were then reinforced at home, and activities such as watching television were monitored more closely by Sheila and restricted where necessary.

Sheila

Yes, he has caught up a lot. I think with his sister just starting full time school, he was very bored and now he is playing all the time. He used to just sit there all the time, just watching telly, but I don't let him watch telly as much now...

Activities that helped to develop Br's skills in dressing and undressing were also actively encouraged by Sheila.

Sheila

...Well I just taught him to start undressing himself. And he can put his own top on! He has only just started doing that...

The BEACH processes had achieved joined-up working for Sheila and Br, and there was evidence of continued joined-up working and a single point of contact to make sure that Sheila's point of view and preferences were at the centre of what was provided.

Sheila

[We're] just waiting for it all to be done now...

Worries related to child development were discussed by other parents. For instance, Pam described her 3 year old daughter's developmental delay and how this included concerns about her speech, walking, and general ability to learn.

Pam

...Because she's like three years old and she's behind. She is, she's behind and she's a late learner. She didn't start walking until she was about like two and a half, two years old. And she can't speak properly; she's got a speech impediment, a bit like me. And she's just lazy and she won't learn. She has been to the speech therapy lady at the doctor's. But I'm waiting for another appointment...

However, attendance at the nursery clearly had a positive impact in terms of communication between Pam and her daughter, since the narrative indicated that she had had difficulty understanding her previously.

...Yes, she has [come on] leaps and bounds. Well, you can understand her a lot more than what you could do. And she loves her school...

The comment that N "loves her school" and that she is progressing in "leaps and bounds" gave some insight into how the intervention (nursery) had not only impacted on N's development, but had also enabled Pam to present a much more positive description of her daughter, who she had described previously as "lazy" and "unwilling to learn".

Pam's account of how the BEACH processes had impacted on her daughter's development and her own ability to cope was similar to Sheila's. They also concurred on the impact exerted by the interventions on their parenting skills. Pam described how she had been persuaded to continue with the efforts to encourage her daughter to learn at home, and how she had become more actively engaged in encouraging her daughter's learning.

Pam

I've got to read books to her and show her the pictures, and she can try and tell me what's in the picture and do, like, some sort of learning letters and things like that.

Patsy also described the lack of developmental progress of her child, again with particular reference to language delay. Interestingly, given the lack of an agreed diagnosis for her behaviour, Patsy described her daughter as clumsy.

Patsy

...I also think she's quite behind on her speech... And she's still clumsy... still very, very clumsy... always walking into things... and she pokes her eyes as well... all the time... not just when she's tired...

Angela and Sam described similar experiences with their daughter who was receiving speech and language therapy for one hour per week. Despite the limited time, Sam and Angela described the progress of their daughter as "well fast" and were clearly pleased with both language progress "you can't shut her up now!" and fine motor skills "she can do this threading now... with little tiny holes..."

Again, this offered encouraging evidence of a shift in parental insights related to the abilities of their child following the intervention. For instance, rather than describe their child as "behind" or "clumsy" some parents were able to see the developmental potential for their children and had moved to use much more positive descriptions related to each tangible achievement.

Tangible developmental benefits were also apparent to Jen and Mark. They had two children, the youngest born with a serious congenital heart anomaly. This meant that they had both spent most of their time in hospital with their ill child. Unfortunately, they had given far less time and attention to their older child. They had outstanding debts and had lost his nursery place. The BEACH process had led to an agreement that a nursery place was an important priority for their older child. They highlighted how the nursery provision had not only had a positive impact on their eldest child but had a domino effect of enabling them to spend more quality time with their ill child. Importantly, their eldest child really enjoyed going to the nursery as the following excerpt indicated.

Jen

...Well, he wasn't – he was crawling, he wasn't walking, he wasn't talking, he didn't have any teeth, he was gumming from about 11 months old but since then he has really – he has, he's come on leaps and bounds. I thought that, all the time...I thought it's really good for him to be out and it's just being me and M and the baby, because we were at the hospital all the time, we never actually sat at home and watched him do stuff like drawing, he draws on the walls now, little monkey, but he does enjoy drawing. You know, he knows everybody... he's – he's dead happy, you go in and he'll play and straightaway his coat and shoes are off and he's playing. [It means a lot.] It does. It's not just that, I get to spend some quality time with R doing things, because I think back, he's nine months old and he's no more than a six month old baby, you know, so he shouldn't be doing half the things he's doing, but, you know, it is quite good for him...and he really likes going...

However, not all children were given nursery places to assist development. Victoria had been through a very serious mental health crisis. She was certain that this was having a detrimental impact on her young son. She had incurred debts at nursery that she was unable to pay and had lost his place. She spoke about her experiences of the BEACH processes;

Victoria

I needed something for him to have some sort of normality because he was not getting normality in the house. He was seeing his mother crying all the time and stuff going on in the house. I didn't want him growing up seeing and hearing what I grew up seeing and hearing... It was a case of what do you want, what do you think we can do? I want a nursery for S. There had been some mix up with the place he had, and there was an outstanding bill... We knew S needed the nursery...so the CAF sorted that out and got him a nursery place.

Interestingly, many of the staff shared the parents' views that nursery provision was an important service that they could provide through the BHLP initiative.

E (staff member)

Getting the child into nursery quickly helped to overcome a crisis...

S (staff member)

[we] offered respite to a family through nursery provision in a safe, warm, stimulating, environment...

V (staff member)

Providing a nursery place for a mother with post-natal depression prevents a crisis and results in a happier child.

J (staff member)

Nursery [is] hugely beneficial for long-term provision.

For Jen, the nursery provision was the most important service that had been offered to her. Importantly, she used the evidence of daily improvements for her son as the main reason for continuing to be involved with the BEACH processes.

Jen

So that is really something that should be really benefited from with the child going to nursery, because they do interact with other children, they get speech therapy, so he does come on leaps and bounds...He couldn't walk, he couldn't talk, he couldn't do hardly anything, but now he's amazing. He amazes you every day. He does something new every day, so that's why we are involved in the process...

Overall, the parents' accounts were testimony to the benefits that accrued from targeted intervention to provide services for unmet needs. However, there were less positive accounts that indicated the importance of ongoing communication. Tracy's daughter had been diagnosed with epilepsy. She and her husband had experienced some difficulties, and Stacy had been diagnosed with post-natal depression. She was very concerned about her daughter's weight and behaviour, and about the nursery staff reporting to her that her daughter behaved very differently when at nursery. Her narrative highlighted how conflicting ideas about what constituted "normal" for her daughter led to conflict with the staff who were working to help her, leading to mistrust between Tracy and the nursery staff.

Tracy

...She's just a normal happy child, they say. But she's not. She's always tired, she doesn't eat properly, you know ... but when I pick her up from nursery they say "oh, she's eaten most of her tea" and ... you know ... and to me ... I don't believe it because of the way she is at home.

Tracy felt it necessary to reinforce here the importance of her experience and skill as a parent. She alluded to some changes to her daughter's physical appearance and emotional state. Her comments added further weight to the importance that parents placed on being listened to and being heard.

Tracy

I know my own child at the end of the day, and I know when she's not well. She's very pale all the time. She always looks tired, you know... She's not a happy child. She used to be as a baby. She used to be very happy. I just want her to eat and be happy, you know...

Tracy felt that her fears were not taken seriously, and, in order to be heard, enlisted the opinion of a different member of the nursery staff to support her. She was concerned that the nursery staff were too accepting of the possibility that her daughter's medication was affecting her appetite, and, therefore, were unwilling to take additional action. This led to her feeling judged, the opposite of what was intended.

Tracy

I think they think that I imagine things you know, but I know my own child and I know she's not well... The deputy manager here agreed. She's always tired, she always looks very pale, so it's

not just me... I've told them about her not eating, and they just say "oh it's probably the medication she's on". But why aren't they doing anything about it? 'Cause she's got to eat, hasn't she? She can't carry on not eating. Then again I just feel like I'm fobbed off all the time, you know...

In this context, the narrative indicated that the opinion and standing of the parent were perceived to be unequal to that of the professional. In the absence of any evidence to support either viewpoint, the result was an intervention that did not meet the need of the parent or child, and a parent that did not feel empowered to change the situation since they felt "fobbed off" all the time. This was in stark contrast to other parents who felt they had not been fobbed off or judged and had been listened to and heard. However, feelings of frustration became evident for other parents when things were working less well than intended.

Julie, who had a previous history of drug abuse and had recently left a violent partner, described the busy and chaotic nature of her everyday family existence with 3 small children. She had experienced difficulties in having a restraining order issued on her violent ex-partner and had also had to cope with the daily obsessional behaviour of her autistic son. Her frustrations came to a head when her daughter was bitten by another child at nursery.

Julie

...and she's the one that's got a big bite-mark on her face, one of them was on her face and she had it for four days, a bite mark on her face for four days that lasted for, so it wasn't just a quick bite...

The interview revealed how, despite feeling angry about this situation, Julie felt that any demonstration of this anger would result in a withdrawal of services. This led to her feeling more angry and frustrated.

Julie

...[I feel] even angrier, but again, I can't do anything about it, you know. This – it makes me angry because I've not just come in shouting my mouth off, I've come in trying to be right, trying to sort things out, trying to bring a bit of consistency from here to home from what I did at home to here, and they're just not bothered...



However, both Julie and Tracy decided that the benefits of their involvement in the BEACH processes outweighed their frustrations, and both were committed to working with their lead professional. For Julie, continuing the work with her lead professional led to her autistic son attending a 'beat it' drum group. She was unsure if this would help, but as a staff member commented:

T (staff member)

An autistic child attended the "beat it" group. His mother expected him to stay for 2 minutes, he stayed for 2½ hours...

It was clear that staff also felt strongly about partnership working and listening to what mattered most to the parents. The determination to change towards a listening and partnership working culture was clear in O's expression of the new principles underpinning the BEACH processes.

O (Staff member)

[Some] parents had the attitude that they were stuck, that they couldn't change things, that it was impossible, and changes wouldn't work. At a joint meeting for problem-solving there was listening and hearing on the part of practitioners. They set priorities with the family, resolving some problems, set actions for others with joint accountability and responsibility. Support was there for everyone. Knowing each others' roles led to more efficient working.

Other staff members agreed;

F (Staff member)

The process engages the family and ensures that they are listened to. It allows early intervention... families receive help when it is needed.

W (Staff member)

...being able to openly discuss issues with other practitioners with the family and coming to joint action plans...asking children what they want, listening to them and helping them to build on the action plan...

T (Staff member)

Hard-to-reach families became assertive rather than aggressive and noticed that professionals began to respond constructively to their problems. Assertive families access services and regain their voices, becoming less dependent on me as a practitioner.

B (staff Member)

Families feel listened-to – part of a partnership. BHL P makes things happen in a timely manner. It helps to address what parents feel are their needs. Things actually happen.

Other families disclosed how their children had been helped to join groups. Sometimes there would be a cost for this, for instance if the children went to time out or holiday groups. For others, such as going to rainbows, there was no cost. It was simply a case of the professionals finding out the relevant information and in some cases helping with transport to and from events. Nonetheless, for staff, being able to signpost children to appropriate events and activities was a source of great satisfaction.

K (Staff Member)

When the child is happier and actually tells you themselves, then you can see a difference however small it may be...when a mother came and told me that her children had never been swimming before and the BHL P money allowed them to go...

B (Staff member)

...Being able to tell children to come and play the drums on a Monday night.

K (Staff member)

...children able to access...play scheme provision who couldn't do so before...

Procuring Goods

Apart from procuring services, many families benefited from the payment of debts. Wendy no longer relied on a violent ex-partner nor had to suffer the 'knock on the door' from the debt collector.

Wendy

I was paying for one thing, forgetting to pay for another, and all the debt built up, and you try and keep your head above water, but you find yourself going deeper and deeper and deeper... I've paid all my debts, been out of debt for 2 or 3 months. You feel much better because you don't have no-one knocking on the door...

Other families benefited from the purchase of goods such as garden fences, washing machines cookers, carpets and stair gates. There was also evidence of families negotiating for what their real priority was. For instance, Kirsten spoke about her decision to save some of the money until she moved into a new house as she knew that she would be in need of a cooker. The families could clearly see benefits from having goods purchased, but perhaps the most dramatic impact came for Wendy and her family. As noted earlier, Wendy had been working to become debt-free, but found herself in the unenviable position of having no money for school uniform. She knew that her children, and their education, would suffer if they had to attend school without the 'proper kit'. Accepting help with the purchase of the school uniform was not an easy decision for Wendy's children. They described themselves as 'dossers'. However, the result was that both children attended school in full uniform.



Wendy

The whole idea was the two children went to school in complete new uniforms; the money went to them because she (HV) knows they're going to do well at school. She doesn't want them to muck up because of the problems we've been having... If they didn't have a uniform the kids would rag them to bits, they'd make fun of them...

For the staff member involved, the feedback was tremendous.

F (Staff member)

A child said to me that he would always remember how it felt to have new school uniform on starting his senior school. "When I'm a barrister I'll come back and tell you." He's captain of his class and gymnastic team 4 weeks on.

Summary

The Every Child Matters green paper (DfES 2003) signalled the government's intention to remove barriers that have had an enduring impact on life chances and health chances for all children. The determination to have the needs of children at the centre of health and social care interventions has been further strengthened by the publication of the Children's Plan (DCSF 2008).

The evidence presented in this section points to important gains for families and individual children. Not least, being able to attend nursery enables children to develop to their full potential and acts as an important mechanism for maintaining contact with the family. It was clear in section 3 how the families' behaviour could be monitored by nursery staff and nuances that might indicate the need for extra support could be identified and acted upon. In this section, there is strong evidence that the provision of additional nursery sessions had had a fundamental impact on the development of many of the children - perhaps the most important finding for the entire project.

The desired shift away from crisis support to offering more consistent parenting support (DfES 2004a) - which might consist of a mix of universal and targeted parenting approaches including advice and information, home visiting and parenting classes – appeared to help some families to feel that the gap that they perceived to exist between the approach taken at home and the approach taken at nursery had lessened.

SECTION 6: HOUSING AND HOUSING MATTERS

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. Most of the families which participated in this research fell into one of two groups. The first included those that perceived that their housing needs had been met. The second included those that were struggling with insufficient space, mainly bedrooms, houses in poor conditions or difficulties with their neighbours and neighbourhoods.

What this section demonstrates is how the families with unmet housing needs or those in conflict with 'difficult' neighbours experienced an enduring impact on their ability to cope with meeting the needs of their children. It appears that housing has a critical link to poverty and social exclusion (Hills and Stewart 2006). However, it is also important to note how closeness to extended family was sometimes compromised by the geographical limitations of the pilot project.

As with other tipping points, housing difficulties frequently combined with other factors and threatened to lead families into crisis. Particular housing factors included large families living in houses that were too small, located in the wrong area or in a state of serious disrepair. By implication, the time spent by helping services to improve or resolve housing matters was perceived as exerting a particularly positive impact on the quality of a family's life. It is worthy of note that representatives from housing where one of two professional groups least likely to attend CAF meetings.

The following experiences reflect the crucial importance of housing and the value of this type of intervention for children in need. What follows are the accounts, in their own words, of a number of families which had used BEACH processes to help to make their living environment more appropriate to their family's diverse needs.

Adequate and Inadequate Housing

Edwina, a young woman caring for her terminally ill father as well as her children and brother who was subject to bail conditions described what would exist in her perfect world.

Edwina

...Just to have a nice house, debt-free stuff, you know, not having any worries...

Edwina saw her children and her father as her priority, and, in fact; this had caused a delay in achieving improvement of her housing situation.

My father and the children: they were my main priorities. Obviously, my children are always my priorities. But then it would be time to get a Council house, or a Housing Association house... I would wait until next year and get the ball moving then. Because the way my father's going, I don't think he'll last too long... he's my priority, yeah.

She quickly formed a trusting relationship with her BHLF worker, whom she saw as a facilitator of positive change.

I just told her everything, and she said she could help with my private accommodation, which is a two-bedroom house. Next year L's seven and in theory she shouldn't be sharing a bedroom with [her brother]. She's still in my room with me, and I've always had them in their own rooms, but because the house is so small... So she said she'd help me with Council housing, and Housing Associations...



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. Gaye and John were a young couple with 5 children aged 5 years and younger living in a 2-bedroom house. Gaye knew that her housing situation was totally unacceptable.

Gaye

There's just no space for them here to play. No space for their toys. If they could just have a garden... It's a nightmare. Maybe if just one extra bedroom... ..I don't need anything now really except the housing. I need that extra room and the garden.

Gaye and John had moved to Blackpool from another town and had no family in the locality. Their own attempts at achieving change had not been successful.

But I mean, you get the housing application thing and then you've got to find a property. We look at four bed ones but if we go for it, whenever we see someone there's a ten-week waiting list. There's nothing else that we can do.

Gaye's frustration at the housing department's absence was discussed in the section focusing on CAF Matters. It was clear that Gaye saw the CAF and re-housing as the real key to successful change.

Everything's fine in general, but just the waiting for the housing and that. It's just the housing.

Sheila's family was also affected by over-crowding.

Sheila

Yes, there's nine of us in the house, in a three bedroom. It's like murder. Then there is M. Now, M has ADHD...

Sheila and Michael demonstrated how illness or disability and poor housing can exaggerate the negative impact on the family and make obtaining more suitable accommodation even more difficult. Another example came from Victoria, who had a significant mental health problem and a pelvic disease that limited her mobility and required strong pain killers.

Victoria

Well, I'm on the housing list at the moment. I'm trying to get a house with the Council. I'm already on Band A; there's nothing much else I can do. But I'm still in a bad situation, which is making the bipolar bad.

I just want a warm, safe house. I would like a three bedroom, but I won't be given a three bedroom. Yeah. But the council don't see it like that, because I don't have them all the time (2 sons from previous relationship).

So there's so much that I can't do... The pain is, I mean, like I could get up after talking to you and not be able to walk: it just goes. I've fallen down the stairs, I don't know how many times. I've fallen up the stairs even more. Sometimes I can be walking and then it will just go and then I can't move. And when you've got a four year old...

A main concern for Victoria was the safety of her son when she had taken medication for her pain. She described how she would be very drowsy and worried that he could make his way out of the house without her knowing. Her lead practitioner had listened to her worries and negotiated with the BHL P for funds to change the locks on the house, preventing her child from wandering outside - thereby increasing her sense of security.

Victoria's narrative was a further example of how disability and illness can combine to make inadequate or unsuitable housing seem worse. It is worth noting that a number of the families which were assisted by the CAF and BHL P process had experienced real difficulties in hanging on to previous tenancies.



Tracy had three children. Her oldest child, A, had difficult and challenging behaviour and this had led to an earlier eviction. Tracy reflected that the experience had been really difficult.

Tracy

It was rough ... Even the judge at the court said it is ridiculous you can get evicted for a 12 year old child. He needed help at the time, not chucking out of his home which was going to make him worse; but he [the judge] said he had to do it because it was under a Section 21 notice, which was because I lived there for less than year. Apparently, they can kick you out for no reason.

I was in a hostel [before that]. I do think they need to change the law on housing. It's like when we got evicted there were so many people around us saying you shouldn't be getting evicted; they should be helping you. Putting your kids out on the street is not a way of your children becoming better behaved, because I think it puts them back and it makes them worse. A was annoyed. He didn't like it - said he was going to miss all his friends...

The impact of this eviction extended to A's siblings. However, this impact was ameliorated by the BHL P money being used to ensure that the other children could continue to attend their original school.

The other two were very upset about leaving school. That's why I kept them in the school in Grange, because they didn't want to leave the school. The CAF also helps us with that for bus fares.

Despite the initial fear and anxiety caused by the eviction, the new tenancy seemed to have really suited all the family, even the young person involved, who had a new-found sense of pride in his living accommodation.

We are doing rather well down there, [my son] doesn't bother the neighbours down there or anything. It [the move of house] happened before the CAF, they just helped us. I'm very happy [with the new house], actually happier - it's a beautiful house.

Moira, who had experienced debt problems, lived with her two children in a maisonette. Moira had not thought of asking for help with a move of house before her contact with a BHL P practitioner, and even after her contact she realised that she had not mentioned her need for different housing, especially the need to find somewhere for her youngest son to play outside.

Moira

If I put myself on the transfer list to get a house with a back garden or a front garden... well, the little one stops with me because he's only two, like, and I don't let him out of my sight until he's about two and a half, then he can move into his own room... No, I haven't brought it up. I've just brought it up with you, really.

Illness and disability can include learning disabilities. Difficult negotiations with landlords could be increased by this type of disability. Angela and Sam both had learning disabilities. Angela had epilepsy, too. They had two children. This couple experienced the BHL P worker as key in getting much more suitable accommodation. They also understood the importance of securing outside play space for their children.

Angela and Sam

The other thing they managed to do at the [CAF] meeting [was that] they managed to move us from a ground floor flat to a 3-bed house - to the house we're in now. The Home Start did all the notes and they took it to Housing. They said "We've got a CAF, now, and they need a 3-bed house. What are the chances of getting it?" He rigged it a bit, I think... I think Home Start went to the Council and said "Give them a house". The first one that comes up on the estate, give it them". And it was, believe it or not, the first one that came up on the estate was ours. It made a big difference. Because the kids can go and play out now in the back garden. They've got their own bedrooms now; they're not sharing a bedroom.

A less obvious but equally crucial need is evidenced by parents fleeing significant family violence. Here the need for re-housing is combined with the crucial aspect of achieving safety from violence. Wendy was a mother who had experienced significant domestic violence. She needed a house that would allow her to go to work and ensure the safety of her children in the face of threatened violence from her ex-partner.

Wendy

I won't go back to work at the moment. I can't, if I don't know what my kids are up to and I can't see, because of the violence with him. If he can go to his sister's and hit my kids, he can go to my home when I'm working. I set my heart on this house that was down facing [place of work] so as I could go back to work. That was part of my plan. I could see the house from the shop if I went back to work. The house came up about three weeks ago, it took a year for it to come up. And I bidded for it and I was number one, right the way through to about the last six hours of waiting for it to be mine and an emergency family got the house. But then, M, who's the housing team I'm with, came round, and B, the manager, she said, "Wendy, I know so much you wanted that house", she said, "I know you're going to be so upset", she said, "but I can offer you a four bedroom..." So the kids are now going to finally have their own bedrooms, and the garden's three times bigger than what I've got now, and I love my gardening.

Kirsten was living with a friend and with her baby T in the friend's tenancy. Kirsten's story shows the vulnerability of young mothers, their need for external contact and support, and the benefits of a stable home alongside the benefits of a garden for her young child,

Kirsten

I was classed as homeless at the time and I was living at a friend's flat. He actually told me, from a Monday, that I had 'til Friday to get out and put myself into a hostel. And I got myself into a hostel, went back for the rest of my stuff and T's cot, and he did not let me through - I didn't get anything. I've got my own house now. I got a two-bedroom house. It's gorgeous. I got a friend through Home Start, who's called A, and she actually came to help me do my garden with me... Yes. It's through Home Start for single parents who find it difficult and have got no-one else to support them. So she comes round, she has a real good talk with us, takes us out for a cup of coffee or helps me go and do my shopping as she's got a car [she's a volunteer]. We've come really close, which is fantastic.



Julie was a young mother for whom the benefit of having a CAF outweighed her desire to be nearer to her friends and family;

Julie

I'd like to move to NS. All my family still live there, my sister, my brother and mother and father. I'm really isolated up here. I'd be supported by friends up there. But the only thing again that is stopping me is I'd lose my CAF. Because they don't do it up there, they only do it here. That's what they say. They're hoping it will spread through, that's where they see it. If it was successful here, they were hoping to spread it to other areas, but it's not yet, so I'll stay here.

For families who had managed to negotiate for a new house the benefits were clear. Jen and Mark's youngest had a serious cardiac anomaly. The size and condition of the house was important to them and their children.

Jen

S [from Home Start] was pushing basically [to get us a new house]. S was behind us all the way. It is the house, basically...

Mark

And its condition. We've got more room and everything now, you know, you've got more space, and we've got two gardens instead of not having no garden. And they seem to enjoy playing in the rooms, don't they?

Houses Needing Repairs

As well as the crucial benefits of re-housing, the BHLF and CAF were equally useful when attempting to deal with accommodation which had been made unsuitable through disrepair. Like Gaye, Debbie and her partner had recently moved to Blackpool with their 2 children. They lived in rented accommodation that left much to be desired.

Debbie

Well, we're suffering at the moment; we're unhappy at the moment. The children are unhappy, so the house actually at the moment is in a bit of a mess. It's had damp which is being done with the action plan, that's all been wrote upon there, that it's damp. We've had to have the walls re-plastered which my husband's doing. I've had no hot water for 38 days: the boiler's been condemned and one of the fires has been condemned. It's only a two-bedroom. J sleeps with me and my husband in the front bedroom.

Jack is three. B and L are in the back bedroom. B's eight and L is six, and they're in the back bedroom, but they was in the front bedroom when we had the first meeting and we took them out of there because environmental health got invited into the house by the fire brigade, because we had smoke alarms put in because of the children. And, um, when they came in he said: "Can you just lift the carpet up, please, in the bedroom". And I'm, you know, "Why"? He said, "Well, it's not level, the floor, and I need to check". Lifted it up and there's placemats on the bedroom floor for floor boarding... so I've moved the children. This housing business, the house is just absolutely - it's a disgrace.

This account described accommodation that would fail the minimum standards for housing set out by the Office of the Deputy Prime Minister (2001). This young family was hoping that the BHLF could help to negotiate repairs and eventually re-housing. For other families with small children, the repairs necessary might not even be significant internal repairs. Several families had experienced real improvement in their children's quality of life through relatively simple fencing repairs and the purchase of stair gates. In contrast, Kirsten explained the difference that a fence would make to her and her son, but this had not been possible.

Kirsten

I went through to the housing and they sent someone to come and look and he said there has been a history of a fence being there. But because there's other gardens that haven't got fences up, I'm not allowed to have a fence off the council. They won't put one up... [I feel angry]. Well, where I live, it is really nice and quiet, but, obviously, like everywhere else, you get people being stupid in cars, driving up and down, like... they've got no business... I think it's dangerous. [It affects T] Yeah, because by now I would have loved to have got him out of his buggy, you know, walking short distances. But because I haven't got that fence, I don't feel safe at the moment.

Sheila was in a similar position and described how she was struggling to create a safe space for her young child to play. In part, her difficulties were caused by neighbours and the general behaviour in the neighbourhood.

Sheila

Well, I have been waiting three years for a high fence at the back. It is because the kids were bringing needles in: they were throwing them in my garden [we back onto an alley way]. It is a high fence at the back, mainly. They said it has gone through planning and everything, but the other day my front fence is down, that parts the next garden and they have been out like that to fix that. They came and took photos of it, but I was busy with the kids when they were walking over the street taking photos. Even my neighbour, she has just had a baby as well, and she is sick of it all because a bloke across from us was getting his dog doing his business and throwing it in my garden and it landed in my baby's pram one day.

While improvements to fencing and other seemingly small aspects of housing fall outside of the minimum housing standards, many Local Authorities are working to improve their housing stock beyond that necessary to meet the Decent Housing Standards (DCLA 2007).

Composite 3 - Housing, neighbours and neighbourhoods

We've been here five years in this house. It was perfect when we moved in. Bit cramped now though. When I met my husband I had two kids – L and C – from my last marriage. Then after we got married our E came along – a bit unexpectedly but we could cope. The kids had a room each and E was in with us. Then, when she was old enough she could go in with C. All planned out really. We weren't planning on any more – my husband S, he's a bit older than me. Already had 3 of his own.

Then, one day out of the blue, S's ex-wife comes round with his three, said she couldn't cope and he'd have to have them. No discussion. Just, "there you go" and off she went. So all of a sudden we had 6 kids and us in a 3 bedroom house. We've coped – we've had to. What were we supposed to do – turn them on the street? They're family.

We've had some problems recently though. The estate's wardened you see. Old people next to young people. When the kids were little it wasn't a problem – we'd see them and they'd have a little look in the buggy or tell us how cute they were. But now they've got a bit older. Bringing their friends around, playing their music. And the older ones, they just don't like it. I mean, kids want to play. It's only fair.

But I ended up talking to M from next door and things got a bit heated, we had a bit of a row. I don't like trouble, I really don't. Never had any of it round here before. But she really wound me up – saying the kids were unruly. They're not unruly, they're just kids. Next thing I get a letter from the Council saying there's been complaints. B and R on the other side, they'd been keeping a log for environmental health – every time the kids played out, kicked a ball, used their bikes. I felt like we couldn't move.

I didn't know what to do so I called Sh the health visitor. She's great – she'll go out of her way to help you. She came round straight away. She's not just there at the doctors, you know, she's there every time you need her.

Well this was June and I was panicked 'cause the kids had only just gone back after Whit and the summer holidays are looming aren't they. I thought, 6 weeks of them off school and I've either got to keep them all in every day or face being evicted. But Sh, she came round with the CAF forms, and first thing we did was to create a list of things for them for the summer holidays. They all start on about Disney Land but I had to pull them down to earth a bit – be a bit realistic, you know!

Sh thought a holiday would be a good idea, though. Get us away from the estate for a bit. We had this money that was allocated to us you see, through the CAF. £1000 it was. Meant that we could have a little holiday and that there was still some money for the kids to do other stuff.

The four oldest went to a sports camp for a week which was great. L came home like a different lad. Full of confidence. He's on the school swimming team now after that, so it's made a real difference. Doing really well. And the girls loved it, too – gave them time to get to know each other a bit better. Just 'cause me and S want to be together doesn't necessarily mean the kids do, does it! J, that's S's daughter, she has a hard time. She needs a lot of support. I mean, she hasn't seen her mum for four years – we don't have a clue where she is. And she has to share a room with C and E, and she finds it all quite hard.

The holiday wasn't the best. People pressuring the kids into buying those light sticks and tacky keyrings and things and it wasn't the cleanest of places, but, as a family, it just brought us all back together. It was peaceful and enjoyable. The kids could play out together, on their bikes and the girls on their roller blades. They could kick a ball around without anyone writing to the Council. I read a book. I haven't done that for years.

When the kids are all in the house we don't get any peace, as you can imagine with 6 of them. It was a lovely time. We went into Scarborough and went on a boat. The kids had fish and chips. We couldn't

have had that time without the CAF money, we could never have afforded it. I remember looking around on the second day of the holiday – it was raining outside and we were all sat round watching the telly and S was making bacon sandwiches. And I just thought, this is what a family is. This is how I want us to be. It was a fantastic feeling – knowing we could be like that.

And now we're back, well life goes on, not everything is perfect but we have changed. In the way we are with each other. More patient. Calmer, I suppose. Maybe because we had that chance to talk, to just be together. To be a family. It was such a small thing – but it's made a massive difference to us.

Neighbours And Neighbourhoods

As well as the physical environments that families live in, social environments can also be experienced as hostile, unsafe and unsuitable for children. As this section shows, neighbourhood hostility can include adult activity unsuitable for younger children and neighbourhoods where children's activity is deemed to be difficult.

Denise was a young mother who felt that she and her children were living in a very unsafe environment.

Denise

I would have liked it if they could have helped me with a bond in order to get off this street so I could feel safe and secure. It's bad on the kids; they can't play out. They can't play out the back because I've got stuff being thrown in my back garden they could get hurt on. There's broken bottles. The dogs jump over the garden and do a poo in the garden and stuff, so they can't play out. There's nothing at all they can do on this street, and I'm never going to feel safe on my own while I'm on this street. I feel so insecure. I've had total strangers knocking on the door demanding to come in. I've had things thrown at my windows. He's [young child] picking up on my insecurity; he's seeing he can't talk to anybody on the street. He's getting a lot of negatives off the street; a lot of noise during the night, which keeps him awake all the night. He can't play out, etc. It's not good for him, really.

For other families, hostility from neighbours related to the behaviour of their children and the perceived lack of patience of neighbours. Liz was a mother with a large family living in a small house.

Liz

Yes, eight children altogether. We're living in a three bedroom house and the reason we got into the CAF was because the neighbours were complaining about the noise of the kids playing. There's four girls in one room; three boys in the other. Then there's myself, my husband and a girl in the same room. Yeah, we can't fit anymore beds into the girls' room. There's two thirteen, two twelve, nine, eight, six and three.

I got a complaint from the neighbour that really upset me and I took it to my health visitor. It's the same neighbours that the kids had grown up with. The kids had got older and they resented the fact that they were doing different things and having kids coming round onto the estate.

Me and my neighbours were speaking in the street and it blew up into an argument and then I got a letter from the council saying that a few of the neighbours had put in complaints. Did they expect me to keep my children in or just not let them play out at all? It seems that everyone else gets more rights than the children do and there's nothing on the estate for them to do. I just thought for once that maybe they were actually realising they could do something for the kids.

There was a distinct lack of facilities for the children to use and this extended to signs prohibiting what for many children would be normal everyday activities.

Liz

There's no ball games. They can't cycle. They can't play out because the neighbours complain. If they play in the back garden the neighbours complain. If their friends come onto the estate, the neighbours complain. Because of the overcrowding, F has had a lot of mental problems. She's the kind of person that doesn't like people to be around her all the time, she wants her own space. Here she shares a room with three girls and she gets stressed out a lot. They're not allowed to play on the grass. They're not allowed to play on the pavement because now that's obstructing the walkway. They're not allowed to chalk on our path because it's vandalising the walkway. It's just silly. They can't even skate up and down the front. I mean, kids playing in the streets, it's not a complaint, it's a civil right. Everybody's got a right to grow up. Or what's the point in having children anymore?

Liz was particularly concerned about the mental health and well being of one of her teenage daughters whose episodes of rage and despair appeared to be related to the distinct lack of space and privacy in the family home. Similarly, Tracy whose daughter had epilepsy, disclosed how unsettling a slowly deteriorating relationship with neighbours could become.

Tracy

I have a lot of trouble [with neighbours] at the moment. There's a lady opposite and she's always saying nasty things and shouting abuse. I went to the Housing Association myself and told the lady that works there, and she said it's a breach of the tenancy agreement and we'll write her a letter, and I've still heard nothing, whether they've done anything about it or not. When E was taken to hospital [daughter with epilepsy], she started spreading rumours around the close that my partner had dropped E on her head, and just nasty little things, and she'd come up to the hospital just to have a go at my partner, not to see how E was.

Summary

The seventeen families whose voices appear in this section had all experienced considerable difficulties in making their environments suitable, safe and child-friendly. Each family spoke about the impact that their living environment had on the family. Some specifically made a direct link between their children's health and well-being: for example, the ability to play outside and the environment in which they lived. Their accounts were consistent with previous work asserting a detrimental impact between poor housing and health (Marsh et al 1999). While there has been some debate regarding the impact of housing on health (Thomson, Petticrew and Morrison 2001), recent work from New Zealand suggests a direct link between housing interventions and health improvements (Howden-Chapman et al., 2007). The government has been persuaded of the link between decent houses, health benefits and a reduction in health inequalities (DCLG 2005). In England the Decent Housing Standards (ODPM 2001) remain unchanged and include an expectation that houses will be in a reasonable state of repair, provide reasonable modern facilities and afford tenants a reasonable degree of thermal comfort. However, for the families in this study it was clear that the size, condition and location of houses were key aspects of their experience.

Those families who had yet to have their housing needs met expressed their 'dream' for a house of the right size in the right place. For them, illness and disability of the adults or children combined with poor, overcrowded houses or difficult relationships with neighbours to exaggerate the impact on the families' feelings of well-being and security (DCLG 2007). It is possible, and there was some evidence for this, that these factors resulted in mental health difficulties for some of the adults and children involved in the study.

For all of the families the benefits of the BHL/CAF process appeared to come from the ability of the practitioner to appreciate their needs and to act as an intermediary, advocating to improve aspects of the living environment. However, these efforts were constrained by lack of representation of housing staff at multi-agency meetings, the range of housing stock available, and, sometimes, legal processes that were enforced which, paradoxically, seemed to work against families struggling to cope. An important aspect of this work was creating safe places for children to live (changing locks, installing stair gates) and safe places for some women to protect themselves and their children from violent male partners.

For most of the families concerned the process had resulted in significant improvement in their children's environment. For the rest, the BHL/CAF practitioner was actively involved in working towards a positive change. However, the current indicators used to assess the quality of neighbourhoods include the definitions for decent houses alongside measures of worklessness, crime, health and skills (ODPM 2005). Given the high level of deprivation in the wards where this project was undertaken it was not surprising to find that families had real concerns arising from the neighbourhoods in which they lived.

SECTION 7: FINANCIAL ANALYSIS

Framework for costing case studies

The aim of this cost analysis was to identify in a practical manner the total costs and potential benefits of the CAF, the lead practitioner model, and the BHL/CAF intervention. The approach adopted was a cost-benefit analysis. The costs were considered from the point at which the child or young person became known to the agency, indicated by the completion of the CAF, to the point that the BHL/CAF intervention ceased. There was also an attempt to look at the "what if" costs as an indicator of what might have occurred if the intervention had not taken place. For the purposes of this report the period of the CAF/BHL/CAF intervention was taken as a measure to calculate the 'what if' costs. This report does not address the long term costs to society over a lifetime (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 BHL/CAF (ie: existing services consumed as a result of BHL/CAF involvement).

• Stage 2

- Costs incurred in purchasing goods and services with BHL/CAF funds.

• Stage 3

- Cost of other goods and services that were consumed as a result of signposting to or referral by the BHL/CAF (ie: goods and services consumed as a result of BHL/CAF involvement, but not actually paid for out of BHL/CAF funds).

• Stage 4

- Potential costs incurred in the absence of the BHL/CAF 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 child or young person who was involved in the CAF and BHL/CAF pilot project would necessarily have gone on to experience any of the 'what if' scenarios if the intervention had not taken place.

Case study 1: Intervention period 8 months (32 week)

Family Background

Mother and father living in a three bedroom maisonette (secured after a long period of transience) with 4 children aged 6, 5, 2 and 6 months. The male partner was the father of the youngest child. Previous family history had included sexual abuse of two of the girls by the mother's previous partner and a family friend. Neither the mother nor the father was working.

The property was sparsely furnished and uncarpeted throughout, and a fire in the parents' bedroom had left the room badly smoke-damaged. The incident had also left the two older children scared to sleep upstairs. Consequently, all the family was sleeping downstairs on mattresses. Due to limited finances the family was unable to improve the home environment. The family was also in rent arrears.

In March 2007 concerns were raised by the family health visitor regarding the home environment and the social and emotional development of the children, particularly the two year old and six year old. Social care involvement had ceased, and there were no concerns regarding current relationship dynamics of the family. A joint visit between the health visitor and a SureStart community support worker took place and the family consented to be involved in the common assessment framework. An assessment was initiated for each of the children and completed with the family, and a multi-agency action planning meeting was held where an action plan was written. The home environment and the fire raised serious concerns around safety, limited all the children's ability to play, and upset their sleeping routines. The 2 year old was presenting with developmental delay, he had very limited play opportunities in the house, and there was a lack of age-appropriate toys. The baby had started to crawl but the mother was frightened of putting her down on the floor. She also lacked age-appropriate toys. The mother's learning difficulties made it difficult for her to comprehend and to address the developmental needs of her children.

The following actions were put into place following the multi-agency action-planning meeting. The BHLF money was used to buy suitable beds and bedding for all four children, and appropriate storage was purchased to store children's clothes and belongings and to provide more space for the children to play. Carpets were bought and fitted in the stairs, landing and bedrooms. Curtains were purchased for the children's bedroom. A nursery place was found for the 2 year old through the 2-year-old pilot project, and the mother began to access the local children's centre activities. The housing office repaired the night storage heaters.

The outcomes for the family and the children were that the home was safe and warm where the children had their own space and a place to play. The two older children were involved in the decision-making in the furnishing of their bedrooms and became happy to sleep upstairs. The family had much more pride in its home and was keen to keep it tidy and clean. The children were sitting down to meal times together and their routines had been re-established. The parents stated that all the children were happier because they were getting to bed earlier without having the TV on. The 2 year old had started nursery and was accessing activities through the children's centre, and was playing at home with age-appropriate toys. The CAF process enabled the mother to focus her attention on the needs of the children. She said "I am glad that this has been done as it helps to see what needs to be done to make the home nice for the children". The mother was also accessing children's centre group activities, helping her to engage and play with her children.

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 BHLF (i.e. existing services consumed as a result of BHLF involvement)

All professionals were asked to report on their professional time for the CAF/BHLF process only (ie: above their core business and for the duration of the CAF process/intervention)

Professional	Hours	Unit cost	Total
Community Support Worker and Lead Practitioner	82.5	£27	£2,227.50
Health Visitor	16.5	£43	£709.50
Total			£2,937.00

See Appendix 1: Professional costs

See Appendix 2: Case study 1/ professional's hours

Stage 2:

- Costs incurred purchasing goods and services with BHLF funds

Item	Cost
Bedroom carpets x 3 landing and stairs	£580.00
Beds, cot, wardrobes, drawers, chest bedding	£910.00
Total	£1,490.00

Stage 3:

- Cost of other goods and services that were consumed as a result of signposting to or referral by the BHLF (ie: goods and services consumed as a result of BHLF involvement, but not actually paid for out of BHLF funds)

Item/service	Agency incurring cost	Frequency	Cost
2 year old pilot	Government	12 hours per week for 32 weeks @ £60.06	£1,921.92
Early Explorers course		1 course @ 14 weeks	£420.00
Total			£2,341.92

Total cost of the CAF/BHLF intervention over the 8 month period

Stage	Cost
Stage 1	£2,937
Stage 2	£1,490
Stage 3	£2,341
Total cost of 8 month intervention	£6,768

Stage 4:

- Potential costs incurred in the absence of the BHLF service: "What If?" scenarios

In interviews the professionals involved were asked what might have happened to their client in the absence of these services. There were a number of potential outcomes. The timeframe for these scenarios takes on the time frame of 8 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. Additionally, there had previously been a history of social service intervention associated with the sexual abuse of two older children.

PSSRU calculated 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 32 weeks = **£66,560**

Scenario 2

Because of the unsafe conditions in the home there was a possibility of the family being moved into hostel accommodation. The average cost of hostel accommodation for a family with three children was £1927 for a 12 week period.

The cost for 32 weeks = **£5,138**

Scenario 3

There was a very great possibility of the 2 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 32 weeks and TA support 5 hours a week for 32 weeks.

(See appendix 1 for calculation of professional costs)

Total cost for this support = **£3,520**

Scenario 4

Because of the unsafe environment in which the family was living there was the danger of serious 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 8 week period = £2000 potential cost

Total possible cost = **£2101**

Any or at least a combination of 2 or 3 of the above were deemed potential by the professionals working with the family.

Case study 2: Intervention period 8 months (32 weeks)

Family Background

The mother and father lived with 4 children aged 4, 3, and twins of 18 months. The mother was pregnant. The family lived in a 2 bedroom privately rented house comprising of a small lounge, kitchen and bathroom. The family was referred to Home Start after an outreach registration visit by SureStart. The parents agreed to the CAF process after a period of 3 months during which the Home Start worker built a relationship with the family.

A CAF was initiated on the twins and on the three year old when the mother was pregnant. The CAF identified the following. The housing environment was cramped, in poor condition, and inappropriate for a family of 6, soon to be 7. The father was not working and was suffering from post-traumatic stress syndrome following a car accident three years earlier. He could be volatile, would often go missing for days at a time, and was erratic in his support for the children. The household was suffering from social isolation with the children and the mother all showing signs of stress and being overwhelmed by circumstances. The twins and the three year old were displaying developmental delay and behaviour problems. There was a severe lack of space in the house for the children to play, and concerns were raised about the unsafe environment. The family was also falling into debt.

Through the CAF process and regular reviews the following actions were put into place. Housing issues were tackled with the family being placed in a band B priority. At the time of the review the family was bidding for a larger house. The family was also registered with a dentist. Nursery places were bought for the twins through BHLF pilot project funds. A referral was made to the midwife to assist the mother with her pregnancy, and the mother was assisted to attend medical appointments to update immunisations for the twins.

The 2-year-old pilot project and then the 3-year-old grant were accessed for the 3 year old and she was enabled to access the ELF SureStart service and a Montessori 'wiggly tadpole' service for therapeutic play. The midwife offered to investigate medical support for the father, which led to him being assessed by a neurologist and referred to a psychiatrist. A family support worker had begun to install some routines in the household, but was being hindered by the housing situation. The parents were supported to access the Citizens Advice Bureau to seek debt counselling and budgeting advice.

The parents benefited by agreeing to focus the support around the immediate needs of the children. All professionals involved felt that this had to be prioritised to ensure a safer and less stressful environment for the family. In this situation the BHLF money enabled the purchase of nursery care and specialised play provision, which had an instant impact on the children's well-being, but also alleviated a situation that could have led the family into child protection procedures. Other professionals involved with the family had made previous child protection referrals. It was identified that a constant support package would be required for the family to prevent escalation into crisis. Both parents had complex personal needs that led to making chaotic and unrealistic choices with detrimental outcomes for the children.

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 BHLF (i.e. existing services consumed as a result of BHLF involvement)

All professionals were asked to report on their professional time for the CAF/BHLF process only (ie: above their core business and for the duration of the CAF process/intervention).

Professional	Hours	Unit cost	Total
Homestart Worker also Lead Practitioner	192	£30	£5,760.00
SureStart Health Visitor	29	£43	£1,247.00
Family Support Worker	32.5	£27	£877.50
Generic Health Visitor	38.5	£43	£1,655.50
SureStart Midwife	32	£53	£1,696.00
Blackpool Coastal Housing Worker	13	£27	£351.00
Total			£11,587.00

See Appendix 1: Professional costs
See Appendix 3: Case study 2: professional hours

Stage 2:

- Cost incurred purchasing goods and services with BHLF funds

Item	Cost
Nursery provision	£1,584.00
30 Montessori 'wiggly tadpoles' sessions weekly @ £30 per week	£900.00
Total	£2,484.00

Stage 3:

- Cost of other goods and services that were consumed as a result of signposting to or referral to the BHLF (i.e. goods and services consumed as a result of BHLF involvement, but not actually paid for out of BHLF funds)

Item/service	Agency incurring cost	Frequency	Cost
2/3 year old pilot and grant	Government funded	12 hours per week for 32 weeks @ £60.06	£1,921.92
SureStart ELF (early learning and families programme)	SureStart	20 client facing hours @ £27	£540.00
Clinical psychologist	PCT	8 week session	£336.00
Total			£2,797.00

Total Cost of 8-month intervention

Stage	Cost
Stage 1	£11,587.00
Stage 2	£2,484.00
Stage 3	£2,797.00
Total Cost of 8 month intervention	£16,868.00

Stage 4:

- Potential costs incurred in the absence of the BHLF service: "What If?" scenarios

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. Additionally, there had previously been a history of social service referrals.

Foster care

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 5 children for 32 weeks = **£83,200**

Scenario 2

Because of the unsafe environment in which the family was living there was the danger of serious 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 8 week period = £2000 potential cost

Total possible cost = **£2101**

Scenario 3

The family was missing appointments and the CAF enabled them to access appointments.

Non-attendance at hospital and or doctors

First outpatient appointment = £198

Follow up appointments = £103

Doctor appointment = £103

To support family to appointments (2 hours of support worker @ £27/hr) = £54.00

Cost of 5 children missing one doctor appointment = **£515**

Scenario 4

There was a very great possibility of the 2 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 32 weeks and TA support 5 hours a week for 32 weeks for 5 children.

(See appendix 1 for calculation of professional costs)

Total cost for this support = **£17600**

Scenario 5

Risk of eviction by private landlord because of rent arrears, making the family homeless. Based on hostel cost of £160 per week for 32 weeks = **£5138**

Any or at least a combination of 2 or 3 of the above were deemed potential by the professionals working with the family.

SECTION 8: KEY FINDINGS AND MESSAGES FROM THE EVALUATION

The families in this study could often recall a single incident that led to them seeking or being offered assistance through the BEACH project. However, many had a combination of factors that meant that they faced considerable challenges and burdens in their day to day lives. The BEACH processes were perceived as offering targeted help in real time. Moreover, benefits for children and young people and the adults with whom they lived were apparent.

Tipping Points

- The findings of this study revealed the tipping points that led to families seeking or being offered help through the BHLF project. The tipping points included concern for children's and young people's health, behaviour and development. Additionally, tipping points included concern for adult mental health, domestic violence, housing and debt.

Accessing BEACH

- Access to the BEACH processes was managed through a number of different mechanisms. For some families, professionals noted that they looked tired or missed appointments. Such cues were used by staff to identify families who might be near to crisis. Other families sought help, often from their health visitor or through a direct appeal for help to social services or a children's charity such as Barnardos. When families approached social services directly, they usually found that they did not meet the criteria for help and were signposted to other organisations such as Barnardos. While staff understood this as appropriate signposting, the families did not, and they reported feeling that they had been 'fobbed off'. This perception required the attention of relevant practitioners.
- Once initiated, the BEACH processes left many families feeling that they had been listened-to and heard for the first time. Furthermore, some families described how they had experienced joined-up working with previously disjointed services being co-ordinated by the designated lead professional. This reduced the work-load that some families faced and made it easier for them to negotiate their way through multiple agencies in order to get what they needed.
- There was some confusion for some families between the term CAF and CAF/CASS, and there was some evidence that families avoided participating in the BEACH processes for fear that this may lead to involvement with social services or their children being taken into care.

Accessing the Budget

- The BEACH processes were often used to procure services. Key amongst these was the provision of additional nursery places or the payment of nursery debts that meant that young children were able to continue their attendance. Other services included access to holiday clubs for children during school holidays, after school activities, and parenting classes or craft classes.
- For some families, the BEACH processes were used to procure goods. School uniforms, beds, carpets, white goods, fences and gates were all identified as significant items in averting family crises and keeping families together. The payment of bus fares kept some children at their preferred school when one family had been evicted from their home, while other families received payment for journeys on public transport. This meant that they were able to maintain contact with young children and premature infants who were receiving treatment at hospitals some distance away from the family home.

Early Intervention

- Access to a budget meant that staff could intervene quickly and avoid many family situations escalating to the point of needing statutory intervention. Staff also reported that they felt empowered to do their job properly and appreciated that they could intervene immediately. Staff reported high levels of satisfaction from working in this way
- Some staff and families reported that working in this way enabled better relationships and increased involvement with services. This was particularly appreciated by staff who reported that some families with whom they worked had been resistant to becoming involved with services before.

Housing

- Housing, neighbours and neighbourhoods were significant factors in 17 of the 18 families interviewed. They appeared to be the most important factors for many. When families were rehoused or had repairs completed, they reported significant positive impacts on their quality of life and children's and young people's well-being. However, when they were unable to effect change to houses (size or condition) or neighbourhoods, they continued to report significant burdens and ill effects for the children and their own health and well-being.

Outcomes

- Many families reported improvements in their children's development. These developments included speech, language, gross motor and fine motor developments.
- Some families and some staff reported improvements in parenting ability.
- There was a real sense of positive reframing of children's and young people's potential and ability by families following many interventions.
- Parents reported reduced family stress and anxiety following some quite small interventions (such as a short family holiday, or place at a holiday club). Families also reported improved family relationships.
- Many families spoke spontaneously about their perceptions that the BEACH processes had averted a family crisis.



In summary, there were many gains for children, young people, parents and staff. The main impacts are reported under the 5 key outcomes of Every Child Matters (DfES 2003).

- **Be healthy** – Children and young people experienced gains in their development and for some, better co-ordination of agencies led to an easier journey through health services. For young people being engaged in after school and holiday clubs was thought by their parents to be an important factor in keeping them 'out of trouble'. Financial support enabled some families to visit or be with children in hospital who had significant and sometimes life-threatening illness.
- **Stay safe** – Domestic violence was a key factor in the lives of many of the families who took part in this study. Parents reported that BEACH processes led to an increased feeling of safety. This was achieved through a number of different interventions, some quite small such as changing locks. Procuring goods such as stair gates and high chairs meant that the risk of accidents inside some of the houses was reduced. Erecting secure fencing to the outside of some houses also meant that children could play outside safely with a reduced risk of harm from the anti-social behaviour of neighbours.
- **Enjoy and achieve** – Procuring school uniforms ensured that some children attended school. There was evidence that this led to the children taking important roles in extra-curricular activities. Joining in after school and holiday clubs also meant that the families felt that their children were enjoying and achieving despite some very difficult home circumstances.
- **Make a positive contribution** – There was evidence of improved parenting and improved family relationships. Children and young people were engaging in clubs and activities, attending nursery and school and making gains by doing so. For some of the older children, support through anger management classes was perceived to be an effective intervention in reducing the risk of anti-social or criminal behaviour.
- **Achieve economic well-being** – There was some evidence that accessing the BHLF budget to enable a young person to travel to a work experience had a positive impact on his future aspirations for work. The staff involved reported that this was a significant outcome. In addition, the provision of nursery places or the payment of nursery debts alongside debt-management programmes helped some of the mothers return to or stay at work. This meant they were more economically active and contributing to their own families needs.

Important Issues for Families

Overall there were many gains for children, young people, parents and staff. However, there were still some areas that could be further improved or which left a degree of uncertainty for families and staff that was unsettling.

- The parents spoke passionately about the need to keep promises made to children. Volunteers sometimes withdrew their time and efforts with little or no notice. The parents found this not only disappointing but disruptive to their attempts to keep children and young people occupied. Breaking promises was of particular concern to parents of teenagers.
- One mother had experienced what she described as overt racism and reported her view that some workers lacked mental health awareness.
- The housing stock was a particular sticking point for some families. Many lived in houses that were too small for their needs. Children and adults sharing bedrooms and sharing between different sex children were particular problems. Some families described accommodation that was in a very poor state of repair. In some cases, their accounts reported unsafe conditions or conditions that were detrimental to their own and their children's health and well-being.

- A particular ongoing problem came from parents whose children had yet undiagnosed medical or health problems. It appeared that they had received little support on how to cope until a diagnosis was confirmed, and this meant that they viewed their children as being lazy or naughty.
- At the time of data collection, staff and families were unsure if the project would continue. This led to uncertainty and some concern about how they would manage if the project were discontinued or if they lost access to the budget.
- The families appeared to be unsure about what they could ask for under this initiative and how much they were entitled to receive. Many appeared certain that they could ask for one thing only, be it a service or goods, while others had been offered much more.
- There clearly remained a number of structural challenges related to how the project could be mainstreamed. This also contributed to the feeling of uncertainty, especially for staff working on the project.

Messages from the Evaluation

- 1) Recognition by practitioners of early indicators ("tipping points") of impending family crisis is vital to effective intervention. Practitioners need to use clinical judgement to see beyond the presenting problem and recognise the family's other issues.
- 2) Both practitioners and families can identify needs and problems, and each source is of equal importance. Families place great value on their perspectives being acknowledged and acted upon by practitioners.
- 3) The experience of joined-up working by practitioners and agencies exerts a positive impact on families' ability to negotiate processes and secure essential services.
- 4) Resources are the visible sign of effective processes, notably the CAF, which reveal previously hidden needs. Access to the budget is a facilitator which provides the means to address these needs successfully.
- 5) Access to the budget allows for early intervention by practitioners and prevention of escalation of problems. This promotes job satisfaction as staff achieve what was previously a hopeless aspiration.
- 6) The ways of working promoted by the BHLF pilot project are particularly effective in engaging families which have been persistently service-resistant.
- 7) The perceived risk of fostering dependency in families need not be realised so long as families are empowered through the process and greater emphasis is placed on provision of services rather than goods.
- 8) Positive outcomes for families and individual children demonstrate that the processes of the BHLF work and should be emulated in a wider sphere.
- 9) The BHLF has identified further issues requiring attention, and some of these need to be pursued through other initiatives. However, the processes employed in the BHLF point to practices which may be applied in other fields to the advantage of families.
- 10) The creativity and flexibility which led to the success of the BHLF pilot project must not be lost. Strategic planning must ensure that the provision of rapid solutions through easy access to funding does not become swamped by delays caused by additional bureaucracy.

SECTION 9: CONCLUSION

The overall conclusion from this evaluation must be that both service users and service providers agreed that the BHLF pilot project was a resounding success. While issues remained to be addressed, many other issues had been resolved, and the overall approach had been demonstrated to be effective, efficient, and acceptable to the families involved. The families had overcome serious reservations and come to recognise the empowering nature of the CAF and BHLF. The staff involved had adopted the approach wholeheartedly, and they had no desire to return to previous ways of working. The message from all those concerned was clearly that the initiative must be rolled out to the whole borough at the earliest opportunity in order to sustain and expand the benefits that had clearly resulted from the pilot project.



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Appendix 1: Professional costs

	A	B	C	D	E	F	G	H
	Salary	Salary oncosts	Overheads	Capital overheads	Total employee cost	Working time	Hourly rate	Hourly rate for client-related work
	£	£	£	£	£	hours	£	£
Social Worker	24,545	6,185	4,610	2,100	37,440	1,575	23.77	36
YOT Officer	24,545	6,185	4,610	2,100	37,440	1,575	23.77	36
YOT Project Worker	21,412	5,396	4,021	2,100	32,929	1,575	20.91	31
Leaving Care PA	18,907	4,765	3,551	2,100	29,322	1,575	18.62	28
QA Officer	33,291	8,389	6,252	2,100	50,032	1,575	31.77	48
Connexions PA	26,929	6,786	5,057	2,100	40,872	1,575	25.95	39
Substance Misuse Worker	28,179	7,101	5,292	2,100	42,672	1,575	27.09	41
Health Visitor	30,000	7,560	5,634	2,100	45,294	1,575	28.76	43
BHLP Project Manager	38,404	9,678	7,212	2,100	57,394	1,575	36.44	55
Finance	25,326	6,382	4,756	2,100	38,564	1,575	24.49	37
Family Support Worker	18,430	4,644	3,461	2,100	28,636	1,575	18.18	27
Organiser Homestart	20,737	5,226	3,894	2,100	31,957	1,575	20.29	30
Housing Officer	18,430	4,644	3,461	2,100	28,636	1,575	18.18	27
Community Support Worker								
SureStart								
Midwife	37,000	9,324	6,949	2,100	55,373	1,575	35.16	53
Barnardos	25,326	6,382	4,756	2,100	38,564	1,575	24.49	37
Teacher								
Head of Year	34,000	8,568	6,385	2,100	51,053	1,575	32.41	49
Administration	14,496	3,653	2,722	2,100	22,971	1,575	14.58	22

The above calculations were carried out in order to arrive at an hourly rate for personnel involved in the delivery of BHLP. OPM's approach to costing the hourly rate was based upon PSSRU's children's social worker schema: *Unit costs of Health and Social Care 2006*. University of Kent, *Personal Social Services Research Unit (PSSRU)*.

Column A: Salary

Salaries are illustrative and for this reason have been rounded to the nearest £500. Salaries were gained from averages from current salary bands within a number of local authorities, the information of which was gained from conducting internet searches for the various positions and taking an average.

Column B: Salary oncosts

As NI and pension contributions vary, in an interview, a local authority finance officer suggested using 25% as a reasonable guide for employer NI and pension contributions.

Column C: Overheads

15% of salary costs for management and administrative overheads

Column D: Capital overheads

Based on the new build and land requirements for a local authority office and shared facilities for waiting, interviews and clerical support. Capital costs have been annuitised over 60 years at a discount rate of 3.5 per cent

Column E: Total Employee cost

Sum of columns A-D.

Column F: Working time

Based on 42 weeks per annum at 37.5 hours per week (1575 hours per annum). Includes 29 days annual leave and 8 statutory sick days. Ten days sickness leave and 10 days for study/training have been assumed.

Column G: Hourly rate

Column E divided by Column F.

Column H: Hourly rate per hour of client-related work

In a study commissioned by the Department of Health, it was found that 66 per cent of a children's social worker's time was spent on client-related activities, allowing an hour spent on client-related activities to be costed. The ratio given in the PSSRU's Appendix 1 is of 1:0.5, which is the ratio used for the calculation in Column H, with the exceptions of the BHLP Team Manager. This ratio is based on the PSSRU's social work team leader.

Appendix 2: Case study 1 Professionals' Time

Community Support worker

Total Number of Contacts 62					
Activity	Number of contacts	%	Hours per activity	Total Hours	Examples
Accompanied Visit	1	1.61%	2	2	To choose goods for house
Child Protection	0	0.00%	2	0	N/A
CAF	8	12.90%	2	16	Meetings and to fill in 3 forms, 2 action plans and 1 review
Facilitation of Activities	3	4.84%	2	6	Mother and toddler group
Home Visit (Generic)	9	14.52%	2	18	To check on goods and family
Home Visit No access	4	6.45%	1	4	Arranged visit to see family
Liaison	5	8.06%	0.5	2.5	To liaise with other professionals
Meeting	5	8.06%	2	10	Family review meetings and supervision
Planning	12	19.35%	1	12	Notes, data collection filling in forms
Referral (External)	1	1.61%	1	1	To Housing
Referral (Internal)	1	1.61%	0.5	0.5	To Nursery To speak to mother
Services	7	11.29%	1.5	10.5	Mother calling into building
Total Cost per professional (Total Hours x Unit Cost)				£82.5	
Unit Cost =				£27	Total Cost £2227.50

Health Visitor

Total Number of Contacts 13					
Activity	Number of contacts	%	Hours per activity	Total Hours	Examples
Accompanied Visit	0	0.00%	2	0	n/a
Child Protection	0	0.00%	2	0	n/a
CAF	2	15.38%	2	4	To attend meetings
Facilitation of Activities	0	0.00%	2	0	n/a
Home Visit (Generic)	2	15.38%	2	4	To provide support to family
Liaison	3	23.08%	0.5	1.5	Liaison with other professionals
Meeting	1	7.69%	2	2	
Planning	4	30.77%	1	4	Appointment letter and notes
Referral (External)	1	7.69%	1	1	To SureStart
Referral (Internal)	0	0.00%	0.5	0	
Services	0	0.00%	1.5	0	
Training	0	0.00%	3.5	0	
Total Cost per professional = Total Hours x Unit Cost				16.5	
Unit Cost =				£43	Total Cost £711.763

Appendix 3: Case study 2 Professionals' time

Home start / Lead Practitioner

Total Number of Contacts 162.2					
Activity	Number of contacts	%	Hours per activity	Total Hours	Examples
Accompanied Visit	0	0.00%	2	0	The Homestart Organiser did not give detailed break down of each activity but gave an approximate time spent per week for the duration of the CAF intervention- As such all activity is marked under 'CAF activity' Duration of intervention 8 months = 32 weeks @ 5 hours normal family support week + 4 weeks at 8 additional hours (weeks of CAF initiation, meetings, liaison and review.) = Total = 192
Child Protection	0	0.00%	2	0	
CAF	96	100.00%	2	192	
Facilitation of Activities	0	0.00%	2	0	
Home Visit (Generic)	0	0.00%	2	0	
Home Visit No access	0	0.00%	1	0	
Liaison	0	0.00%	0.5	0	
Meeting	0	0.00%	2	0	
Planning	0	0.00%	1	0	
Referral (External)	0	0.00%	1	0	
Referral (Internal)	0	0.00%	0.5	0	
Hours Services	0	0.00%	1.5	0	
Training	0	0.00%	3.5	0	
Total Cost per professional = Total Hours x Unit Cost				192	
Unit Cost =				£30	Total Cost £5,760

SureStart Health Visitor

Total Number of Contacts 26					
Activity	Number of contacts	%	Hours per activity	Total Hours	Examples
Accompanied Visit	0	0.00%	2	0	
Child Protection	0	0.00%	2	0	
CAF	2	7.69%	2	4	Attendance at meeting and report
Facilitation of Activities	0	0.00%	2	0	
Home Visit (Generic)	8	30.77%	2	16	To look at hygiene & safety in the home. Discuss support & services
Liaison	4	15.38%	0.5	2	With other professionals
Meeting	1	3.85%	2	2	Allocation of resources
Planning	2	7.69%	1	2	Filling in letter and form for family
Referral (External)	3	11.54%	1	3	
Referral (Internal)	0	0.00%	0.5	0	
Services	0	0.00%	1.5	0	
					CAF and CAF card training
Total Cost per professional = Total Hours x Unit Cost				29	
Unit Cost =				£43	Total Cost £1247

Family Support Worker

Total Number of Contacts 32					
Activity	Number of contacts	%	Hours per activity	Total Hours	Examples
Accompanied Visit	0	0.00%	2	0	n/a
Child Protection	0	0.00%	2	0	n/a
CAF	1	3.13%	2	2	Attendance at CAF meeting
Facilitation of Activities	0	0.00%	2	0	n/a
Home Visit (Generic)	7	21.88%	2	14	As part of action plan - behaviour support
Home Visit No access	5	15.63%	1	5	Arranged visit to see family
Liaison	9	28.13%	0.5	4.5	To liaise with other professionals/notes
Meeting	1	3.13%	2	2	Supervision
Planning	5	15.63%	1	5	Research behaviour, photocopying, notes
Referral (External)	0	0.00%	1	0	n/a
Referral (Internal)	0	0.00%	0.5	0	n/a
Services	0	0.00%	1.5	0	n/a
Total Cost per professional = Total Hours x Unit Cost				32.5	
Unit Cost =				£27	Total Cost £877.50

Generic Health Visitor

Total Number of Contacts 37					
Activity	Number of contacts	%	Hours per activity	Total Hours	Examples
Accompanied Visit	0	0.00%	2	0	n/a
Child Protection	0	0.00%	2	0	n/a
CAF	2	5.41%	2	4	Meeting and to fill in form and review
Facilitation of Activities	0	0.00%	2	0	n/a
Home Visit (Generic)	6	16.22%	2	12	To support family
Home Visit No access	2	5.41%	1	2	Arranged visit to see family
Liaison	7	18.92%	0.5	3.5	To liaise with other professionals
Meeting	0	0.00%	2	0	n/a
Planning	10	27.03%	1	10	Notes, form filling, support & appointment letters
Referral (External)	0	0.00%	1	0	n/a
Referral (Internal)	2	5.41%	0.5	1	For Dr's appointment
Services	4	10.81%	1.5	6	Chase mother for immunisations- Under take immunisations- Telephone calls to mother x8 approx 45 minutes each.
Total Cost per professional = Total Hours x Unit Cost				38.5	
Unit Cost =				£43	Total Cost £1655.50

Appendix 3: Case study 2 Professionals' time

SureStart Midwife

Total Number of Contacts 29					
Activity	Number of contacts	%	Hours per activity	Total Hours	Examples
Accompanied Visit	0	0.00%	2	0	To choose goods for house
Child Protection	0	0.00%	2	0	N/A
CAF	4	13.79%	2	8	Meeting and to fill in form & review
Facilitation of Activities	1	3.45%	2	2	Mother and Toddler group
Home Visit (Generic)	3	10.34%	2	6	To check on goods and family
Home Visit No access	2	6.90%	1	2	Arranged visit to see family
Liaison	6	20.69%	0.5	3	To liaise with other professionals
Meeting	1	3.45%	2	2	Family review meetings and supervision
Planning	1	3.45%	1	1	Notes, data collection filling in forms
Referral (External)	3	10.34%	1	3	To Housing
Referral (Internal)	1	3.45%	0.5	0.5	To Nursery To speak to mother
Services	3	10.34%	1.5	4.5	Mother calling into building
Total Cost per professional = Total Hours x Unit Cost				32	
Unit cost =				£53	Total Cost £1696.00

Blackpool Coastal Housing Worker

Total Number of Contacts 10					
Activity	Number of contacts	%	Hours per activity	Total Hours	Examples
Accompanied Visit	0	0.00%	2	0	n/a
Child Protection	0	0.00%	2	0	n/a
CAF	2	20.00%	2	4	Reports for CAF meetings
Facilitation of Activities	0	0.00%	2	0	Mother and Toddler group
Home Visit (Generic)	0	0.00%	2	0	To check on goods and family
Home Visit No access	0	0.00%	1	0	Arranged visit to see family
Liaison	4	40.00%	0.5	2	To liaise with other professionals
Meeting	3	30.00%	2	6	Family review meetings and Supervision
Planning	1	10.00%	1	1	Notes, Data collection filling in forms
Referral (External)	0	0.00%	1	0	To Housing
Referral (Internal)	0	0.00%	0.5	0	To Nursery To speak to mother
Services	0	0.00%	1.5	0	Mother calling into building
Training	0	0.00%	3.5	0	Undertaking CAF training
Total Cost per professional = Total Hours x Unit Cost				13	
Unit Cost =				£27	Total Cost £351.00

BEACH - Blackpool Early Action For Change

Janet Berry: BHLP Development Officer

In partnership with the University of Salford

Budget Holding Lead Practitioner Project

Information for Families

RESEARCHERS

Professor Tony Long SRN, RSCN, BSc, MA, PhD

Joan Livesley RGN, RSCN, BSc, MA

http://www.ihscr.salford.ac.uk/SCNMCR/childfamilyhealth_v2.php

This leaflet is also available in large print or spoken format

July 2007

Who are we and why do we want to speak to you?

We are members of a research team from the University of Salford working with Blackpool Council. We are currently undertaking research with families to find out what they think about the common assessment framework, action plans and service packages that have been agreed to meet the needs of the children and their family.

Who has reviewed this study?

This study has been reviewed by the University of Salford Research Governance and Ethics Committee.

Do you have to take part?

No. No pressure will be put on you or other members of your family to take part. Deciding not to take part will in no way affect the services that you receive or your legal rights in the future. Even if you decide to take part now, you can, without explanation, withdraw from the study at any time in the future.

What do we hope to find out?

We hope to find out what works well for you and family, what could improve, and what the people who work with your family should stop doing.

What will we do with the findings?

The findings will be used to develop further the services offered to you and your family.

What would your involvement be?

A meeting with one of the research team at a place and time convenient to you, to talk about your family's experiences.

Will we write down what you say?

We will, but with your family's permission we would like to tape record our conversations.

Will we do anything else besides talking to you?

Yes. We will use games and other fun activities to help the children and young people in your family to join in the conversation to tell us about their experiences. The activities will be child and age appropriate, and children will have to join in only those they wish to take part in.

How long will the interviews last?

The conversations will last between 30 - 60 minutes, or longer if you agree to this.

Can you all take part?

Yes, of course, and any other person you or other members of your family wish to be present are welcome.

Will your information remain confidential?

Yes, all children and families who agree to take part will be given names different to their own in any written or verbal presentation. All research data will be kept in a secure locked archive, and all personal information will be treated as confidential unless anyone discloses that they are at risk of harm. The research tapes, notes and typed interviews will be kept for 10 years. At the end of this time you may have your interview returned or we can arrange to have it destroyed.

Who will find out what we have said?

We will write about the conversations, and what you other families say will be presented to Council staff and at professional conferences. This is to make sure that your family views and opinions are heard by as many people who work with you as possible. Any information which is collected about you or your child during the course of the research will be kept strictly confidential. However, should any member of your family disclose that someone is harming or hurting them then we will have to tell somebody else.

What happens if something goes wrong or if one of you becomes upset?

Although extremely unlikely, should any member of your family become upset during the conversations, we will stop and continue only at your request. We can explain how you can access the confidential complaints procedures, and you will have access to a counsellor/psychologist. The study is covered by the compensation arrangements for research by the University of Salford. If you are harmed due to someone else's fault, then you may have grounds for a legal action. If you wish to complain or have any concerns about any aspect of the way you have been approached or treated during the course of this study, the normal Blackpool Council complaints mechanisms will be available to you.

What happens next?

If you are willing to take part, please let the person giving you this leaflet know, or you can let us know by telephone, text or email as detailed below.

What will happen when the research is complete?

We will write to you and let you know what we have found out. You will be invited to meetings with other families to discuss the findings. You will also be invited to join events where the findings are being discussed with other people.

What if you are not sure?

Please take your time to decide, you may wish to discuss the project with one of your family workers. Please contact any of the research team if you wish to discuss any aspect of this invitation.

RESEARCHER CONTACT DETAILS

Joan Livesley

Tel: 0161 295 7018
J.livesley@salford.ac.uk

Professor Tony Long,

Tel: 0161 295 2750/2768
t.long@salford.ac.uk

Allerton Building, University of Salford, Frederick Road, Salford M30 0NN

Dedicated Project Mobile - Text: 07948 276854

NOTES

Please use this space to make any notes or questions that you wish to ask about the research.

Appendix 5 Family consent form

BEACH - Blackpool Early Action For Change

In partnership with the University of Salford

Invitation to take part in the evaluation of the budget holding lead practitioner project (BEACH)

We would like to chat to you about 'what has worked well' for you and your family, especially in terms of your first hand experience of the Common Assessment framework (CAF), having a lead practitioner and also having access to a budget.

These conversations will take place in September 2007 at a venue that is convenient for you. As a thank you for taking part you will receive £30 gift voucher for Argos after the meeting.

If you would like to take part please complete and return the slip below *via your lead practitioner by August 28th*. You will be contacted early in September to arrange a time and venue.

I understand the information I have been given and agree to take part in the evaluation of the budget holding lead practitioner project.

The venue that is most suitable for me is

- Sure Start Grange Park
- Sure Start Talbot and Brunswick **(Please tick one)**
- Sure Start Clifton

Other (please name) _____

I can be contacted on Tel no: _____ to arrange a convenient date and time for the meeting.

Name..... Signature.....

Date.....

Please return to:

Janet Berry, C&YP Department Progress House, Clifton Rd, Blackpool, FY4 4US or

Email janet.berry@blackpool.gov.uk

Fax: 01253 476563

Appendix 6 Family interview guide

General introduction (identity etc)

Confirm confidentiality etc

Confirm consent (written and taped)

Confirm focus for interview

Process - (consider ECM outcomes – BC 2004)

How did you and your family/child become aware of /involved in this project?

- Consent
- People
- Processes – assessment of needs, meetings, action planning

Practitioner - (consider ECM outcomes – safe; healthy; enjoy and achieve; earn and learn; positive contribution)

Can you talk a little about the action plan you have?

- Decision makers
- Decision making process
- Priorities
- Outcomes

Budget - (consider ECM outcomes – safe; healthy; enjoy and achieve; earn and learn; positive contribution)

Can you tell me anything about any extra money that has been used to help you meet your needs?

- Budget
- Amount
- Who decided?

Equipment/goods

Services

Perceptions of impact/outcome - (consider ECM outcomes – BC 2004)

How do you think you (your family/child) have benefited from being involved in this project?

- Perception of caf, lp; access to budget
- Best bits

Perceived differences to previous experience - (consider ECM outcomes – BC 2004)

Can you tell something about how this experience has been different to the experiences you have had before in terms of meeting your/your family/your child's needs? –

- What should stay the same?
- What should/could be done differently?

Is there anything else would you like to tell me? - (consider ECM outcomes BC 2004)

Appendix 7 Staff Invitation

BEACH - Blackpool Early Action For Change

In partnership with Salford University

Dear Manager and Practitioner,

You are invited to take part in a half-day workshop on the morning of the **16th July** at the **The Solaris Centre** located on the south promenade. This event will form part of an appreciative evaluation of the Budget Holding Lead Practitioner Pilot – BEACH.

The focus for the evaluation will focus on 'what works well' in terms of:

- CAF process
- Lead Practitioner
- Access to the budget

In addition Salford University will explore 'what works well' against the key outcomes from 'Every Child Matters' (2003). That is, how children, young people, parents/carers and professionals perceive how CAF, LP and BHLP have contributed positively to ECM outcomes

- Being healthy
- Staying safe
- Enjoying and achieving
- Making a positive contribution
- Economic well-being

It is really important that practitioners and managers who have been involved with the BEACH pilot attend this evaluation event, as the information collected will inform the future mainstreaming of budget holding lead practitioner.

The agenda and times for the workshop will be sent out within the next two weeks.

To confirm your attendance, please could you email me on janet.berry@blackpool.gov.uk

Kind regards

Janet Berry

BHLP development officer

Every Child Matters 5 Priority Outcomes from Skills for Justice (2005) available at <http://www.skillsforjustice.com/websitefiles/CAFGuide.doc>



Evaluation of the Blackpool Budget Holding Lead Practitioner Project

EXECUTIVE SUMMARY

Be Healthy - This means babies, children and young people are physically healthy, mentally and emotionally healthy, sexually healthy, living healthy lifestyles, and choosing not to take illegal drugs. We also want to help parents, carers and families to promote healthy choices.

Stay Safe - This means babies, children and young people are safe from maltreatment, neglect, violence and sexual exploitation, safe from accidental injury and death, safe from bullying and discrimination, safe from crime and anti-social behaviour in and out of school, and have security, stability and are cared for. We also want to help parents, carers and families to provide safe homes and stability, to support learning and to develop independent living skills for their children.

Enjoy and achieve - This means young children are ready for school, school-age children attend and enjoy school, children achieve stretching national educational standards at school, children and young people achieve personal and social development and enjoy recreation, and children and young people achieve stretching national educational standards at secondary school. We also want to help parents, carers and families to support learning.

Make a positive contribution - This means children and young people engage in decision making and support the community and environment, engage in law-abiding and positive behaviour in and out of school, develop positive relationships and choose not to bully or discriminate, develop self-confidence and successfully deal with significant life changes and challenges and develop enterprising behaviour. We also want to help parents, carers and families to promote positive behaviour.

Achieve economic well-being - This means young people engage in further education, employment or training on leaving school, young people are ready for employment, children and young people live in decent homes and sustainable communities, children and young people have access to transport and material goods, and children and young people live in households free from low income. We also want to help parents, carers and families to be economically active.

CONTEXT OF THE PROJECT

In 2006, Blackpool was designated by the DCSF as a Budget Holding Lead Practitioner (BHLP) pilot site, known locally as Blackpool Early Action for Change (BEACH). Aiming to promote more effective intervention through earlier identification of additional or unmet needs, the project tested achievement of two main aims through access to defined budgets

- to ensure that children, young people (CYP), and families received the services that they needed when they needed them, rather than when organisations granted the services to them
- to reduce overlap and inconsistency from other practitioners, thus reducing the costs per episode of intervention.

The families involved in the project had been assessed using the common assessment framework (CAF), and their perceived needs fell within the tier 2/3 band of the Blackpool child in need model; those under the threshold for statutory service involvement.



All cartoons by Bill Crooks

BEACH Project Process

Lead practitioners accessed up to £1000 per child via a designated BHLP and a 6-stage model:

1. CAF initiated
2. Multi-agency meeting convened and lead practitioner (LP) appointed
3. Additional family/CYP needs agreed and action plan written
4. Tier 2/3 needs not being met through existing budget identified
5. Request for additional funding from designated BHLP
6. BHLP agrees need and releases budget.

METHOD

Evaluation Objectives

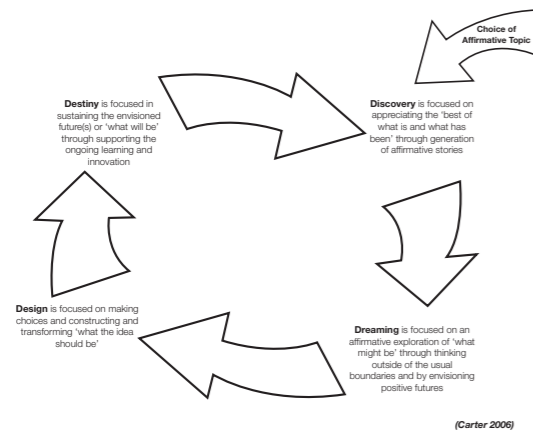
1. Explore how the integrated processes of the project (CAF, LP, BHLP, action planning meetings and review) contribute to an enhanced family centred service
2. Examine the impact that access to BEACH exerted on CYP and their families
3. Examine the impact that access to BEACH exerted on lead practitioners
4. Make recommendations for main-streaming successful aspects of the pilot project across Blackpool as a whole.

Appreciative Inquiry

The evaluation was framed within an appreciative inquiry 4D cycle of discovery, dreaming, design and destiny to discover what worked well and why it worked.

Data Collection

A combination of appreciative interviews with family members and group discussions with staff were undertaken following a 4D cycle (Carter 2006).



1. Appreciative framing of the questions
2. discovery focused on the 'best of what is & what has been' through the generation of affirmative stories.
3. Dreaming focused on affirmative exploration of 'what might be' through thinking outside the usual boundaries and envisioning positive futures.
4. Destiny focused on the exploration of what staff and families felt that they could or would do in the future to help them to realise positive futures as envisioned in the dreaming phase.

Family Appreciative Interviews

18 families participated in the interviews which were audio-recorded and transcribed, exploring 'what had worked well' against the family's individual action plan and key outcomes from the Every Child Matters initiative. The families considered

- ▶ why and how they were first engaged in the process
- ▶ experience of the CAF, multidisciplinary meeting, action plan and review
- ▶ action planning targets
- ▶ impact and outcomes for the family (adults, children and young people)

Staff Event

27 staff members attended the staff event and included LPs, BHLPS, and other professionals involved in the pilot project.

1. **The discovery activity** focused on the sharing of affirmative stories to elicit 'what had worked well throughout the BHLPS pilot'.

2. **The dreaming activity** focused on affirmative exploration of 'what the world would be like for staff if what they had discovered from the affirmative stories worked all the time'. This required staff to think outside of the usual boundaries and envision positive futures.
3. **The design activity** involved staff identifying what they thought needed to be put in place for the dream to become a reality.
4. **The destiny activity** required staff to decide what they would take from the workshop and implement in their ways of working in the future.

"...Sounds grim doesn't it? Sick dad, criminal brother, two kids. I don't look at it like that. It's just life. And since we've had the CAF things have been better. I'd love to go back to work eventually. I really would. There's so many things I'd like to do. With everything that's gone on it's hard to imagine a light at the end of the tunnel. But sitting there, around that table, with everyone who is important to the kids' lives; all there together; only having to say things once. It just made everything seem more achievable. I'm not saying it's all sunshine and flowers. It's all still hard work. My dad's not going to get any better; he slips a bit more every day. Luke's still boisterous; a handful, but I feel like there's more options..."

Data Analysis

A modified framework-analysis process was applied to the data in order to elicit the processes and outcomes for individual CYP and families. This required the team to

- ▶ become familiar with the data in order to gain an initial notion of key ideas,
- ▶ identify a thematic framework and use this to index or label the data
- ▶ chart the data to compare across themes
- ▶ interpret and arrange the data to provide answers to the research questions.

Cooperider C, Whitney D (1999) Appreciative inquiry a positive revolution in change In Holman P, Devane T (Eds) The change handbook: group methods for shaping the future. San Francisco, CA: Berrett-Joehler, pp 245-261.
 Carter B (2006) One expertise among many working appreciatively to make miracles instead of finding problems: using appreciative inquiry as a way of reframing research. Journal of Research in Nursing 11 (1) 48-63.
 Department for Education and Skills (2003) Every Child Matters The Green Paper. The Stationery Office: London

KEY FINDINGS

The families in this study could often recall a single incident that led to them seeking or being offered assistance through the project. Tipping Points included concern about debt; mental health; children's health behaviour & development; domestic violence and housing.

Many families felt listened-to for the first time. Some described how they had experienced joined-up working with previously disjointed services co-ordinated by the designated LP.



Accessing the Budget was often used to procure services including holiday clubs for children; nursery places; payment of nursery debt; parenting classes; and after-school activities. Goods, including school uniforms; beds; carpets; white goods; fences and gates; payment of school bus fares; travelling expenses to visit very sick babies in hospital were also procured. All helped to avert family crises and to keep families together.



Early intervention staff could intervene quickly and avoid family situations escalating to the point of statutory intervention. Staff reported high levels of satisfaction from this.

Housing, neighbours and neighbourhoods were significant factors. When families were re-housed or had repairs completed they reported significant positive impacts on the quality of their life and children's well-being.

Outcomes for CYP and Families

Be healthy CYP experienced developmental gains, and, for some, better co-ordination of health services. Young people engaging in after-school and holiday clubs was thought by their parents to keep them out of trouble.

Stay safe Domestic violence was a key factor for many families. Parents reported that BEACH processes increased feelings of safety (for example, by changing locks). Providing stair-gates and high chairs reduced the risk of accidents. Secure fencing allowed children to play outside safely, free from the risk of anti-social behaviour from neighbours.

Enjoy & achieve Providing school uniforms allowed children to attend school and extra-curricular activities so that they could enjoy & achieve despite difficult home circumstances.

Make a positive contribution Parenting and family relationships improved. CYP engaged in clubs and activities, attended nursery and school, and made gains by doing so. For some of the older children, support through anger management classes was effective in reducing anti-social or criminal behaviour.

Achieve economic well-being Accessing the BHLPS budget to facilitate travel to a work experience exerted a positive impact on future aspirations for work. Providing nursery places or payment of nursery debts alongside debt management programmes helped some mothers to return to or stay at work. This meant that they were economically active and contributing to their own family's needs.

To discuss processes developed in the BHLPS Pilot Project, contact:

Janet Berry, Blackpool Children's & Young People's Dept, Progress House, Clifton Road, Blackpool, FY4 4US
 Email: janet.berry@blackpool.gov.uk

MESSAGES FROM THE EVALUATION

Practitioners must recognise “tipping points” (early indicators of impending family crisis) for effective intervention. Clinical judgement is needed to recognise the family’s other issues beyond the presenting problem.



Both practitioners and families identify needs and problems. Families value practitioners acknowledging & acting on their perspectives. The experience of joined-up working by practitioners and agencies exerts a positive impact on families’ ability to negotiate processes and secure essential services.



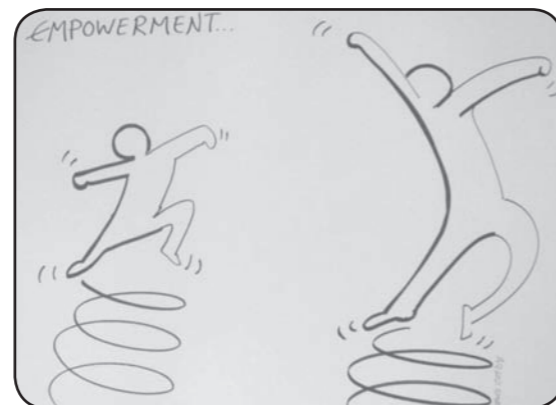
Resources are the visible sign of effective processes, notably the CAF, which reveal previously hidden needs. Access to the budget is a facilitator which provides the means to address these needs successfully.

Access to the budget allows for early intervention by practitioners and prevention of escalation of problems. This promotes job satisfaction as staff achieve what was previously a hopeless aspiration.

The ways of working promoted by the BHL project are particularly effective in engaging persistently service-resistant families.

The perceived risk of fostering dependency in families need not be realised if families are empowered through the process, & provision of services rather than goods is emphasised.

Positive outcomes for families and individual children demonstrate that the processes of the BHL work and should be emulated in a wider sphere.



The BHL has identified further issues requiring attention, and some of these need to be pursued through other initiatives. However, the BEACH processes employed point to practices which may be applied in other fields to the advantage of families.

The creativity and flexibility which led to the success of BEACH must not be lost. Strategic planning must ensure that the provision of rapid solutions through easy access to funding does not become swamped by delays caused by additional bureaucracy.

Livesley J, Long T, Murphy M, Fallon D. Ravey M. Evaluation of the Blackpool Budget Holding Lead Practitioner Pilot Project. (2008) University of Salford.

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