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A Greater Manchester University

Extended Evaluation of the Blackpool Budget Holding Lead Practitioner Project

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FINAL REPORT

May 2010



Acknowledgement

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

Particular thanks are due to:

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Research With Children and Families



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

Section 1 – NATIONAL POLICY CONTEXT

The National Policy Context

Children deserve the best start in life and families deserve services that work together to support, sustain, and, when necessary, improve their parenting capacity (DCSF 2007). All children have the potential to succeed, be happy, safe, enjoy a healthy life and make a positive contribution (DfES 2003, 2004). Families, not government raise children. Yet, parent-based family circumstances directly impact on the outcomes and life chances for children. A central plank of the UK government's strategy is to establish effective early intervention for children and young people through effective multi-agency working and child and family centred services (DCSF 2007). Key to understanding this is that no one service or agency can deliver for children and families alone (DCSF 2010). Securing and sustaining the benefits of family life for all children, particularly those children who are part of the most disadvantaged groups requires that the whole community works together and that local councils and their partners do all they can to improve the lives and life chances for all children (DCSF 2009a, Social Exclusion Task Force 2008).

By 2007 there was a growing awareness of a smaller group of families which were seen as being highly resistant to mainstream services and therefore unable to make use of the support that was available: *“It is necessary to focus on helping the small number of families with multiple problems who are still struggling to break the cycle of disadvantage”* (Social Exclusion Task Force 2007 p4). Some research (Blackburn et al 2009) had suggested that rather than seeing such families as being resistant to services, they should rather be seen as being isolated and unprepared for the complexity of the parenting task. The Government responded with the introduction of Family Intervention Projects (FIPs) which, although aimed mainly at preventing crime and anti-social behaviour, entailed a strong commitment to supporting chaotic families, thereby improving the life chances of children. By 2009, more than 2000 families were being supported through FIPs (DCSF 2009).

The Local Context

Blackpool's Population

Blackpool supports a resident population of 142,500 and is the most densely populated borough in the north west of England, and 33,700 children and young people (0-19yrs) represent almost a quarter of the resident population¹.

Housing Neighbourhoods and Environment

Four central wards in Blackpool have a high proportion of residents in receipt of housing benefit and are disadvantaged by sub-standard housing conditions, overcrowding, and persistent and worsening long-term ill-health and child poverty. In addition, there are high levels of violent crime, above the national average of first time entrants into the youth justice system, a higher number of young offenders re-offending, and a high level of antisocial behaviour. The town also has one of the highest levels of population mobility of children and young people in the country. These factors present considerable challenges to staff working with children and young people in the borough.

Blackpool's Strategic Vision (2009-2010)

Blackpool Children's Trust set out its vision for services which affect children and young people in Blackpool.

¹ Blackpool Children's Trust (2009) Children and young people's plan 2009-2012. Blackpool Council.

In line with the national policy the principal aim was to nurture a cultural shift towards a 'Think Family' ethos and tailor support to individual needs ensuring that the needs of children, young people and their families were at the centre of the trust's work. Blackpool Children's Trust Children and Young People's Plan (2009-2010) set out a detailed strategy to further improve the way services are delivered to children, young people and their families. Central to this are integrated working, collaboration and co-ordination enabled through the common assessment framework (CAF) family assessment (FA), information sharing, e-CAF; Contact Point, lead practitioners, key workers, and individual level commissioning. From 2006, Blackpool had developed, delivered and evaluated a number of effective and innovative pilot projects, in particular, the evaluation of the Budget Holding Lead Practitioner project (Livesley et al 2008) and the evaluation of the Springboard project (Ravey et al 2008). Both evaluations revealed significant gains for children, young people and their families, as well as for the staff who were involved in delivering against challenging, ambitious agendas. In addition, the Springboard evaluation (Ravey et al 2008) revealed gains for local communities through the reduction of anti-social behaviour and domestic violence.

In 2009, Blackpool Children's Trust engaged CYP@Salford, a multi-professional research team from the University of Salford, to undertake extended evaluations of the BHLP and Springboard services. The brief was to investigate the extent to which the previous evaluation outcomes had been sustained over time and to reveal any new evidence regarding working practices and processes with a view to informing future developments. This was especially pertinent given the roll out of the BHLP across the borough and the 'Think Family' Change for Children initiative (Blackpool Children's Trust 2009).

Collectively, the findings indicate that both the BHLP initiative (which starts in universal services with holistic assessment and action planning co-ordinated by a lead practitioner who has access to a budget to commission or purchase services and goods) and the Springboard model - now Blackpool's main family intervention project (which starts at the more targeted end of service delivery with holistic assessment using a family assessment and action-planning co-ordinated by a key worker who also has access to a budget) are delivering positive outcomes for children, young people and families in Blackpool.

Section 2 – BACKGROUND

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.

Findings from the Initial Evaluation: Family Views

Accessing the service

The families in the first evaluation recalled single incidents that led to their involvement in the BEACH project. These were identified as tipping points and included concern about debt; mental health; children's health, behaviour and development; domestic violence and housing. The families also reported being listened to for the first time, and some described joined-up working with previously disjointed services co-ordinated by the designated lead practitioner.

Family gains

When families were re-housed or had repairs completed they reported significant positive impacts on the quality of their life and their children's well-being. The payment of nursery debt and the provision of nursery places alongside debt-management programmes had 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.

Outcomes for children

Developmental gains for some children were apparent. Engagement with after-school and holiday clubs was perceived by parents to have kept their children out of trouble. The parents reported the improved safety of their children related to the provision of safety gates, high chairs and secure fencing. The provision of school uniforms meant that some children thought to be at risk of truancy attended school and extra-curricular activities. Providing money for bus fares enabled some children to travel to work-experience placements.

Findings from the Initial Evaluation: Staff Views

Accessing the Budget

The budget had been used to procure services including holiday clubs for children; nursery places; payment of nursery debt; parenting classes; and after-school activities. Goods bought for families included school uniforms; beds; carpets; white goods; fences and gates and the payment of school bus fares. Travelling expenses to visit a very sick baby admitted to a hospital some distance away were also procured.

Early intervention

Staff reported that the BEACH processes and access to a budget meant that they could intervene quickly and avoid family situations escalating to the point of statutory intervention. They also reported high levels of satisfaction from this.

Uncertainty

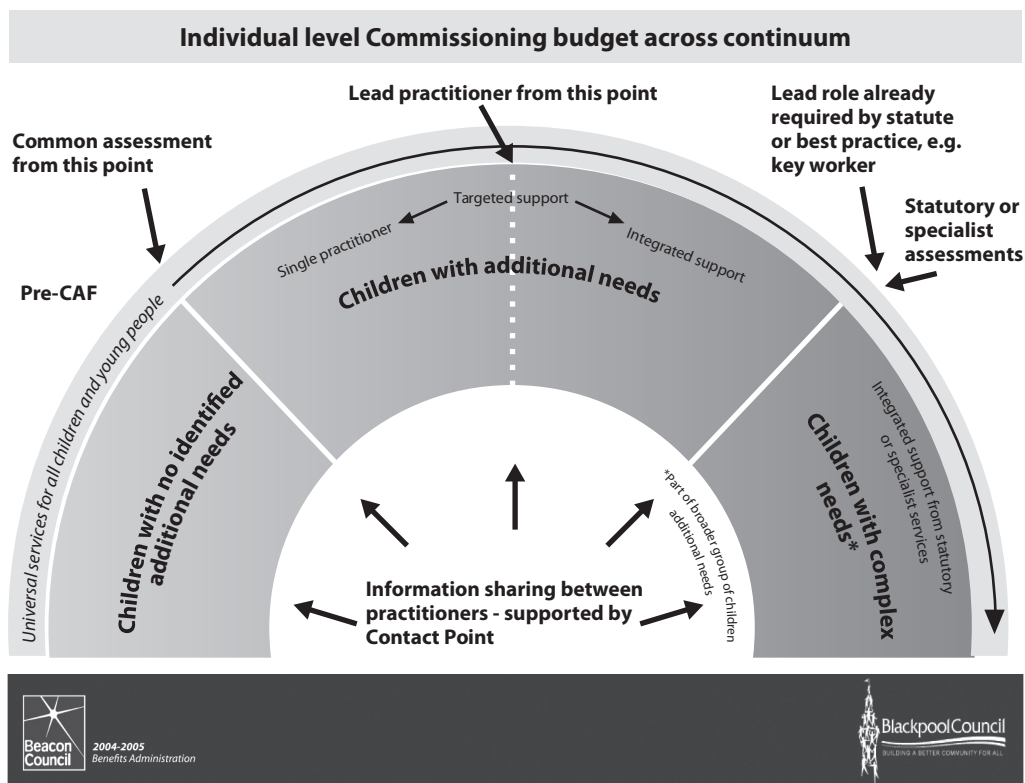
Staff were unsure if the project would continue. This had led to uncertainty and some concern about how they would continue to foster better outcomes for children should access to the budget be lost.²

The Current Context

Since the publication of the first evaluation, Blackpool Children's Trust has embedded the BEACh project processes³ which includes holistic assessment, action-planning and review through the common assessment framework. Additionally, it is currently developing individual level commissioning across the continuum of need (See Fig 1). This is underpinned by a commitment to:

1. Rolling out the concept of individual level commissioning from early intervention through the CAF process, across the continuum of need to more intensive work with families through family intervention projects.
2. Access to and leverage over a budget to meet the identified needs of children, young people and their families.
3. Needs being identified and reviewed through holistic assessment of either the common assessment framework within universal services or the family assessment process within the family intervention projects.
4. The funding is now known locally as BEACh funding. The Disadvantage Subsidy from central government will be available to all Blackpool schools from April 2010. The subsidy has been linked to BEACh funding and is known as BEACh PLUS.

Fig 1 Assessment across Continuum of Need (Blackpool Children's Trust 2009)



² During the initial project £1000 per child. Now £1000 per family.

³ In keeping with local use, CAF is used hereafter for BHLF and BEACh processes.

Section 3 – EVALUATION DESIGN

Objectives:

1. To elicit staff perceptions of the impact of interventions delivered through BEACh processes on children, young people, families and staff.
2. To elicit family perspectives on the ongoing impact of the service.

Data Collection: Staff Participants

Three semi-structured telephone interviews were conducted with staff involved with the BEACh project: a specialist health visitor, an early years family worker, and a teacher with responsibility for special educational needs.

The telephone interviews with practitioners elicited their perceptions of the extent to which continued access to a budget enhanced effective interagency working and reduced overlap and inconsistency. In addition, the interview sought to elicit the extent to which practitioners were enabled to act as a single and trusted point of contact for families, ensuring that they received appropriate interventions when needed that were planned, regularly reviewed, and effectively delivered. In particular, the interviews focused on the practitioners' experiences of working with families since the publication of the first evaluation and focused on their views of persistent challenges and new insights.

Data Collection: Family Participants

Five face-to-face appreciative interviews were conducted with parents.

- 1 mother and father pair.
- 3 mothers.
- 1 father.

The family interviews were all undertaken at a children's centre. The family participants received a £30 High Street gift voucher as a token of thanks for their participation.⁴

The family interviews sought to elicit the participants' perspectives on what had worked well against the family's individual action plan. In accordance with the practitioner interviews, the family interviews focused on persistent issues and new insights. In particular, the family experience of CAF and their perspectives on sustained outcomes for them and their children were sought. In addition, the mechanisms for access to CAF and on-going reassessment of needs were explored.

Of the 5 families who took part in the extended evaluation,

- 1 mother reported that her family was no longer in receipt of services and managing very well without support. (Case study 1)
- 2 families were still involved with CAF and in direct receipt of services and support. (Case study 2, Case study 3)
- 1 family had become involved with CAF since completion of the first evaluation. (Case study 4)
- 1 family had been escalated to statutory intervention. This resulted from a physical assault by an estranged partner subject to a restraining order on the mother and one of the children. At the time of the interview, 4 children in this family were subject to a child protection plan but were expected to step down to universal services in the near future. (Case study 5)

⁴ INVOLVE (2007) Good practice in active public involvement in research INVOLVE London

Section 3 – PRE-TEST POST-TEST OUTCOMES

This means that 4 of the families which had been interviewed for the first evaluation and were still known to staff agreed to participate in the research. One family which had not participated in the first evaluation also agreed to be interviewed.

Table 1 Family and Staff Participants

Family Participants				
Families	Interview	Initial evaluation	Status	
Helen	✓	✓	CAF closed	
Sarah	✓	✓	CAF active	
Ken & Judith	✓	✓	CAF active	
Karen	✓	✓	Escalated to statutory services	
Eric	✓	✗	New family CAF active	
Staff Participants				
Pseudonym	Interview	Lead practitioner	Service	Professional Background
Sam	✓	✓	Home-Start	Home Start Organiser
Annie	✓	✓	Sure-Start	Health Visitor
Jodie	✓	✓	Teacher	Special Needs

Data Analysis

A modified framework-analysis⁵ process was applied to the data in order to elicit the processes and outcomes for individual CYP and families and staff. 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.

Initially, an independent analysis was undertaken of each interview using the findings from the first evaluation. This involved building on the insights gained from the first evaluation to identify the impact of access to a budget, tipping points, mechanisms for engagement, ongoing re-assessment of need, positive experiences, support and services received, and perceived outcomes for children, young people and families. Persistent challenges were identified and new insights highlighted.

Ethical Considerations

The main ethical issues associated with this study were the risk of breach of confidentiality and the potential for perceived coercion. All research activity was compliant with research ethics guidance.⁶ Guidelines provided by INVOLVE for the involvement of service users and children in research projects were followed.⁷ As 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, the project did not fall within the realm of the National Research Ethics Service approval. Formal approval was secured from the University of Salford Research Ethics Panel.

⁵ Ritchie J, Spencer L (1994) Qualitative data analysis for applied policy research. in Bryman and Burgess (eds.) *Analysing qualitative data*. London: Routledge pp 173-194.

⁶ British Sociological Association 2002, Royal College of Nursing 2007.

⁷ http://www.invo.org.uk/Publication_Guidelines.asp

Section 4 – PRESENTING PROBLEMS AND ACCESS TO CAF

This section reports on the findings related to the tipping points (or presenting problems) and the mechanisms of engagement with CAF. It also identifies the complex and sometimes intractable nature of some family problems and the importance that staff and family members place on staff-family relations.

Tipping Points

Findings from the first evaluation identified debt; parent's mental health; children's health, behaviour and development; domestic violence; and housing as the individual tipping points that most gave rise to additional unmet need. These continued to be the key factors that presented families with additional burdens that challenged their capacity and capability to parent and provide for their children.

In the initial evaluation, Helen (case study 1) had reported that health concerns for her daughter had led to her involvement. The complicating problems of post-natal depression and a partner who had been drinking heavily had further compounded her feelings of inadequacy and being in need of additional support. Since, these problems had been resolved and she now reported that the family had stepped down from CAF. She was certain that the help that she had received had been fundamental to her family's improving situation. Although pleased with this, she was adamant that her family no longer needed help and had regained its independence. In contrast, the two families (case study 2 & 3) which were still involved with CAF cited children's health and concerns over developmental delay as the key factors responsible for their continued involvement.

The fourth family (case study 4) had presented previously with a complex pattern and a persistent range of problems. Domestic violence, drug dependency and children's health problems were just some of the factors impeding the mother's ability to cope. Since the initial interview the mother had given birth to her fourth child. This family had been escalated to statutory services following a serious physical assault on the mother and one of the children. However, the mother did not see this as a failure. The mother was frustrated by her perception that she was blamed for the actions of her partner. However, the previous interventions from CAF staff had provided a platform for her continued compliance with the child protection plan. She had previously been service-resistant but through her family's involvement with CAF she had come to appreciate that targeted, child-centred interventions could work. She also identified that being involved with CAF had helped her to move quickly through statutory involvement. In some ways being escalated to statutory services meant that she had additional support in dealing with her violent ex-partner.

“...so it was taken out of my hands, the CAF's hands...obviously I had to be involved. It's just that it [previous involvement in CAF] made things go a bit quicker...it did help with things like that...”

It is worth noting here that this qualitative inquiry elicited the positive aspects of this family's involvement with CAF. On the face of it, the case could be viewed as a failure. However, the positive benefits that the mother and children gleaned from their involvement with CAF would have been missed had a more crude quantitative measure of escalation to statutory services been used as an indicator of success or failure.

The family which was new to the extended evaluation (see case study 5) presented with inadequate housing, but there were other problems related to the physical and mental health of the mother. In keeping with the findings from the initial evaluation, they had a range of significant burdens that threatened the parents' capacity and capability to continue to provide for their children.

Dealing with Complexity

The tipping point for all family participants was significant as it triggered the necessary mechanisms for the families to become involved with CAF. However, it was often just the tip of the iceberg. While the presenting combinations of problems and burdens faced by each of the families were unique they often reflected the complexity of issues faced by other families living in the borough. These individual problems combined and collectively threatened not only the parents' capacity to cope, but family stability and the children's health and well-being. There was strong evidence that staff were often dealing with difficult and at times seemingly intractable problems.

“...With one little girl we would go to the ends of the earth to get her into a group because of what she goes through at home. In this particular case, it's a case of the social worker getting enough evidence. You need so much evidence to be able to remove children. It takes such a lot of evidence to take it to court to get the children removed. This is an offer we can make to that child to make her life a little bit better...” (Sam: family support worker)

Sometimes it was the nature of the complexity and the intractable problems that helped staff to appreciate and articulate the perceived benefits for some children. As Sam noted:

“What we're trying to do is give her some happy memories rather than day-in day-out living the sort of life that she has to live at home...” (Sam: family support worker)

For Sam, the CAF process meant that she had something to offer this little girl until a more permanent solution to her needs could be found.

Mechanisms of Engagement

Staff – Sustained Involvement

The initial evaluation had identified 2 principal mechanisms used to access the CAF process; pro-active staff responding to family cues, and the parents' requests for help. In keeping with this, the extended evaluation found evidence of sustained involvement and engagement from health visitors, Sure-Start family workers and Home-Start staff. An example of this was given by Annie, a health visitor who was involved with the new family (see Case study 5). She had initiated the CAF, assessed unmet needs and agreed a package of support and services. Her actions were creative, inventive and had led to successful outcomes for the family. The parents' burdens were reduced, their capacity to cope improved, and the family's stability maintained. Sam, a family support worker, provided similar evidence of her ongoing engagement with CAF (see case study 4).

Staff - Increasing Awareness and Engagement

However, there was new evidence of increasing staff awareness of the CAF initiative across the borough, with different sectors of the workforce reporting a willingness to engage with the process. The first evaluation had noted some concern about the extent to which school staff would be willing to engage with the CAF processes, but the extended evaluation revealed strong evidence that some teachers were initiating common assessments. Not only were they initiating CAF processes they appeared to have a solid understanding that these were to be centred on meeting children's assessed unmet needs and that those needs could not be met through existing universal services. As Jodie (a school teacher) noted;

“...We've usually exhausted our provision that we have in school for children or we can see straight away the provision that we've got in school isn't going to work on its own...”

Jodie had been involved in initiating a number of CAFs (see case study 6 for an example). For Jodie, CAF had provided her with a mechanism through which she could offer speedy and targeted support to the children

she had previously struggled to help. She noted that:

“...I always used to say when I was dealing with, just with academic needs of the children, if only we could sort out the emotional needs and you know, the family difficulties and the chaotic families and dysfunctional families. So now I’ve got it...”

Another workforce sector that had visible engagement with CAF was housing. In the first evaluation, housing had been described as particularly and persistently resistant to the CAF initiative. The second evaluation suggested that this had changed, at least in some areas of the borough:

“I work quite closely with housing now because the housing support worker actually does CAFs. She sometimes identifies the ones I don’t ...so that has had impact.” (Annie: health visitor)

“We work fantastically with the council housing. They work brilliantly with us if they know we’re working with a family. They go out of their way to help us...” (Sam: family support worker)

It is possible that this improvement was due in part to the co-location of staff. Nevertheless, the contribution of staff from the housing department was clearly welcomed by everyone and constituted a new finding.

Staff-Family Relations

It was clear from the participants that involvement with CAF was sometimes less about what could be offered and more concerned with their relationship with the people who worked with their families. As in the first evaluation, the staff were particularly aware of the importance of strong relationships with families. Jodie (the school teacher) identified that effective working relationships with parents and children were essential to this new way of working. Having access to a budget and offering timely support seemed to open the door for her and helped her to reduce family resistance to becoming more involved with services;

“I offered them this BEACH plus, the breakfast club and after school club. They took that on board, and then I think that must have just opened the gates a little bit, and then Mum came in and told us everything else. It’s looking like that will be a full CAF now.”

As is often the case in intensive family support, even with a multi-agency and multi-professional approaches, the parents were explicit in stating the importance of sustained, caring, competent and empowering elements of their relationships with lead professionals and key workers. The participants clearly associated some of the success of the service with the people with whom they had contact and those who ‘did what needed doing’. Eric (case study 5) highlighted this when he was asked to imagine the world as a perfect place;

“I wish every town could have an A [named health visitor], quite honestly. Because if there were more As in this world people would get better. I cannot over-praise that lady. She has worked tirelessly even on what we thought would be a lost cause. She just would not give up. That lady is absolutely brilliant and I have nothing but praise. If every Sure Start centre or everywhere had an A the world would be a better place”.

Karen’s view (case study 4) supported Eric’s and provided further evidence of the importance of her relationship with the lead professional and support.

“I think the support, the professional support.... Knowing it’s there, and knowing that if you’re struggling or you need something there’s always somebody there that you can talk to about it and who can support you with it...”.

When Ken and Judith (case study 3) were asked to explore what it would be like without the support of their lead professional, they answered:

“...a nightmare; total and utter nightmare! I think I’d go back to how I used to be. Shouting all the time....”

Ken went on to explain that before they had been involved with the CAF processes their relationships with professionals had broken down. Eric had been used to losing his temper and shouting at workers. As this was seen as abuse he was threatened with the withdrawal of services. In turn this meant that he had been frustrated:

“...If I think there’s a problem, I used to go and shout about the problem, instead of trying to deal with it.... I’d go in shouting...”

Since becoming involved in with CAF, Ken had developed insight into the inappropriateness of his behaviour. With support from his lead professional he had managed a significant shift in how he related to the staff which worked with his family. He acknowledged the importance of his relationship with his lead professional and alluded to the trust he had in knowing that his lead practitioner would stand by him and accept him for who he was:

“And now I don’t [shout]. S is used to us now. So if I’m angry... she’ll [lead professional] take what she needs to know, and she’ll give me some time to calm down, and then I apologise, and she knows all this, so she takes the can for everybody else”.

This change in behaviour and the development of a ‘can do’ mentality shone through the family accounts (and is discussed in greater detail later in section 5 of this report). It was noteworthy that the families attributed little importance to the professional origins of their workers; what seemed more important was the families’ perceptions of respect, caring, keeping promises and delivering services to help them cope. As Eric noted, it was not that everyone needed a health visitor; rather everyone needed ‘Annie’.

“The health visitor, she became involved and said ‘look this is not on’ [inadequate housing], and if it wasn’t for her we would not have been able to move from a one bedroom flat to a three bedroom house.. Yeah...if it wasn’t for Annie we wouldn’t have got anywhere.”.

Section Summary

The findings from the extended evaluation provided further evidence that the presenting problems found in the main evaluation (debt; parent's mental health; children's health; behaviour and development; domestic violence and housing) continued to be the key factors that presented families with additional burdens that challenged their capacity and capability to parent and provide for their children.

While cases varied significantly in intensity and complexity, the experiences for families in the extended evaluation captured the multiplicity of factors that often combined and collectively threatened the parent's capacity to cope; the family's stability; and the children's health and well-being.

The pro-active and creative approach found in the initial evaluation appears not only to have been sustained but to have been strengthened. In particular, there was new evidence that some staff that had previously been resistant were initiating common assessments and triggering CAF processes.

Staff (including those previously not involved) seemed to be conversant with the notion that the BEACH process were centred on meeting children's assessed unmet needs and that those needs could not be met through existing universal services. They focused clearly on the purpose of the initiative. The engagement of some teachers and staff from housing was notable. When they did engage, the benefits for children, young people and families were noted and welcomed by other workers.

As is often the case in intensive family support, even with a multi-agency, multi-professional approach, parents were explicit in stating the importance of sustained relationships and specifically the value that they placed on trusting relationships with individual lead practitioners and key workers.

The human aspect of the process and its caring, competent and empowering elements were crucial to service users.

Section 5 – CAF MATTERS (1) – FAMILY PERSPECTIVES

This section considers the families' experiences of the action-planning meeting, subsequent targets, the provision of services, and the procurement of goods. In the first evaluation, families had explained that the action-planning meetings had been daunting and at times intimidating. That said, the initial evaluation had revealed that families had felt listened to and heard for the first time, with previously disjointed services becoming co-ordinated. In addition, families had reported real gains for children, especially in relation to children's development which was often thought to be closely associated with the provision of nursery places. The first evaluation pointed to perceived stability in the families. This had persisted over time. It would appear, from the families' perspective, that this stability had been brought about in two ways, the provision of tangible services (such as improvements in living conditions or the buying of appliances) and although more abstract, the perception of support. The second aspect was far more difficult to quantify, but for some families was more important.

Action-Planning Meetings

The families which had been in contact with CAF since the initial evaluation reported a more streamlined and focused approach to their action-planning meetings. Ken and Judith explained that they now met ***"...I think it's every three or four months"***. In the initial evaluation, Ken and Judith had explained that they had sometimes felt intimidated at meetings. They had also been bullied in groups previously and had a preference for their lead professional to take charge of the meetings. However, things had changed and the change related to much more than the frequency of their meetings. Ken and Judith explained that they felt much more in control of the meetings and the meeting agenda. They seemed to be less dependent on staff to identify problems and issues affecting their children. This meant that they had grown in confidence and were better equipped to navigate the services on offer and engage in effective negotiations with staff from an array of agencies.

Sarah, who had also participated in the first evaluation, reported similar changes. She explained that...

"...now because they do it [action-planning meetings] like at a parents' evening with all the other kids...it's just with B's [her son] teacher..."

Sarah had also stated previously that she had felt intimidated at the action-planning meetings. She had even suggested that parents needed an advocate to speak on their behalf. She was now far more confident. In part, this was due to the location of the meetings. Having meetings at her son's school made her feel more like other mothers who attended parent evenings. It was also related to having to deal with fewer professionals at any one time.

The description of action-planning meetings in which everyone sat around a table had shifted to an approach which took account of the day-to-day mechanisms that could be used to meet with the families. That said, some of the families which had been involved in the initial evaluation appeared to be somewhat uncertain regarding which members of their family were still under the remit of the CAF. When Sarah was asked if one of her sons was still subject to a CAF, her reply was; "I think so". This added to the evidence that the CAF processes were, indeed, embedded in the ordinary life routines of her family.

CAF was perceived as being crucial to sustaining the stability of the families. There was certainly more than a notional view from the families that their lives would have taken a different route had they not been signposted to CAF. As Ken and Judith noted, their family had clearly benefited from help with navigating the multiplicity of services that they required to meet their children's needs. They thought that without it their family life ***"wouldn't run right"***. Karen concurred;

“To be honest, I think probably we’d have been in a lot worse position, it probably would have been more serious...it’s hard to say, I think probably I’d have been really hurt but the kids...I mean, not that my little girl wasn’t hurt. She was hurt, but she could have been hurt a lot worse, and worse and worse. I think if we hadn’t have had any support or any intervention it probably would have just kept carrying on and just got worse and worse and worse, because he [estranged partner] wasn’t listening to me. I wasn’t getting anywhere. He knew how to break me and get what he wanted, and I suppose with the intervention, that just pushed me to make a decision and to stick to it. No matter what he’s saying to me or what he’s doing to me, I know I’ve got to stick with it...”

Karen’s emotive insight encapsulated the significant impact that CAF and the subsequent provision of services and support had on the lives of some of the families. It also underscored the necessity for sustained support. It seemed that sustained support was in turn sustaining families. In other words, helping families to navigate significant burdens and negotiate with service providers appeared to increase the parents’ confidence. In turn, it was helping families to stay together. As Sue noted, working with CAF had meant that the children in one family (case study 6) remained with their aunt:

“...it’s actually stopped and hopefully for good. It’s stopped them having to go into permanent foster care because she was getting to the point where she just couldn’t cope with them...”

Provision of Services and Procurement of Goods

Consistent with the strategy of moving towards individual level commissioning, the families had received a mixture of services and goods (audited between April-December 2009). The individual level commissioning report presented to Blackpool Children’s Trust Executive Commissioning Group (February 2010) identified three principle categories of expenditure:

1. Activities: this included club memberships, after school and breakfast clubs, sports camps, holiday play schemes and swimming, amongst others. (24% budget)
2. Services: this included nursery provision, house and garden clearance, counselling, and college and school support. (49% budget)
3. Goods: these included painting and decorating, white goods, play and creative equipment, clothing and baby items. (27% budget)

Nursery Provision

The spending analysis revealed that by far the greatest expenditure at CAF level was the commissioning of nursery provision. The reasons for this included that:

- Some children did not meet the two year old grant or the free entitlement for three and four year olds because of age criteria;
- Children needed nursery provision on top of the 38 week provision of the two year old grant or the free entitlement for three and four year olds (school holidays);
- Children required more than 15 hours per week nursery provision provided by the two year old grant or the free entitlement for three and four year olds.

However, there were staff concerns regarding nursery provision. Two of the staff participants indicated that it was becoming increasingly difficult to secure funding for the 2 year old nursery grant. They expressed their worry that the obvious gains that they had witnessed for children attending nursery would be lost as the BEACH funding would not stretch to cover this. As Annie stated:

“We used to get a two year grant, and those children fed in to the two year grant which made it possible. There is no money for two year grants now, so there is only very few children who can access that. So now we have to look very carefully at using the funding for a child to go to nursery, because, unless the parent can pay one session, one session a week is not good enough because they are settling in every week then, they’ve forgotten from week to the next. So really they need a minimum of two sessions. That will make a difference not having the two year grant.”

Eric stressed that the CAF had played a part in the provision of a nursery place, and he was very clear about the ensuing benefits for his son.

“...Learning of course, I mean he will learn more at nursery than... I sit down with him and read with him, but it’s a different atmosphere, and he will tend to learn more with his friends in that atmosphere than what he would sitting down with me and his mother...”

The current economic climate in which a severe global recession is impacting on the funding available for public services means that increasing demands for ever more efficient ways of working will continue. In the first evaluation, a “What if...” financial comparison between the cost of services through CAF against the possibility of a family crisis and breakdown provided evidence that for a relatively small financial investment greater savings were being made. While a financial analysis was not commissioned as part of this second evaluation, a full analysis of CAF expenditure had been undertaken. As noted, by far the greatest expenditure was against nursery provision. That said, it is certainly the case that this is far less expensive than the cost of accommodating looked after children.

The Provision of Goods

During the first evaluation the parents revealed that many of them had been in receipt of white goods, such as washing machines or tumble-dryers. There was less evidence of this from the families in the extended evaluation. Nonetheless, the staff participants were unequivocal in the difference that being able to provide things for the families made. Annie stated:

“I think it is very important because it can be something very small that really does make a difference. I mean, we can access charities for most of it and we would not use the fund without exhausting every other possibility. We had to buy a tumble-dryer for a mum who had three little ones under three. People can say it is a luxury but not when you have three babies: it is no longer a luxury, it is a necessity for that mum. Those children benefited because they didn’t have clothes to wear. Everything was on a radiator or hanging out or waiting to be dried, waiting to be washed. In that case it was not a great deal of money but it made a big impact on the children. You will get charities who say it is a luxury, but if they are school-age children and they have no clothes or they go with smelly clothes then the impact is huge on those children. Because other children will not play with them...”

This provided evidence that while staff were aware of the need for prudent use of a scarce resource they were convinced of the benefits that access to the budget had for some children. The reliance on the provision of white goods had been a particularly contentious issue for some staff who felt that it was a poor use of funds. When explaining about their children’s nocturnal incontinence, Ken and Judith revealed that they had received ***“a digital washer...dryer...and a dishwasher”***. Unfortunately their dryer was no longer working. When this was noted by the interviewer, Judith asked, ***“...why? Can you get me a dryer?”*** Although said in jest, this served to reinforce the view that goods should not be provided in isolation but should be offered in conjunction with support that enables resilience and capacity to meet the family’s needs in the future.

Education

CAF had also played its part in the educational provision for some of the children. Some results had been very positive for the children and young people involved. Sarah had experienced significant issues regarding her children’s education, which had been resolved through CAF. Ken and Judith acknowledged how effective the action-planning meetings had been in relation to communication with their children’s school.

They explained that one of their children was being bullied and that the school **“...weren’t listening to us”**. Once the bullying had been raised at the action-planning meeting, they explained, it **“died down a bit”**. Sarah reported similar issues and outcomes. Annie also explained that she had been able to use CAF resources to help a young person attain GCSEs:

“Well I liaised with school and with getting him... because he was actually out of school for a little while so through the CAF I was able to liaise with the Oxford Centre which gave him help with his studies so he could do his GCSEs. He did get his GCSEs but he got them at low grades. He might have done better had he been in the school system, but he was out of it, he was out through various problems.”

Helping children achieve at school was considered an important outcome for the staff. It was also important for the parents, as Sarah explained. Her older son who had been unable to read or write had started to achieve at college:

“He wants to join the army or do car mechanics...like he has been going to college once a week. I think it is P he has been going. When I went to that meeting his college teacher said ‘I don’t have a problem now with M, he does everything I ask him’. And I said ‘Well I can’t believe that because he doesn’t do it at home’”.

In the past he had demonstrated persistent and significant behavioural issues at home and in educational settings.

Children’s Well Being

The children had also benefited from other service provision. Karen’s two daughters had received input in relation to their mental wellbeing.

“...And there’s obviously... because of the situation that we were in the kids were affected by it, so they’ve had to have different things like counselling, you know, that sort of stuff...”.

However, in relation to her son who had been diagnosed with autism, her experience was less positive. One of the services he had received at the start of her engagement with CAF had been a clear success and he had continued with the activity.

“...He still goes drumming with the [service]. He still goes there and he loves it, absolutely loves it...”

Unfortunately, Karen reported that services have fallen short in relation to providing support to her family in respect of respite care.

“...any respite or go anywhere or anything like that, but he does have his drumming every other week...”

Karen viewed this as important as her son had complex needs. However, she had taken the initiative to introduce different activities and had managed to get him into a summer group. ***“...and he loved that, he really loved that, and I paid for that.”*** This provided evidence that Karen had started to take control of her own life.

Children’s Health and Development

CAF had also been used to support children in relation to their health needs. Judith and Ken’s two children had experienced different health needs, and as a result of involvement with CAF the children had received better co-ordinated health care.

“Yes what’s happened is, this last time, we had to put down ... B House didn’t get back to us for a long time, due to the CAF, and they were supposed to get back to us before this meeting, but they didn’t, so S had to chase it up.”

When asked what B House was they explained;

“They’re like the hospital, but instead of going to a big hospital, it’s easier to park. It’s so we could see the specialist instead of going to the hospital. Now we go to a place near the hospital. It’s a place near here; it saves going to the hospital and waiting in big rooms with lots of people...because I can’t deal with that....”

As a result, their daughter had been discharged from a dermatology clinic, and they were being helped with concerns related to their son’s growth. Sarah’s younger son, who had been described as having developmental delay by her when she was interviewed for the initial evaluation had received help through CAF. She explained that...

“Yes because when they got him in Sure Start he was like that, shy of people and he wouldn’t speak to anyone. Yeah now, he never shuts up...his speech is brilliant now”.

Helping families to navigate their way through health and social care services was clearly helping children to enjoy and achieve.

Help with Housing

Accommodation

Some families had received significant support in relation to housing through relocation or improvements to their existing property. The effect of moving or being offered a move of house had mixed outcomes. In the initial evaluation, Ken and Judith had been extremely satisfied with the size of their new house and the facilities, such as the garden, from which they and their children had benefited. However, during their interview for the extended evaluation they explained that they had been experiencing what seemed to be targeted anti-social behaviour.

“We used to have all the hassle at M, when we lived at my Mum’s. She had all this...and then they broke in when we went to her funeral. So it’s the same, we think it’s the same people, don’t we?”

Other family participants, for instance Eric, had been overwhelmed by the experience of moving house. He perceived it as a life-changing event for his entire family. He described both the emotional and practical benefits that it had brought them;

“Well there’s more room. We are happier as well. You know, children are not stupid, they sense that we have a house now and we are happier, we are settled...”

However, offering families a move was not always an easy solution. Some families had financial, social and emotional ties to their current house. Sarah explained that:

“...I was thinking about moving because really I do need a bigger house, but I have been in this house 11 years and I like it. I’ve just paid out for my back garden to be done and everything”.

Karen had explained that when she had been offered a move of house this had reinforced her interpretation that she was thought to be the perpetrator of events that had resulted in her family’s difficult situation. Additionally, she felt that the process of moving to a different area would be destructive as it would disrupt or even wipe-out the social networks that she had built up and relied on for support. In turn she thought this would have instigated a level of instability with which she would be unable to cope:

“That was one of the things that I said about moving, and I’ve been thinking about it again, but that was one of the things. ’Cause I have such a good support network round here with Sure Start and the Home Start and the CAF and what have you, and the school... I’d have to... I couldn’t go too far because again it would be finding a school that was as good as that and could meet his [her son’s] needs the same way...”

This need to remain in the same neighbourhood was a strong driver behind Karen’s decision to stay. Nevertheless, it presented her with other difficulties.

“...because one of the problems I’m having at the moment is he [ex partner] only lives two streets away from us so we bump in to him quite a lot. But then again, it is so frustrating, because I don’t really want to move again. I feel like - why should we move from our home, our community, for him? The kids are all settled at school, they’ve got their friends here, we’ve got the support, and it’s quite frustrating...”

There remained an unmet desire related to Karen’s need to feel safe and secure in her neighbourhood. Ken and Judith reported a similar experience.

Anti-social Behaviour

Since the first evaluation Ken and Judith had spent some time and money improving their home. Their children were settled and well-supported at the local school. However, they were experiencing a significant and seemingly potentially worsening amount of targeted anti-social behaviour. This included having eggs thrown at the house and their children’s garden toys being deliberately damaged. They had installed higher and more secure fencing around the house and CCTV. Targeted anti-social behaviour is a national concern, and in this case, a move of house offered no guarantee that the perpetrators of the anti-social behaviour would not follow them to a different location. At the time of the interview they said that little was being done to help them but they had resolved to raise this issue at their next action-planning meeting in the hope that a solution could be found.

Sarah had a similar story. She had settled into her house and felt that it was “just how she wanted it”. She was also experiencing anti-social behaviour from her neighbours. When she was asked about moving she replied...

“I don’t know yet. I was thinking about moving because really I do need a bigger house, but I have been in that house 11 years and I like it. I’ve just paid out for my entire back garden to be done and everything.”

It would appear that services are struggling to respond appropriately to the anti-social behaviour that seems to dominate and impact on the quality of the families’ lives. Sarah explained that;

“I wrote the council a letter, but I have not heard nothing back - you know the main office in town. I came in complaining about it because next door they are just throwing like tables and everything on my side. I keep moving them back, and I’ve just, like, all their kids in my garden, and they’ve got a dog and it is doing its business everywhere...so I can’t let my kids out.”

When asked if she had received a reply to her letter written months previously, she replied that she had not, but staff from the housing department had installed high fencing along the rear of her garden. Unfortunately, they had done nothing about installing fencing between her garden and her neighbour’s garden. This meant she was still experiencing anti-social behaviour;

“Yeah I still get rubbish dumped all over but it just goes back in the alley. I say that’s not my crap.”

Families in social housing had received more meaningful support in relation to adaptations and renovations to their houses. This work included new bathrooms and kitchens but the families had some complaints regarding the quality of the work.

“...like they have not put the cupboards on properly because one of them fell off straight on to T’s foot the other day, so she has got a bruise on her foot now. Where they’ve painted it, it is just getting all damp around the skirting boards and going up my walls.”

Blackpool has a high proportion of its population living in social housing and a high proportion of families living in private rented accommodation. The staff identified housing problems as being particularly difficult to resolve. Jodie explained the complexity of one family in which the children had recently stepped down from a child protection plan.

“...So in this case, there was only me left, so it had to be me [lead practitioner]. The family lived with the children’s aunt, and ... the family are new to our school, so I don’t know much about what happened on the child protection plan before, but I’ve been told by health visitors and social services if they move away from aunty they are going to be in trouble. And probably go back on the child protection plan... So the family want to live near school, but aunty wants them to live in another part of Blackpool and go to another school. I’m being asked to write references for them to live on Grange Park, whereas I know that’s not going to be the best thing for them. I contacted the family support information service in Blackpool, and they said there is a person dealing with housing but he’s not in post yet...”

Sam also noted that housing problems were particularly difficult to deal with:

“Housing is an issue. If we can get them [families] in council houses or housing association properties then they’re fine, but in Blackpool there is a lot of rented properties, and bed-sits, one-bedroom flats, completely inadequate for families but they just get rented out because the families feel they’ve got a roof over their heads and the landlords get their money. Once they’re in those properties is difficult then to get them out especially if they’ve got two or three children and are looking at three four-bedroom properties. You’re struggling because it can take quite a long time.”

Sam continued:

“I think that private landlords and renting is the major issue. The CAF helps with that because we can bring in environmental health and the housing enforcement officers then, but of course that causes problems for the tenants because the landlords get contacted by environmental health or housing enforcement and then they’re not happy. It’s up to the families. If they don’t want to contact them we will not contact them, but private renting is a major problem.”

In particular, there seemed to be two intractable problems: insufficient houses of adequate size available to accommodate families, and a cautious balance to be found between maintaining relations between private landlords and tenants in need of rented accommodation.

Emotional Support - Promoting Resilience and Self Reliance

It was clear that the CAF initiative had been effective in relation to the provision of nursery places, the procurement of goods, and help with housing. Still other services played a part in promoting emotional stability within the family. For instance, Karen had described the significant benefits that she had received through the CAF processes. One was access to a counselling service. She perceived the counsellor to be a person that she not only trusted but someone with whom she could confide. Karen was especially concerned about talking to her children about their father who had been violent.

“That’s one of the main problems I have. I find it so frustrating, because I think maybe I’m saying too much to them. I’m telling them too much, things that they don’t need to know. Am I not telling them enough? It’s really frustrating not knowing what to say to them for the best. And how to say it to them that it’s not keeping it fresh in their minds as well, you know, it’s giving them that chance to get over it or forget things and not build new memories as well... Yeah she’s been quite good [counsellor] ...I mean I’ve seen her twice already and she said not worry too much because it’s quite normal for them to have it still fresh in their minds, because he’s their dad at the end of the day and they don’t see him as being bad because he’s their dad. So it’s normal for them to have it fresh in their minds, so not to worry too much. But I still...I get quite upset...”

A further beneficial aspect of the CAF processes related to the families’ perception of growing independence, resilience and self-reliance. This was achieved in a way that the families valued. Karen was asked what she thought would happen when the safeguarding issues were resolved and the children stepped down from the child protection plan. She said ***“...I know it’s still there [support] not like completely cut off ...”***

Sticking Points

While CAF has been a resounding success, there were a number of sticking points that are worthy of note. One related to the families’ concerns about the service being open to abuse by people who they thought to be undeserving of the benefits that CAF could offer. Eric spoke of his concerns.

“...I think you need, you would need a genuine case to start with because I can imagine they get a lot of people applying for it that are not 100% Kosher. So you know, I think that CAF being available for all the genuine cases, genuine needy cases I mean using us as an example, without them we would be up the Suwannee without a paddle. So I mean ...you have to be careful who you give the help to, and make sure they are actually what they say they are...”

A similar point was raised by Karen. She was completely committed to the CAF processes and sure of the benefits that she and her children had realised. She was also pleased that it had been ‘rolled out’ across the borough. However, while she thought that the project should be universally available, she expressed some concerns regarding the development of dependency.

“I think even if there is money available it shouldn’t really matter how much it is, you’re supposed to be working together with the staff on the CAF and the family, you’re supposed to be working together as a team, aren’t you? Which is why I would say if you help with this I will put half to it, and I think if every family did that then they’d be getting what they needed but they still wouldn’t feel like they were a charity case kind of thing, that they were still supporting their own family in a way but we’re just getting a bit of help.”

It seemed that Karen linked the notion of working in partnership with that of empowerment. Concurring with Eric, this was evidenced by her alluding to her concerns that involvement with CAF could lead to families becoming service dependent:

“...when it’s taken away, that entire fund is taken away, and you’re back in the same position as you were when the CAF started. So if maybe, you’re pitching in as well, you’ve still got that. Once the CAF dwindles away you’re still able to support yourself.”

In keeping with the initial evaluation and regardless of the families’ situation, they were proud and did not want to be seen as being service-dependent. They wanted service staff to respect them and to be sensitive in relation to resolving their needs. Putting money and support into families was seen as insufficient. Rather, strategies that left a legacy of self-reliance and an ability to navigate appropriate support and services with confidence were wanted.

Section Summary

It is clear that the families' experience of CAF, the related processes and their relationships with practitioners who delivered support as a result of its implementation was particularly positive. They perceived it to be a service that delivered in a way that supported rather than supplanted their attempts to cope with what were considerable burdens. Housing and neighbourhoods presented staff with seemingly insurmountable issues that were extremely difficult to resolve. There were a number of important messages presented by the participants that services need to hear and act on if CAF is become entrenched in a 'Think Family' ethos.

The families placed a great deal of importance on the enabling and empowerment that they experienced from CAF. This resonated through the stories that the families shared. These principles need to continue to drive the service delivered to families and are consistent with the Think Family ethos that is currently being fostered in the borough. Alongside this, continued emphasis on family involvement and perhaps a greater emphasis on children's and young people's involvement should become implicit in the service.

There was an intimate relationship between perception of support and the services offered. The whole package had often become an integral part of family life and was fundamental to the family's stability. The families also expressed some concerns about the service being too inclusive and open to abuse by people who should not receive the benefits that CAF could offer.

Regardless of the situation and the presenting needs, most families had pride and self-respect. Service providers should respect this and be sensitive in relation to how they commit to resolving people's needs. Simply providing money and support for families is insufficient to reduce the chaos which is frequently part of the problem. Strategies and approaches that leave a legacy of self-reliance and the ability to access appropriate services with confidence are needed. This is commensurate with the aims and outcomes of CAF.

Section 6 – CAF MATTERS (2) – STAFF PERSPECTIVES

The initial evaluation had identified staff concerns about the uncertainty of the future of CAF. Since then, the initiative has been rolled out across the borough and embedded in a Think Family ethos. Although the budget per child has been revised from £1000 per child to £1000 per family, additional funds have been made available to schools through BEACh Plus Funding. This section presents the staff insights and perceptions of the benefits that access to a budget brings. It also highlights that other staff groups are not only engaging with CAF but initiating the assessments of unmet need. Overall CAF has fostered a number of benefits. Joined up working, reduction in overlap and inconsistency and learning from other professionals are clearly evident. Additionally, information is being shared more readily to the benefit of children and their families. There are, however, some sticking points. One of the staff participants explained that a bid for BEACh funding had been refused for one child, and there were also concerns related to effective work with children who had stepped down from child protection plans and the provision of nursery places.

Access to a Budget

Jodie explained how she accessed the BEACh Plus funding to help families experiencing acute crises.

“The BEACh Plus funding that I’ve accessed so far, for example, has been for a child who’s... the family are ...normally a good family, who, everything’s working well, dad’s mother has become terminally ill, dad is suffering from depression, mum is on a course that she wants to finish but the money’s tight, so from that point of view, I just got three months BEACh plus funding to send the child to breakfast club in the morning...So hopefully that will be it with that family...”

“...I mean another family that I’ve got at breakfast club, it’s more instant, and you don’t have to go through the CAF process to get it.”

Sam and Annie agreed that access to the budget was pivotal to how the other parts of the CAF process worked.

“I mean I don’t think the process would work half as well, without it. Because when you’re sitting down at the meeting and you’re outlining the actions for future, yes some of them can be done without any money at all, but, in my experience, we do sometimes need funding for children. I think it would just be half a process if we didn’t have the funding....” (Annie)

“I think the budget is really important... a CAF home start is a long-term process. It is about support. It’s not about opening a CAF to get a washing machine - it’s about long-term. To stop it going to child protection. If we can use the funding and there is a need then it can be fantastic to access that. We use it mainly for nursery and after-school activity... because the child benefits directly, I know they benefit from getting a washing machine... but for some of the children for some of the homes they come from and the upbringing and how chaotic lifestyles are at home, to be able to give them a safe haven is just great for them, and it’s amazing to be able to do that for them.” (Sam)

In Annie’s experience, the amount available had always been adequate but Jodie expressed her disappointment when one request had been turned down:

“I have had one particular request which was rejected, which I was very disappointed about. That was annoying, when a particular request for funding was rejected. Usually I spend it normally on things like after school club, holiday clubs...”

Jodie was less convinced that the amount available would be sufficient in all circumstances:

“There’s a family that I’ve just got at the moment, who’ve just been on a child protection plan and they’ve now been dropped by social services so they’ve been having a lot of support that’s been paid for. Now under the CAF process, I’m not going to have enough for them, to provide for both children, for what social services have been paying out for them. But that’s the first family that have had a child protection plan, and have come onto a CAF. So I’m looking to the future now and thinking that probably the process won’t be enough for them, even a £1,000 won’t be enough.”

This concern may reflect Jodie’s inexperience with CAF and that this was the first time that she had encountered this situation. It is probable that there will more funding available to help her to support the children. This brought into sharp relief that as staff began to work together they started to learn from each other’s experience.

Benefits for Families

Sometimes, the staff perceived that the benefits spread beyond the children directly involved in CAF. For Edith there were very clear short-term benefits and positive outcomes for other children and other members of the family. In the following account she revealed the extent to which involvement in CAF had enabled direct intervention with individual children and how this had a contagion effect in meeting the needs of other children in the family.

“For example, one of the issues was that the children weren’t getting enough exercise, that came from the nurse, so mum’s having problems with them, because although they are on medication, because they’ve got ADHD they need plenty of exercise. So one of the things we could sort out straightaway at the meeting was a behaviour plan, so that the child in our school could walk with his mum every evening to pick the toddler up from nursery...and he’s done that. And that’s definitely had an impact, because it’s given him time with his mum...which he wasn’t having... quality time on his own, because the older boy stayed at home, and it was also giving him the exercise...so that was sorted out at the meeting.”

In part, this reflected a shift in thinking that was closer to the Think Family ethos that was being promulgated across the borough. Jodie expressed her view that family problems had to be dealt with before children would be ready to learn and able to reach their full potential.

“I mean some of the things, I must admit, as a teacher, they don’t always feel like my job. I sometimes feel that I am dealing with things that I shouldn’t be dealing with. I could be doing something more useful. But on the other hand, when you look at the overall impact on the child in school and at home, then I have to say ... it does definitely impact for the better... I have to say, on the whole, the advantages that we see absolutely, definitely make an impact on the child’s learning, because it frees them up...”

Sam concurred.

“I think being able to give families’, well children, something that they would not necessarily have, whether that be something like nursery education or whether it is an item that helps them in some way towards building their self-esteem or helps them with schooling, whatever that may be. I do think that is a huge benefit because it is sometimes just a very small thing that can make a big difference to a family or to a child.”

This evidence suggests that a Think Family approach held the promise that there would be an increased chance that the children would not only achieve educationally but have increased choices relating to training, education and employment. These factors would not only benefit children now, but continue to impact on them positively through their adult lives.

Joined-up Working

Edith also pointed out that CAF forced the requirement for joined-up-working. In turn, this reduced inconsistency and the overlap of services and improved the experience and outcomes for children and their families. She described the circumstances and input from different agencies to one specific family.

“For example, we’ve got a child in school with ADHD, whose mother uses illegal substances and is not managing the children very well. She’s got two other children as well. So she’s got a family of three children and has serious mental and physical health issues. We’ve got myself involved, Sure Start are involved, to help mum. Home Start are involved to support the children. They go to extra activities at the weekend through Home Start. We’ve got an ADHD nurse who comes to the meetings for the child with ADHD. Two of them have got ADHD in the family. We’ve got the mother’s support worker, through the drug programme, I can’t remember what she’s called, but she supports mum with her use of cannabis. We’ve got a Springboard worker, she is the lead professional, and they work with families ...almost verging on a criminal element as well, or families where drug use is a problem...”

While presenting staff with a complex range of problems, it was the complexity that had led to more joined-up working, increased information-sharing and learning from each other.

“I think one of the things that’s beneficial is that all the professionals are there together, so there’s all the information sharing. So, for example, at one of the meetings we were asking whether mum was having problems with the child at home. We thought that it might be due to not using his medication properly, or he might need more medication, and having an ADHD nurse there at the meeting enables us to have instant feedback about things like that in the meeting. Also it gives me a better picture of what’s going on in mum’s life, at home. So that gives me in turn, and the class teacher here, an insight to what’s going on in that child’s life, and the problems that are coming to school with that child.”

The complexity described in these cases was typical of that experienced by many families, but the multi-agency action-planning meeting enabled greater insight into the home life of children and their families and enabled Edith to appreciate the need for and benefit of early intervention.

“I went to the multi-agency meeting, and was told a lot of information by a PCSO about this family that I’d suspected for a long time, but didn’t know. You know there are certain things that you can’t find out about. Families just want to keep them... you know, it’s quite natural, they don’t want to share them with anybody. So you can see that the child is struggling, you can have the parent in. In this case they had got Sure Start involved, but they didn’t know anything, and it was only from talking to a PCSO at this multi-agency meeting that I was told about all the different things that were happening with the family.”

Managing the Workload

While the staff participants were all committed to engagement with CAF, the extra work was becoming burdensome. They knew that each time they initiated the CAF that it would create additional work and take up a great deal of their time.

“It has changed the workload; it is even greater than it was before. (Annie)

“It is a fantastic process. They’re aware there is a lot of paperwork with it, and it is quite time consuming, and we would like to CAF all of the families ideally. That’s what we would like to do. We would like to CAF every single family but time-wise we would be constantly at meetings. In our jobs doing Home Start home support we certify families. You’d be all week in CAF meetings.” (Sam)

While the staff participants were managing this extra work in the short term, they all agreed that they were prohibited from undertaking as many assessments as were needed. They also knew that this meant that some children were missing out. They agreed that additional administrative support in schools and children's centres would go some way to alleviate the additional burden of work created by CAF. However, reducing their work-load was a secondary matter. They were mostly concerned with meeting the needs of as many children as possible so that the outcomes for children and families could be improved:

“If they could fund a member of staff to type them up the CAF wouldn't be a problem; but it is time-consuming with everything else we have to do. A lot of paperwork we have to do, but that may be something in the future that comes on board....”

They also agreed that additional administrative support would enable them to undertake much-needed common assessments on many more children.

Section Summary

Staff (including those previously not involved) seemed to be conversant with the notion that CAF was centred on meeting children's assessed unmet needs and that those needs could not be met through existing universal services. They focused clearly on the purpose of the initiative. Engaged staff could articulate the perceived benefits of the complex raft of interventions for the children alongside increased information-sharing and learning from each other. They were clear on the benefits for families and also for effectiveness of the service.

Access to a budget was central to effective working. It not only enabled a timely and targeted response; it meant that staff could offer families solutions to seemingly intractable problems. It also meant that they could support children in difficult circumstances until more permanent solutions were found.

CAF enabled direct intervention with individual children, but this also exerted a contagion effect in meeting the needs of other children in the family; an impact identified both by staff and by families. Knowing that family problems had to be dealt with before outcomes specific to children could be achieved reflected a new way of working and the cultural shift towards a Think Family ethos. In turn, this held the promise that there would be an increased chance not only of immediate improvement for children (for example in educational achievement) but also of enhanced life-chances into adulthood (training and employment).

The increased workload was a significant factor for all staff participants. In particular, they highlighted the need for additional administrative support. Their main concern was that the additional work-load burden was preventing them from meeting the needs of all children. This meant that many children and families were missing out.

Section 7 – KEY MESSAGES

Key Messages: Presenting Problems and Access to CAF

The findings from the extended evaluation provided further evidence that the presenting problems found in the main evaluation (debt; parent's mental health; children's health, behaviour and development; domestic violence and housing) continued to be the key factors that presented families with additional burdens that challenged their capacity and capability to parent and provide for their children.

While cases varied significantly in intensity and complexity, the experiences for families in the extended evaluation captured the multiplicity of factors that often combined and collectively threatened the parent's capacity to cope; the family's stability; and the children's health and well-being.

Staff (including those previously not involved) seemed to be conversant with the notion that the BEACH processes were centred on meeting children's assessed unmet needs and that those needs could not be met through existing universal services. They focused clearly on the purpose of the initiative. The engagement of some teachers and staff from housing was notable. When they engaged, the benefits for children, young people and families were noted and welcomed by other workers.

As is often the case in intensive family support, even with a multi-agency, multi-professional approach, parents were explicit in stating the importance of sustained relationships and specifically the value that they placed on trusting relationships with individual lead practitioners and key workers. The human aspect of the process and its caring, competent and empowering elements were crucial to service users.

Key Messages: CAF Matters (1) – Family Perspectives

It is clear that the families' experience of CAF, the related processes and their relationships with practitioners who deliver support as a result of its implementation was especially positive. They perceived it to be a service that was delivered in a way that supported rather than supplanted their attempts to cope with what were considerable burdens. The new evidence underlines the necessity of sustained support and continued reassessment of need to ensure that interventions and services are targeting at meeting the family's needs as understood by the family.

As reported in the initial evaluation, the BEACH project continues to offer much needed, targeted and valued support to children, young people and their families who have assessed unmet needs. It also enables their voices to be heard and taken seriously in relation to the impact that others have on their lives.

The families placed a great deal of importance on the enabling and empowerment that they experienced from CAF. This resonated through the stories that the families shared. These principles need to continue to drive the service delivered to families and are consistent with the Think Family ethos that is currently being fostered in the borough. Alongside this, continued emphasis on family involvement and perhaps a greater emphasis on children's and young people's involvement should become implicit in the service.

There was an intimate relationship between perception of support and the services offered. The whole package had often become an integral part of family life and was fundamental to the family's stability. The families also expressed some concerns about the service being too inclusive and open to abuse by people who should not receive the benefits that CAF could offer.

Regardless of the situation and the presenting needs, most families had pride and self-respect. Service providers should respect this and be sensitive in relation to how they commit to resolving people's needs. Simply providing money and support for families is insufficient to reduce the chaos which is frequently part of the problem. Strategies and approaches that leave a legacy of self-reliance and the ability to access appropriate services with confidence are needed. This is commensurate with the aims and outcomes of CAF.

Both staff participants and families recognised progress in relation to the initial tipping points and subsequent assessed unmet needs. Overall, this progress had resulted in perceived positive outcomes for all of the families.

Key Messages: CAF Matters (2) - Staff Perspectives

Involved staff could articulate the perceived benefits of the complex raft of interventions for the children alongside increased information-sharing, joined-up working and learning from each other. They were clear on the benefits for families and also for effectiveness of the service.

CAF had enabled direct intervention with individual children, but this also exerted a contagion effect in meeting the needs of other children in the family, an impact identified by staff and families. Access to a budget was central to effective working. It not only enabled a timely and targeted response, it meant that staff could offer families solutions to seemingly intractable problems. It also meant that they could support children in difficult circumstances until more permanent solutions were found. When requests for funding are refused the reasons should be clearly articulated. Without this staff may become less convinced that their direct work and assessment of family need is valued.

Knowing that family problems had to be dealt with before outcomes specific to children could be achieved reflected a new way of working and the cultural shift towards a Think Family ethos. In turn, this held the promise that there would be an increased chance not only of immediate improvement for children (for example in educational achievement) but also of enhanced life-chances into adulthood (training and employment).

Housing and neighbourhoods presented staff with seemingly insurmountable issues that were extremely difficult to resolve. There were a number of important messages presented by the participants that services need to hear and act on if CAF is become entrenched in a 'Think Family' ethos.

The increased workload was a significant factor for all staff participants. A review of support systems is warranted if the CAF is to benefit more children with unmet needs. A lack of effective administrative support means that many children are missing out.

Supporting staff working with children who have stepped down from a child protection plan is critical. Staff need to be certain that CAF will enable them to harness and provide ongoing, effective and targeted support. Further evidence that CAF does this at the time of step down from a child protection plan is warranted.

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APPENDIX A: Case Studies

Case Study	Participant	Title
1	Yes	A family regains its independence
2	Yes	Boys benefit
3	Yes	Sustaining parents with learning difficulty
4	Yes	Staff family relations
5	Yes	Eric and June a new family
6	No	Supporting a Grandmother to care for grandchildren
7	No	Helping a family in crisis with BEACh Plus funding

These cases are based on real examples. Pseudonyms have been used throughout and some circumstances have been changed to protect confidentiality.

CASE STUDY 1: A FAMILY REGAINS ITS INDEPENDENCE

Tiping Point

Helen had been diagnosed with post natal depression following the birth of her second child. Her first daughter had epilepsy and was losing weight. She was waiting for a diagnosis and had felt fobbed off by medical staff who, she said, did not listen to her. In addition, her partner had a drink problem. She was struggling to cope.

Intervention

Her lead practitioner noticed this and suggested that she become involved with CAF. Her younger daughter was given extra nursery provision. Helen also received help to negotiate with the health service.

Outcome

Her elder daughter is doing fine. The CAF has now been closed and Helen's family is thriving. They no longer need support but she knows that the help that she received kept her family together and helped her to cope during the crisis.

CASE STUDY 2: BOYS BENEFIT

Tipping Point

Sarah was first interviewed for the initial evaluation. She explained that she lived in an over-crowded house with her daughter who had an infant and seven other children. The house was damp and in a poor state of repair. Her youngest child, a boy aged 2 years, had sight, hearing and developmental problems. Her older son who was 14 years old could neither read nor write.

Intervention

Both children had their needs assessed. Sarah found the first few action-planning meetings intimidating, but she no longer does so.

Outcome

The young child had health care co-ordinated and received nursery provision. He now ***“never stops talking”***. The older son is at college and making good progress. The house has been repaired. Her daughter now has her own house. They are no longer over-crowded. Sarah still has problems with anti-social behaviour from a neighbour and is hoping that CAF will help with this.

CASE STUDY 3: SUSTAINING PARENTS WITH LEARNING DIFFICULTY

Tipping Point

Ken and Judith have learning difficulties and Judith has epilepsy. They have two school-aged children who have had a number of health problems. Prior to their involvement with CAF, Ken and Judith had found it hard to cope.

Intervention

They have been involved with CAF for some time now. They report a very effective and trusting relationship with their lead practitioner. The family has health information translated and the children's health care co-ordinated by their lead practitioner. They were re-housed. There is an effective relationship between the children's school and the parents and the lead practitioner. This has been strengthened through CAF.

Outcome

Ken and Judith are proud of their home; they have spent a lot of money and time decorating the house to turn it into a home. Both children have benefited from being re-housed. They have their own bedrooms and can play in the garden. Unfortunately, the family is now subjected to targeted anti-social behaviour. Ken and Judith are waiting in the hope that CAF can find an acceptable and appropriate solution. They do not want to move house.

CASE STUDY 4: STAFF-FAMILY RELATIONS

Karen's family had experienced on-going and significant challenges. Karen had given birth to her fourth child since the initial evaluation. She had been resistant initially to the services offered, but during the previous 12 months had developed a sustained, trusting and strengthened relationship with her lead practitioner.

During the initial evaluation Karen had described her fear that she would be unable to keep her children safe from harm. Since then, her children had been escalated to level 4 of the Blackpool Children's Trust child in need model and required statutory intervention.

The escalation came about following a physical assault on herself and her daughter by her estranged partner who had been subject to a restraining order. She was still in contact with her lead practitioner and found this support invaluable in coping with the additional scrutiny imposed by the child protection plan. She also knew that a package of support would be available to her as soon as her children stepped down from the child protection plan. For Karen, this was critical to a stable future.

CASE STUDY 5: ERIC AND JUNE - A NEW FAMILY

Tipping Point

Eric's partner June had recently given birth to the couple's first baby. June was experiencing serious physical and mental health problems that rendered her unable to care for the child. She had mobility difficulties and needed a lot of care. Eric had given up his job to care for his wife and new baby, but this had resulted in financial difficulties and rent arrears. June's 14 years old son from a previous relationship had been living in care in another borough and had recently joined her in Blackpool. His attendance record at school was poor. Their accommodation, a 1 bedroom house, was inadequate. The 14 year old boy's bedroom was the under-stairs cupboard. The door had been removed to provide sufficient space for his bed. This left him with no privacy. The infant shared Eric and June's bedroom. Eric and June could not move to a larger house as they had rent arrears. In spite of Eric's best efforts, his parental capacity to provide adequately for both children was compromised.

Intervention

The family's health visitor, Annie, told Eric about CAF. A common assessment was undertaken to identify the 14 year old's unmet needs. An action-planning meeting was arranged, the boy's unmet needs assessed, the family's priorities agreed, and an action plan developed. Working in partnership with another borough and another agency, Annie managed to raise enough money to clear the debt. In addition, nursery provision was provided for the baby. This provided Eric with some much-needed respite.

Outcomes

The family debt was cleared and the family moved into appropriate accommodation. The 14 year old had some privacy and was able to invite friends home. He went to school and left with GCSE qualifications.

CASE STUDY 6: SUPPORTING A GRANDMOTHER IN CARING FOR GRANDCHILDREN

Tipping Point

A 40 year old grandmother had residency of two of her grandchildren, aged two and four years. She had many different medical problems and disabilities. She had no financial support and was struggling financially, physically and mentally. She needed respite from looking after a two-year-old and a four-year-old. It was really hard work. She was thinking that she could no longer cope and that the children would have to go into care.

Intervention

CAF was initiated by a school teacher. The grandmother received support from Social Services Direct. This provided her with help in getting the eldest child to from school. The youngest child received extra nursery sessions financed through BEACh Plus funding.

Outcome

This has provided the grandmother.

CASE STUDY 7: HELPING A FAMILY IN CRISIS WITH BEACh PLUS FUNDING

Tipping Point

A mother with a diagnosis of multiple sclerosis and was going through divorce proceedings. She was struggling for child care support. This was impacting on her health, impacting on the children, and there was also domestic violence. The younger child was being taken out of nursery because the parent could not afford it.

Intervention

Using BEACh Plus funding the older child went to a holiday club. The younger child received additional nursery provision. The older child also received counselling.

Outcome

The interventions helped the mother to cope and also to get the children away from potentially violent situations. An outcome for the older child was that she was safe during the holidays, and her mother's health was hidden a little longer. Continuity at nursery was maintained for the younger child. Her routine was not disrupted as it might have been without intervention. The children's lives did not change quite as radically as might have been the case, and negative consequences were avoided.

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This report can be referenced as
Livesley J, Ravey M, Long T, Murphy M, Fallon D (2010) Evaluation of the Blackpool Budget Holding Lead Practitioner Project. University of Salford.

ISBN: 978-1-907842-03-0



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