



Family Action

***Building Bridges* evaluation: summary report**

Introduction

Family Action's *Building Bridges* services support families affected by enduring parental mental health problems and other complex needs. The model aims to bridge the gap between adults' and children's services and was developed in response to evidence that adult mental health services often failed to take account of the parenting role undertaken by many users. The services are funded by a variety of different agencies including children's social care services, CAMHS, primary care and mental health trusts.

The *Building Bridges* model provides individually tailored support to families and has a number of key characteristics:

- It is flexible and holistic, task centred and time-limited;
- Led by a qualified person, the service utilises trained Family Support Workers, recruited from the local community, who go into families' homes to help with practical issues, as well as providing emotional support;
- The service is available at times when other services often are not, such as at weekends, evenings, early mornings, bathtimes and getting children to school;
- The service helps parents to access and co-ordinate their relationships with other agencies as well as improving communication between the various professionals involved with families;
- It improves family relationships by enabling parents and children to have a better understanding of each other's needs;

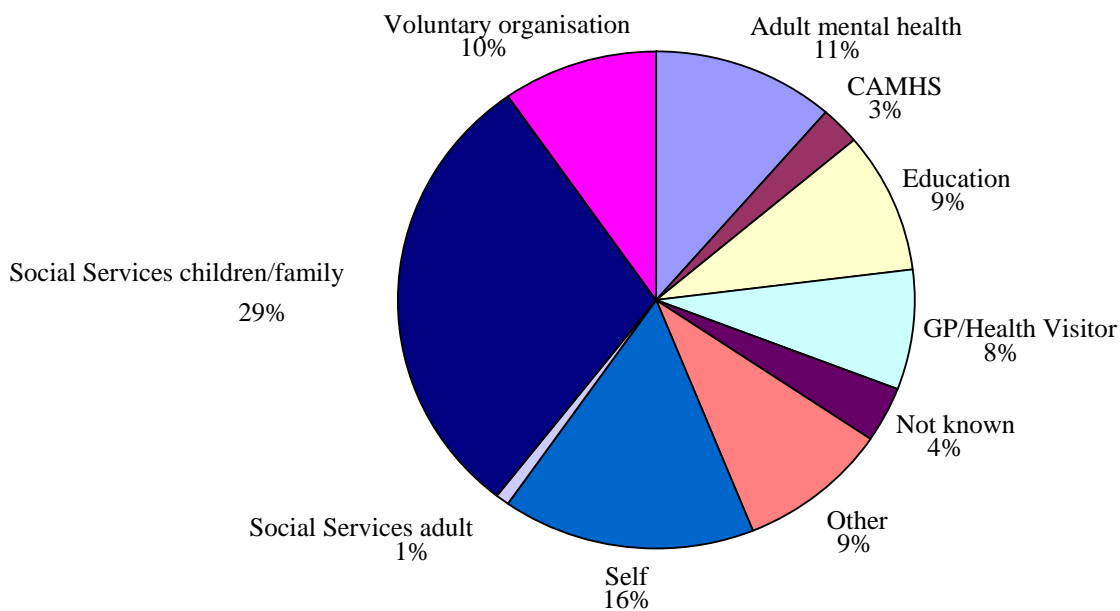
An independent evaluation of the *Building Bridges* model was undertaken by Dr Jenny Morris between 2004 and 2006. This report provides a summary of the evaluation findings¹.

¹ The full evaluation report can be downloaded from the Family Action website – www.family-action.org.uk – and is also available upon request from the Strategic Development Unit, Family Action, 501-505 Kingsland Road, London E8 4AU.

The evaluation process and findings

The evaluation is based on an analysis of 680 service users who used one of the 12 *Building Bridges* services between April 2004 and December 2006. Users were referred from a variety of agencies, in part reflecting the local funding arrangements and the principal funders of each service. *Figure 1* provides a full breakdown of referral sources.

Figure 1 Referral Source

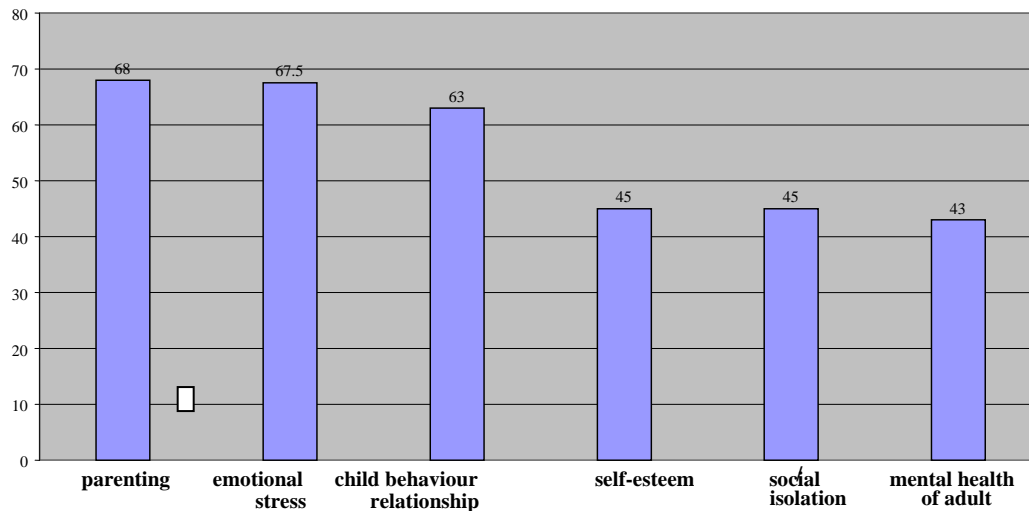


Clients referred to *Building Bridges* services come from a variety of family backgrounds:

- Just over half (52 per cent) are lone mothers;
- One in four live in two parent families;
- 4 per cent are lone fathers;
- 25 per cent identify as being from a minority ethnic background with the largest categories being mixed Black Caribbean (4%), Black Caribbean (4%) and Bangladeshi (4%).

Figure 2 provides a breakdown of the most common issues that Family Support Workers worked on with families.

Figure 2 Most common issues worked with



The evaluation employed a range of international clinically validated tools to assess the impact of the service intervention. Each tool was administered at the start of working with a family, at the close and at a six-month follow-up.

The **Index of Family Relationships** questionnaire was completed for 398 parents at the start of their contact with the service, 159 parents at the end of contact, and 32 parents six months after contact ended. Scores above 30 on the Index indicate the presence of a clinically significant problem.

Index of family relationships	Start of contact	End of contact	Six months later
Average mean score	35	26	27.5

The Index found 53 per cent of client parents to have clinically significant problems at the point at which they were referred to *Building Bridges*, with 3 per cent showing severe problems. At the close of work this had fallen to 31 per cent, which represents a statistically significant improvement. The **Kansas Parental Satisfaction Scale** demonstrates a similar statistically significant improvement in client wellbeing ($t = -7.4$; $p = <.001$).

While only a small number of children were assessed as part of the evaluation, the results are positive. The **Depression Rating Scale** was used to determine start and end scores for 64 children under the age of 11 and analysis of these data revealed a statistically significant improvement in the mean scores ($t = 2.4$; $p = .018$). For children over the age of 11, the **Rosenberg Self Esteem Scale** was used and while there was an improvement in the average (mean) scores between the start and close of contact, and between the start and 6 months after close of contact, neither of these improvements was statistically significant.

An analysis of service monitoring forms was also undertaken, and reveals:

- a reduction in the number of children looked after at the end of the service intervention which is of borderline statistical significance;
- a statistically significant reduction in the number of children on the child protection register;
- a statistically significant reduction in the number of adults on the Care Programme Approach;

Parents' perceptions of *Building Bridges*

A random review of cases across four services was undertaken which resulted in 31 interviews with parents taking place.

Parents were generally very positive about *Building Bridges*, which they perceived as an accessible, non-stigmatising service. In contrast, many expressed very negative views of social services, usually because of action taken in the past to protect children, or the fear of action that social workers might take.

The following themes emerged from this qualitative aspect of the evaluation:

- The relationship with the Family Support Worker was generally felt to be qualitatively different from that with other services;
- Parents valued the fact that the service helped their children to better understand their illness;
- *Building Bridges* helped them to make contact with other services and to improve their relationships with statutory agencies;

"She was clear that I had to get my son to bed at a reasonable time so he could get up to go to school in the morning, but she was like a friend in the way she helped me do that".

"It wasn't like an interview, or a psychology session, but just talking. And she could relate with me because she was a Muslim, she wore a scarf, we both could understand. It wasn't that important, I get along with anyone, but I just felt more relaxed and closer to her".

"He'd [client's 8 year old son] gone to bed one night and then he woke up and I wasn't there and I was in hospital for 3 or 4 weeks. That left quite a bad effect on him. She [Family Support Worker] helped him understand what was going on and that it's not just this house where this happens, there's other people who has this".

Relationships with other agencies

Telephone or face-to-face interviews with key stakeholders, in both statutory and voluntary agencies, took place in four areas in which *Building Bridges* operates. Stakeholders highlighted the following positive benefits of the model:

- The whole family focus and the fact that services are flexible and tailored to the requirements of individual families;
- Their ability to work with families with high levels of needs, including those where children are on the child protection register;
- The willingness to work with families where there are profound and enduring mental health problems
- The synthesis of practical and emotional support: Family Support Workers help parents tackle practical things, like clearing rubbish out of a garden so that children can play, as well as providing emotional support;
- *Building Bridges* staff develop positive working relationships with other agencies.

“Generally they’re a service that you sigh with relief when they get involved because they do what they say they’re going to do, and they go at the family’s pace”.

“There’s nothing else like this in the borough in that they work with the whole family. We like to refer families because we feel they get all sorts of things they wouldn’t get anywhere else – looking out for the children; referring on; building parents’ self-esteem; help in a practical way; social activities; helping parents apply for community care grants; working with people who have no other sources of support”.

“For families who are easier to engage there are more services. But Building Bridges works with those who are the hardest to engage with, who aren’t motivated to go to a parents’ group or whatever. When we agreed to fund them we agreed they would start with the harder to reach families and that’s what they’ve delivered”.

Conclusions

Building Bridges services exhibit characteristics which have been found to be critical to successful interventions.² These include:

- close attention to *getting, keeping and engaging* parents;
- a strong theory base;
- more than one method of delivery;
- working with both parents and children;
- a practical, flexible and partnership approach which is valued by parents.

² See in particular Moran, P, Ghate, D, and van der Merwe, 2004. *What works in Parenting Support? A Review of the International Evidence*, Department for Education and Skills.

Professionals generally expressed a great deal of confidence in the *Building Bridges* services, and this confidence was particularly important to children's social care services and adult mental health services when there were significant concerns about children's welfare.

The overwhelming message from parents was their appreciation of practical support, support to their children, and in particular the warmth and understanding of Family Support Workers. They thought that *Building Bridges* helped prevent deterioration in family relationships, helped their children to understand about mental illness and assisted in their relationships with other agencies.

Analysis of the quantitative data indicates a statistically significant improvement in parents' satisfaction with their family relationships and their parenting over the time that they were involved in the project.

This evaluation confirms that the *Building Bridges* model provides a valuable intervention for a client group who are particularly vulnerable and at high risk of exclusion. It demonstrates that, with the right support, families affected by parental mental health difficulties can build resilience and their children can thrive. We hope it will contribute to the debate around developing integrated services which are shaped around the needs of families, designed to transform life chances, and break the cycle of disadvantage for their children.

The full evaluation report can be downloaded from the Family Action website – www.family-action.org.uk – and is also available upon request from the Strategic Development Unit, Family Action, 501-505 Kingsland Road, London E8 4AU.