family action

Building Bridges Evaluation July 2007

Jenny Morris

supporting families since 1869

ACKNOWLEDGEMENT

A big thank you to the parents who were willing to share their experiences of Building Bridges services, and to those working both for Building Bridges projects and for other agencies who were interviewed as part of this evaluation. Also thank you to the Building Bridges project managers who came to a series of meetings over the last three years as part of adopting and using the monitoring forms and evaluation tools.

The statistical analysis of the data was carried out by Dr Pauline Heslop and I'm very grateful for her expertise.

Briony Hallam organised the database and inputted most of the data, at the same time as doing her full-time job as a Building Bridges project manager.

Rose de Paeztron, FAMILY ACTION's head of strategic development, kept the whole evaluation going by co-ordinating everything, organising training and meetings and generally keeping us all to task. Without her, there would be nothing to show for everyone's hard work.

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Doctor Jenny Morris is an independent resource consultant. Recent work has included leading on Independent Living for the Prime Ministers Strategy Unit and the Office for Disability Issues, and writing joint Department of Health/Department for Children Schools and Families Good Practice Guidance on working with parents with a learning disability. Jointly with Michelle Wates, Dr Jenny Morris has written a SCIE knowledge review on supporting disabled parents and a SCIE resource guide on joint local protocol.

Family Action

BUILDING BRIDGES MODEL - EVALUATION

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INTRODUCTION

1. Family Action has been running family support services using the Building Bridges model since 1999 when the first project opened in the London Borough of Lewisham. There are now 12 projects in different locations across England. The main target group is families affected by parental mental health difficulties. The model is also used by services supporting parents with learning disabilities and other complex needs.

2. Family Action developed the Building Bridges model in response to evidence that adult mental health services often failed to take account of the fact that many users of their services were parents, and to concerns about a lack of communication between the different agencies that were often involved with families affected by parental mental health problems.

3. The key characteristics of the Building Bridges model are:

- The service has been designed to meet the needs of families where parents have profound and enduring mental health problems. The model has now also been used for work with a wider group of families affected by parents' complex needs.
- The starting point is families' perceptions of their needs and the issues they want to address.
- The service offered is, as far as possible, tailored to meet families' needs and circumstances. It is flexible and holistic.
- Led by a qualified person, the service utilises unqualified Family Support Workers.
- Family Support Workers 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, e.g. weekends, bank holidays, evening, early morning, bathtimes, bedtimes, getting children to school.
- The service improves family relationships by enabling parents and children to have a better understanding of each other's needs.
- The service helps parents to access and co-ordinate their relationships with other agencies and professionals.
- The service improves communication between the various agencies involved with families.
- The service is task-centred and time-limited.
- The service uses internationally validated clinical tools to measure the effects of service intervention.

4. The last characteristic relates to the monitoring and evaluation tools which were adopted by Family Action in 2004. All local Building Bridges projects use a common monitoring form and administer four internationally validated clinical tools at the start of working with a family, at the close and at a six-month follow-up.

5. While an independent evaluator has been involved since the start of the adoption of monitoring and evaluation tools, the intention was that Family Action would integrate these tools into the work of the Building Bridges services so that the services (individually and collectively) would carry out ongoing monitoring and evaluation of their work.

6. The process of adopting the monitoring and evaluation tools is discussed in Part I of this report, as is the methodology. Part II provides an analysis of both the quantitative and qualitative data gathered for this report.

PART ONE: THE EVALUATION PROCESS

Methodology

1. In 2004, Family Action decided to adopt formal evaluation tools across the Building Bridges projects which would enable the organisation, and the individual projects, to measure the impact of the service provided to parents and children. Four internationally validated tools were chosen:
   - Index of Family Relationships (parents)
   - Kansas Parental Satisfaction (parents)
   - Rosenberg self-esteem scale (children aged 11 and over)
   - Depression rating scale (children under 11)

2. The decision to adopt these particular tools was taken by Honor Rhodes, then Director, Family & Community Care Services at Family Action. She sought tools which would have high clinical validity, be short, be easy to score and have a good correlation with Family Action's aims. However, she found it difficult to select tools which met all four criteria so she took clinical validity and good correlation with Family Action's aims as the key ones.

3. In addition, a monitoring form was designed and adopted by all Building Bridges projects, recording key characteristics about the families being supported, and information such as referral sources, issues worked with, goals set at the start of the work and their outcomes at the close.

4. The monitoring form and questionnaires were piloted by four projects over a six-month period in 2004, and were adopted by all Building Bridges projects in September 2004. A total of 12 services are now delivering the Building Bridges model and using the monitoring and evaluation tools.

5. The independent evaluator has also gathered qualitative data in the form of:
   - Interviews with professionals from other agencies who refer and/or work with Family Action Building Bridges projects;
   - Interviews with parents (a random sample of cases that had been closed);
   - Interviews with Family Action project managers and support workers.

6. Part II presents a statistical analysis of the monitoring forms and the questionnaires, followed by a presentation of the qualitative data gathered in interviews with parents and other agencies.

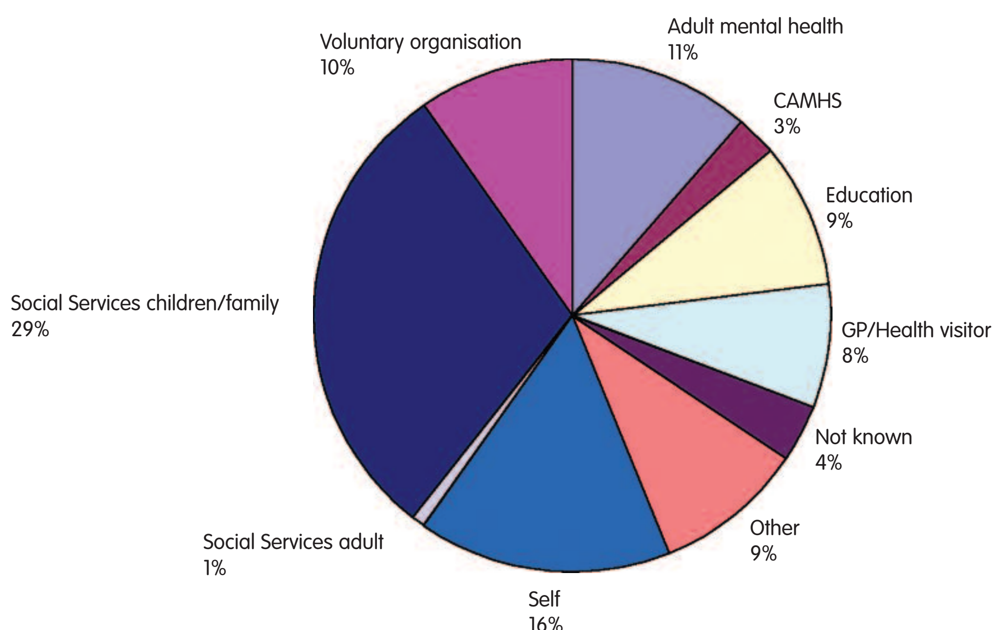
PART TWO: ANALYSIS OF QUANTITATIVE AND QUALITATIVE DATA

1. This section of the report presents a statistical analysis of the service provided and service users, before moving on to analyse the impact of service interventions. We then discuss the finding from the interviews with parents and with agencies referring and working with Family Action.

Characteristics of the service and service users

2. Between April 2004 and December 2006, a total of 680 clients were entered on the database. Almost a third (30%) of all clients were referred by children's social care services. The next most frequent sources of referral were that the client referred themselves (12%); adult mental health services (11%); voluntary organisations (10%); and education (10%). However, it should be noted that referral patterns vary from project to project, largely influenced by the circumstances in which the service has been set up, who funds it and the nature of local inter-agency relationships. One service, for example, has built up a close relationship with a local GP practice and this is reflected in the fact that a fifth of its referrals were self-referrals following advice from a GP. Another service receives over half its referrals from children's social care services and almost one in five from a local voluntary organisation. For another service over 40% of referrals were from education services while another took all but one of its referrals from mental health services. In the latter case, the project was set up specifically to work with parents who are clients of community mental health teams, while in other areas the main funding relationship is with children's social care.

Figure 1 - Referral Source



3. In four out of five cases, the result of the referral was ongoing work (although for one service only half of referrals resulted in ongoing work). There was a range of reasons for referral, issues worked with and methods used. The average number of reasons given for referral was three and the most common reason for referral was for family support concerning relationships with/behaviour of a child (27.5%). The next most common reasons were the mental health of a parent (15%) and for information and advice (11%).

4. It should be noted, however, that – for most of the projects – parents have been identified by the referring agency as having mental health support needs. The recording of 'mental health' as a referral reason on the monitoring forms in only 15% of total cases is misleading therefore, as Family Support Workers tend to take mental health issues as a given when completing the monitoring forms.

5. The average number of issues worked with was four and the most common related to parenting issues (68% of families) and emotional stress (67.5%), as illustrated in Figure 2. The next most commonly identified issues related to child behaviour/relationship issues (63%); self-esteem (45%); social isolation (45%) and mental health of adult (43%). The average number of methods used/services provided was three and those most commonly provided (see Figure 3) were assessment (70% of all families) and individual work with an adult (70%). The next most frequently provided methods/services were: individual work with a child (57%); family work (48%); social activities/outings (44.5%); and advice/information (41.5%).

Figure 2 - Most common issues worked with

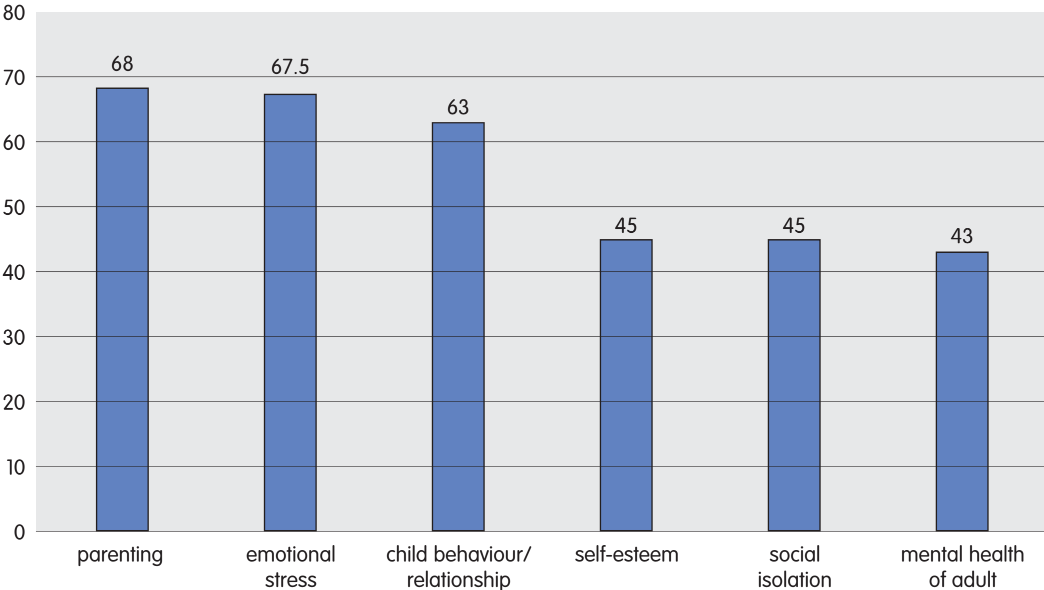
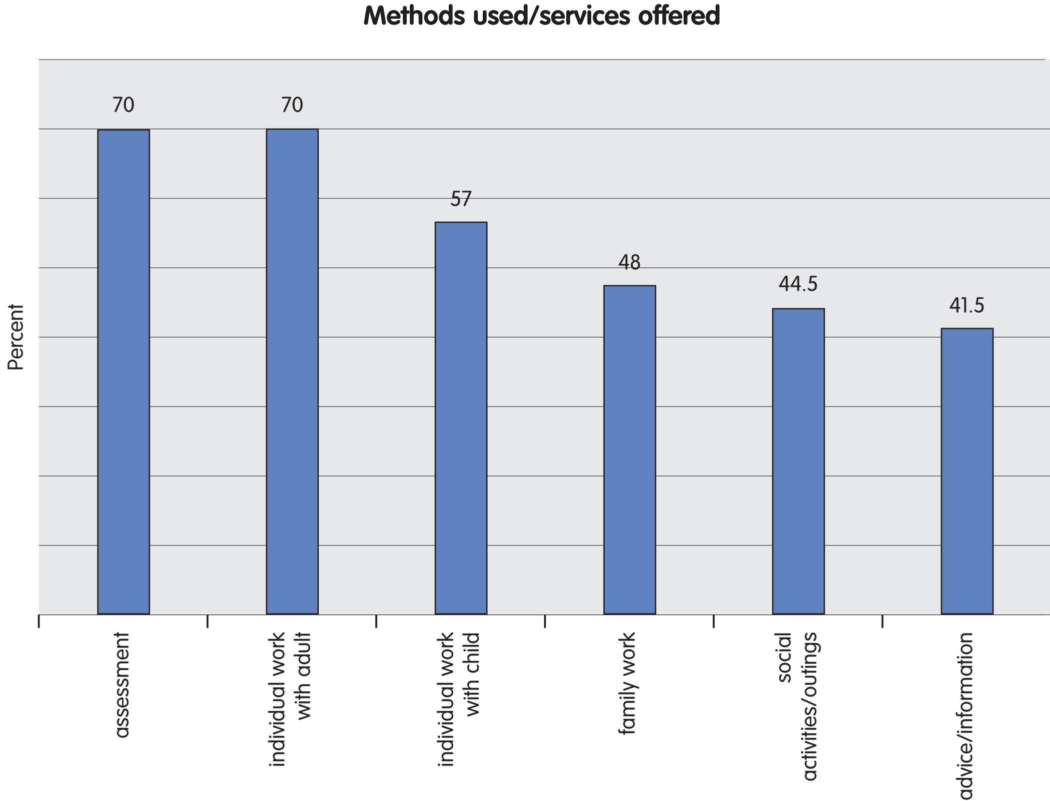
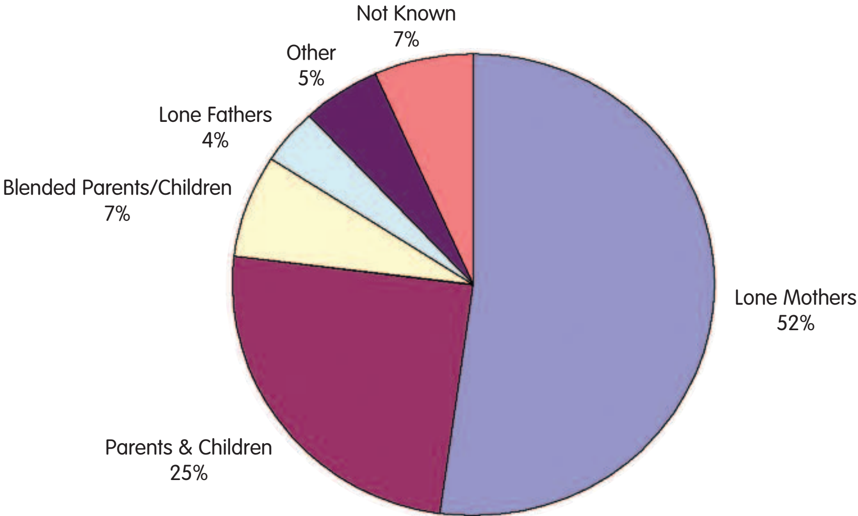


Figure 3



6. The range of issues and methods illustrates the responsiveness of the Building Bridges model to the needs of individual families, particularly as the issues worked with and the methods used do not seem to be related to the source of referral. This would reflect one of the key characteristics of the Building Bridges model: that the starting point is families' perceptions of their needs and the issues they want to address.

Figure 4 - Family Composition



7. As Figure 4 illustrates, just over half of clients are lone mothers while a quarter live in families with both parents. Blended parents and children make up 7% and lone fathers 4%. Just over 6 out of 10 clients are white UK. In 12% of cases, ethnicity was not recorded. About 1 in 4 clients are recorded as being from a minority ethnic background with the largest categories being mixed Black Caribbean (4%), Black Caribbean (4%) and Bangladeshi (4%). However, patterns of ethnicity of clients vary according to the areas in which projects are based: for one project, for example, 6 out of 10 parents are of Bangladeshi origin.

Impact of service interventions

8. As described in the section on methodology, four internationally validated clinical tools were adopted by the projects and administered at the start of working with a family, at the close and at a six-month follow-up.

9. At the time of carrying out this analysis, the Index of Family Relationships questionnaire had been completed for 398 parents at the start of their contact with the service. It had been completed for 159 parents at the end of their contact with the service, and for 32 parents six months after contact ended. Scores above 30 on the Index of Family Relationships indicate the presence of a clinically significant problem. The average (mean) score at the start of contact with the service was 35 (standard deviation = 20.6).

10. At the point where the case was closed the average (mean) score was 26 (n=159; standard deviation = 18.3) and six months afterwards the average (mean) score was 27.5 (n=32; standard deviation = 19.2). These results illustrate that there was a statistically significant improvement in the average scores when comparing the start score with the score at end of contact ($t=5.1$: $p = <.001$). However, the improvement in scores between the start of contact and six months after contact ended was not statistically significant ($t = 1.1$; $p = .26$). This latter conclusion should be treated with caution as only 32 questionnaires had been completed six months after closure of a case.

11. Figures 5 and 6 also illustrate the change in the Index of Family Relationships scores amongst those parents for whom there are both start and end data. 53% of these parents had clinically significant problems when they were referred to Family Action (with 3% showing severe problems) while at close of the work with them this had fallen to 31% (although the percentage with severe problems remained the same).

Figure 5: Family Relationship Scores at Start

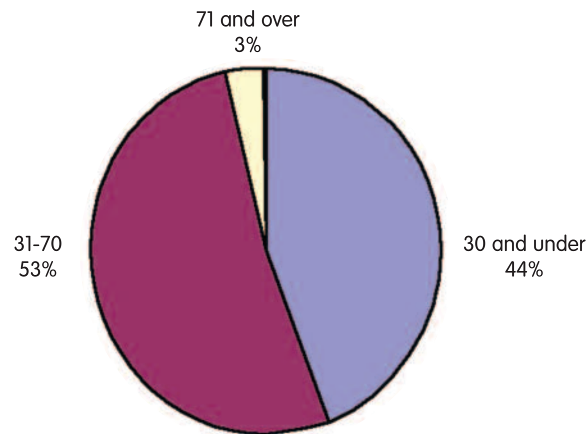
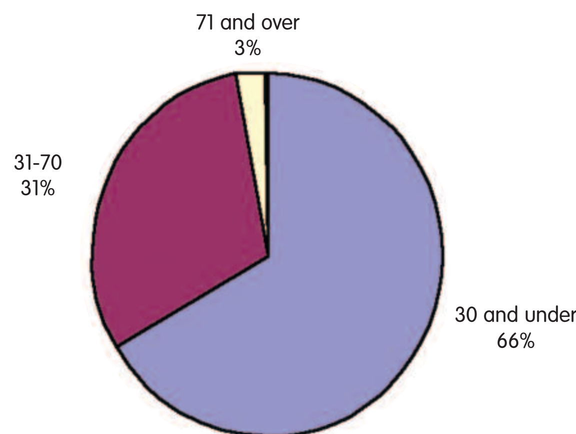


Figure 6: Family Relationship Scores at Close



12. There was also a statistically significant improvement as measured using the Kansas Parental Satisfaction Scale ($t = -7.4$; $p = <.001$), and this time the improvement was maintained to a statistically significant level six months after the intervention ended ($t = -4.2$; $p = <.001$), although again only 32 questionnaires were completed at this point.

13. There was data comparing the start and end scores (using the Depression Rating Scale) for 64 children under the age of 11 and analysis of these scores revealed a statistically significant improvement in the average (mean) scores when comparing the start score with the end of contact score ($t = 2.4$; $p = .018$). However, the average (mean) score six months after close of contact indicated higher levels of depression than at the start, although this was only based on 13 cases so should be treated with caution.

14. 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 six months after close of contact, neither of these improvements was statistically significant.

15. Analysis of the monitoring forms indicates:

- A reduction in the number of children looked after at the end of the service intervention which is of borderline statistical significance ($t = 2.86$; $p = .004$)
- A statistically significant reduction in the number of children on the child protection register ($t = 4.40$; $p = <.001$)
- A statistically significant reduction in the number of adults on Care Programme Approach ($t = 7.41$; $p = <.001$).

16. The monitoring forms were also used to record the goals set and the outcomes. Outcomes were assessed by the worker and the service user, using a grading scale from 1 (no change) to 5 (goal fully achieved). Amongst the closed cases, 20% of goals were not rated for outcomes by workers, and 24% were not rated by service users. For the goals whose outcomes were rated, overall the ratings of the workers and service users were very similar, with workers possibly being a little more pessimistic about whether the goals had been achieved. Table 1 illustrates the progress achieved on the goals set, with there being no progress on less than 1 in 10 goals, while about 4 in 10 were either fully or nearly fully met.

Table 1: Progress on goals set at start of work

	Worker ratings %	Service user ratings %
No change	8	7
Score 2	9	7
Score 3	19	14
Score 4	17	17
Fully met	27	31
Missing	20	24
TOTAL	100%	100%

17. In spite of the improvements in the use of the questionnaires, there remain some gaps in their administration. Projects are still finding it difficult to ensure that questionnaires are completed at the close of each case, and particularly difficult to administer the questionnaires six months after closure of a case. These difficulties are primarily caused by the under-resourcing of projects. When workers and Project Managers are stretched to keep on top of the direct work with families, administration of the questionnaires inevitably and justifiably takes second place and may not therefore be completed.

Parents' perspectives

18. A random sample of 40 closed cases from four projects were sent letters requesting a face-to-face or telephone interview. This resulted in 31 interviews with parents (a response rate of 78%). Parents were generally very positive about the support they received. They appreciated: the practical support provided to themselves; the support provided to their children; the warmth and understanding of the Family Support Workers.

19. Only two out of the 31 were not happy at all and this related to delays in getting the service and sickness absence of Family Support Workers. Three others had some criticisms of the service and these were:

- The six-month time limit which one project has for working with families
- Where the project had felt the need to inform social services of their concern for a child's safety
- A wish for more support and/or activities to be provided for children
- An unmet need for help in dealing with children's schools and/or accessing other services.

20. Of these minority experiences, parents were usually appreciative of the service, and one parent's comments were fairly typical in terms of a mixture of both positive and negative feedback: "The best thing for me was the reliability of the worker and her great personality. Now that has stopped and six months is not nearly enough (though I knew it would be that) and I am feeling very down."

21. Amongst the remaining 26 parents who only reported positive feedback, the following points illustrate some common experiences:

Non-judgemental and flexible

22. One couple, whose 12-year-old son had a long history of school exclusion and was receiving a service from the local Child & Adolescent Mental Health Service (CAMHS) talked of how the support worker from Building Bridges "helped us keep things together."

"Laura was very good… she tried to do things with him, and talk things through, to raise his self-esteem. She really helped us by not blaming us, supporting us through it, unlike CAMHS who we felt were blaming us. They weren't willing to listen to us. They suggested to us that he was not a bully, that we were all ganging up on him and he was the victim. After all our experience, everything we were trying, we found that very hard …. In their eyes it was all our fault. He was going there on a regular basis by now. But Laura got a lot of information for us about attachment disorder and strategies you can use. If something she suggested last week didn't work, then she'd suggest something else. Mostly the support came from the fact that she was willing to listen to us… it was a big benefit to our family life."

23. There were many negative views of social services amongst these parents, usually because of action taken in the past to protect children, or the fear of action that social workers might take. In contrast, Building Bridges workers, like universal services such as health visitors, are seen as much less threatening: "I will tell you who is helpful and practical: the health visitors. We go up the health centre and they always have time for us. They listen to us and give us practical help and advice. We have a lot of time for them, and for the Family Action workers. We just want social services to stay away from us, we have absolutely lost trust in them. We would never ask them for an assessment or support of any kind."

Different from other agencies

24. Another common strand in feedback from parents was their view that the Family Support Worker became like a friend to them. As one parent said: "At that time she was the only friendly face who came into my house, I felt I could tell her anything and she would understand." This does not mean that professional boundaries were crossed: indeed another parent spoke of her Family Support Worker being "firm but friendly" and when asked what she meant by this she said, "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 to do that." This feature of the relationship is also a reflection of a) the parent-led and flexible nature of the support provided and b) the isolation experienced by many parents, often as a result of their mental health problems. One woman's description was fairly typical: "I said to her I hope that when the service finished I hope if she's passing she'll come in for a cup of tea because I feel I've made a really good friend and that's what I needed. I didn't have any friends around that could offer support that I could trust because they didn't have the understanding of my mental health problems that she has."

25. The relationship with the Family Support Worker was generally felt to be qualitatively different from that with other services: "It was good just sitting down and talking. I had psychology service things but I didn't want to always talk about my life on and on and on. Like she was there just like a friend, 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."

26. Parents were sometimes of the opinion that the Family Support Worker became almost a friend to the children: "He looked forward to her coming, he really enjoyed her company and looks on her as a family friend. She played with him and played games with him and did puzzles with him. He trusts her."

Helping children to understand mental illness

27. A number of parents who had serious mental health problems spoke of how much they appreciated that the Family Support Worker assisted their children to understand about their illness. One woman described how her 8-year-old son had "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." Not surprisingly, her son was angry with her and also reluctant to leave her to go to school. He also found his mother's behaviour frightening when she heard voices and didn't understand why sometimes she wouldn't leave the house. "She 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."

Helping parents access other services

28. Family Support Workers helped parents to make contact with other services, particularly in the context of winding down the service provided by Building Bridges. For parents with small children this was often linking them in with Sure Start services, or Newpin or other groups.

29. For parents from a minority community, the Family Support Worker was often crucial for communicating with formal services; one parent (through an interpreter) told of how the FSW informed the school about the difficulties she was having, so that the school were considerate about how it might affect the children. The FSW also helped her access other services and attended Community Mental Health Team appointments with her, helping the professionals to understand what was going on for her at home. At the same time, the FSW explained to the parent about depression, its symptoms and warning signs and what she should do.

Preventing a deterioration in family relationships

30. Some parents receive support from Building Bridges which is of a preventative nature, where referrals are received from universal services (such as health visitors and GPs). The following description is a fairly typical example of this type of service and parents' appreciation of the support they receive:

"I was getting really down, really depressed, and felt I was not coping with my little boy's behaviour. He was three. The way he spoke to me and behaved towards me was really bad, and I did not know what to do to improve the situation. I went to the doctor's and he referred me to the Family Welfare Association (now Family Action). I only had to wait a couple of weeks.

They sent me a support worker, Jackie. I'd actually met her before on a twelve-week parenting class that I did, so it gave me confidence that I'd worked with her before. She came once or twice a week for three or four months. We discussed together what I needed. We always had plenty to talk about. We talked through how I was feeling. As soon as I felt I was no longer on my own, I started to feel better. She really

helped me cope, and quite soon my confidence came back. She had loads of ideas to help him behave better – she came with different activities for him, some to help him understand his emotions like different faces, happy or sad, and ideas about opposites and techniques to help him behave better, the consequence thing, where you give a warning and so on, and the naughty stair thing, and sticker charts for rewards. She gave me things to do with him before the next time she came. She felt he was really ready for school, very active and bright, and that a lot of his problems were because he was bored. In fact, he is six now and he is doing really well at school where they also think he is very bright, and I am involved in the parents' association now. Also through Jackie Family Action got me referred for SureStart, and he did well there too. Jackie encouraged me to take him to mother and toddler groups – after about three weeks with her, I really got my confidence back and he and I really began to enjoy those. Even now because he is very bright he gets bored really easily, but because of the things she taught me, I know how to distract him with something else.
She was so helpful to me, reliable and practical and kind, that after three months or so, when the Family Action wrote to me saying Jackie couldn't come any more, but someone else could come if I still needed it, I felt I did not need that support any more, and I have managed on my own since then."

Relationships with other agencies

31. Multi-agency working is a key part of the projects' way of working and the evaluation therefore sought the views of these other agencies. Telephone or face-to-face interviews were held with people in both statutory and voluntary agencies in four of the areas in which Building Bridges projects were working (a total of 22 people). It was striking that similar responses were received from agencies across the four areas, indicating that while each project had some distinctive characteristics, there are yet key common characteristics which are integral to the Building Bridges model.

32. Other agencies' experiences of Building Bridges projects were almost entirely positive. Where there were problems these tended to relate to delays in allocating cases, which was usually because of a shortage of Family Support Workers or because of uncertainties or inadequacies in funding. One comment related to a worker getting overloaded and having to go off sick; another to the waiting list which developed when the project first opened and there was such a demand that eligibility criteria had to be tightened up. When asked whether there were factors which got in the way of the Family Action's work, the main comment related to inadequate, fragmented and insecure funding, the following being typical: "Their funding situation is ridiculous. They are expected to fit into different funding streams, timescales, outcome measures."

33. The projects are valued for their flexible and practical service to parents; their ability to work with families with high levels of needs (including those where children are on the child protection register); and their positive working relationships with other agencies. One agency commented: "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."

Flexible and practical support

34. One key characteristic commented on is the way in which Building Bridges projects provide a range of support, suited to each individual family's needs and working with the whole family, not just the parents of the children. As one social services manager said: "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."

35. In another area, a social services manager said: "There's some very distinctive characteristics of Building Bridges – they're the only voluntary sector organisation which would work with this target group and span adults and children. They provide a focussed targeted service and they're flexible around the needs of families. They're parent-led and also focus on children's needs. They respond to what actual needs are and what they do is not set in stone. Parents value the service because it's not so professionalised or delineated and they really value the emotional and practical support." In another area, a CAMHS manager praised the way the Family Support Workers helped parents tackle practical things, like clearing rubbish out of a garden so that children could play, as well as giving emotional support: "They give consistent positive messages to families that don't get many of those."

36. Another professional was of the opinion that the flexibility in what was offered and the flexibility in approach were really appreciated by families: "The practical support is much appreciated, like helping a family to move house, getting white goods sorted out. Offering this practical help assists in engaging the family because they appreciate the practical help with day to day difficulties … the service was very flexible. They offered lots of stuff but eased off when the client was reluctant."

Working with families with high levels of needs

37. In all four areas, statutory agencies commented that Building Bridges is unusual for a voluntary sector organisation in that they work with families where there are 'profound and enduring' mental health problems, and where children are on the child protection register. One social services manager commented: "We particularly appreciate that they work with families where children are on the child protection register as many other voluntary agencies don't. They've also been core group members. They are good at re-referral when there are more issues than initially thought and then joint working with us. We don't worry that things are being missed and we're confident about the quality of their work." In another area, a similar view was expressed by a manager who said: "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."

38. In another area, a CAMHS manager was of the opinion that "Family Action fit into a gap in the market – longer-term support for families where significant improvement in the quality of parenting is likely to be limited," and in another area a statutory worker said: "The harsh reality is that these are families which are isolated, have multiple disadvantages, ongoing chaos and lack of control. There isn't much else for these families."

Working with other agencies

39. A mental health services commissioner spoke of the way the Family Action service is a way of "building a bridge between mental health and children's services. And they help children to understand their parents' mental health. No other (voluntary sector) service in the area has the knowledge and experience of working with the statutory sector in the way Building Bridges does." He explained that the project works with families where a parent is on CPA (care programme approach), and has close relationships with both children's services and adult mental health services. "This isn't an easy task. Working with two statutory services, both under huge amount of pressure – especially with the massive reorganisation in children's services. There's been two managers at Building Bridges while we've been commissioning the service and both were very capable and we never have negative feedback."

40. In another area, a clinical psychologist spoke of his experience of working with a parent who had been referred to Building Bridges: "The Family Support Worker came to CPA meetings and gave feedback on what Building Bridges was doing and how the family was doing. This was very helpful although they had to persevere because the oldest boy refused to engage and the mother was reluctant at first. The Family Support Worker played a useful role in monitoring the mother's state of health as she saw her twice a week at home whereas I only saw her once a week in the CMHT offices and sometimes she would cancel. It's handy having that reassurance about someone having more of a handle on what was going on at home, which I did have because I had confidence in the worker."

41. Although the Building Bridges model uses unqualified (though not inexperienced) Family Support Workers, project managers have relevant qualifications and this is reflected in the confidence that statutory agencies have in the projects: "They've very good knowledge of mental health – whereas other services tend to be more generic. When they liaise with mental health professionals they know what they're talking about."

42. A social worker described her "very good experience" of working with her local Building Bridges project. She had referred a family where there was domestic violence, the child was at risk (and on the child protection register) and the mother was pregnant. "Building Bridges were very supportive to the couple. The work with the mother was excellent. A male Building Bridges worker did some anger management work with father which, in retrospect, could have gone on longer, but at the time seemed all that was required. They kept me informed all the way and the family did so well, the input was very effective. I was very happy with the methods they used and it fitted in well with the role of the statutory services, it meant we could closely monitor the family and keep the baby safe."

43. A GP who had made a number of referrals to his local Building Bridges project felt: "They fill a real gap in children and mental health services who only deal with very serious cases and there are long, long waits for services. Community paediatrics are all taken up with referrals of children with ADHD, counsellors don't see children. I don't have the time or expertise to do family therapy, and yet there are some situations where there is potential harm to the child but not serious enough for referral to social services who in any case only take very serious cases and are stigmatising. These situations are more than health visitors can deal with. In the old days there was a children's psychiatric worker who might have taken up some of these cases. Building Bridges is less stigmatising than social services."

44. He had received positive feedback from parents about the service and also felt that this meant there were fewer demands on his time: "Where I've asked parents how they've got on they've been very positive. It means they're not making these demands on GPs. It does the trick from my point of view, relieves me of a major burden, it definitely makes a difference to my workload."

45. Health visitors in this particular area were also interviewed and talked of the "easy informal relationships" they have with the Building Bridges workers and how "productive joint working has been with families who are very vulnerable." They were of the opinion that "since Building Bridges started the health visitors' caseload of families needing intensive support has reduced. We've noticed a huge difference in caseload and that can only be because of Building Bridges."

46. The health visiting service was asked if they could substantiate this with any statistical information. They analysed their caseload in June 2001 (the Building Bridges project started in this area in 2002) and November 2005. The health visiting service used the Health Needs II assessment tool at each of these dates to identify 'vulnerable' families; that is, where there were concerns relating to child development, parenting capacity and family and environmental factors. The percentage of 'vulnerable families' on their caseload declined from 5.5% (33 families) to 3.2% (17 families) between this period: in other words the numbers of 'vulnerable families' on their caseload halved. Moreover, in 8 of the 17 cases on their caseload in November 2005, Building Bridges were joint-working with the health visiting service.

47. Of course, in order to say with certainty that this impact on the health visitors' caseload was due to the Building Bridges project, it would be necessary to measure the experience against that of another, comparable, area where there was no Building Bridges project. Nevertheless the health visiting service was of the opinion that "this actual decline in vulnerability in our caseload is a clear indicator of the impact that the Building Bridges project has on our community." The health visitors' manager held this opinion so strongly that she was willing to spend time compiling the statistical analysis referred to above.

CONCLUSION

Summary of quantitative and qualitative data

1. Analysis of interviews with project managers and support workers indicates that the Family Action projects exhibit characteristics which have been found – in reviews of the research literature - to be key to successful interventions. These include: close attention to 'getting', 'keeping' and 'engaging' parents; a strong theory base; more than one method of delivery; and working with both parents and children. Family Action Building Bridges projects also use the practical, flexible and partnership approach which research indicates is valued by parents.

2. This conclusion is confirmed by the very striking positive feedback from both other agencies and from parents themselves about the work the Building Bridges projects do.

3. Other agencies valued the Building Bridges projects for their ability to work with families where there are high levels of needs, their positive working relationships with professionals, and the flexible and practical support provided to parents and children. Those interviewed 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.

4. Only five out of 31 parents interviewed expressed any degree of dissatisfaction with the service provided. 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 a deterioration in family relationships, helped their children to understand about mental illness and assisted in their relationships with other agencies.

5. Analysis of the quantitative data indicates a statistically significant improvement with parents' satisfaction with their family relationships and with their parenting over the time that Building Bridges projects were involved with families. This improvement in both these measures remained at the six-month follow up but was not statistically significant on the measurement of satisfaction with family relationships.

6. For children, there was a statistically significant improvement in levels of depression amongst children aged 11 and under. The tool adopted for children aged over 11 measured levels of self-esteem and, while levels of self-esteem improved on average this was not statistically significant.

Value and limitations of the data

7. It is very unusual for a family support service to adopt clinical tools to measure the impact of their service intervention, and then aggregate and analyse the data. Many services collect information about their service users (often because this is required by funders) and a few use a variety of methods which aim to measure the impact of their work. However, this data is rarely entered onto a database and even more rarely analysed.

8. The barriers to administering the questionnaires, and collecting and inputting the data (described in Part I) all illustrate why it is unusual for services to measure the impact of their interventions. Such services are often under-resourced, have little or no administrative or IT capacity and workers' first priorities are, quite rightly, to do direct work with parents and children. Nevertheless, there is general agreement in the field of parenting support and children's services that, while there needs to be an increase in voluntary sector services, the commissioning of such services must be on the basis of evidence about what works. If a service has adopted methods for measuring the impact of interventions as an integral part of its operations this provides vital information for commissioners.

9. There are of course limitations to this evaluation. Firstly, although an independent evaluator has been involved throughout, carrying out interviews and analysing and writing up the data, the quantitative data was gathered by Family Action workers rather than by independent interviewers. This means that there is an inevitable danger that the results are contaminated by workers' aspirations and expectations that the service they provide makes a difference.

10. Secondly, the difficulties the projects experienced in integrating the questionnaires into their work mean that a certain amount of data has been lost, particularly when questionnaires were not completed when cases were closed or at six months afterwards. There is no way of judging whether this loss of data has skewed the results. The number of questionnaires completed at six months after closure of a case remains relatively small and firm conclusions about whether or not service interventions have any lasting effect should probably not be drawn until there are more questionnaires to analyse.

Recommendations

11. This is a report to Family Action so the recommendations are to them. However, the experience of carrying out this evaluation, and the conclusions, also have relevance to other services, agencies and funders.

12. The adoption of clinical tools to measure the impact of service interventions was prompted by the belief that, ethically, the Family Action should be assessing for itself whether the service provided makes a difference to the families concerned. It was also prompted by the belief that those funding and commissioning services will increasingly look for evidence of what works. These two reasons are, if

anything, more valid three years after the start of this evaluation exercise than they were in 2004.

13. Many organisations have the ambition to collect data on the impact of their work; few manage it in reality. The role of the Family Action's Head of Strategic Development was the key reason that there was data to analyse three years on from adopting the tools and monitoring forms. She co-ordinated the piloting of the questionnaires and monitoring forms, and the writing of the subsequent guidance; organised training for project workers (which is ongoing to include new workers); and held regular feedback meetings with projects where concerns could be raised and progress shared.

14. Another key role was played by one of the Building Bridges managers, who took over the inputting of the data and management of the database. However, important though this was, it is an unsatisfactory arrangement as she is doing this in addition to her manager's role. Moreover, the full value of the database will not be realised until it is web-based and can be used by each project to both input and extract and analyse their data.

15. It was clear that projects with administrative support found it easier to ensure that questionnaires and monitoring forms were completed and returned to head office. Those without administrative support often found it very hard. Administrative support is necessary if evaluation is to be properly integrated into the Family Action's systems and, if funders and commissioners want evidence of the impact of service interventions, then they need to recognise that this involves tasks that have to be funded in addition to the direct service provided.

16. The completion of questionnaires at and six months after closure remains lower than it should be. This limits what can be said about the impact of Building Bridges projects over time. If these questionnaires are not administered consistently it undermines the value of introducing evaluation tools. It will then be impossible to demonstrate the impact of services.

17. If monitoring and evaluation are to be made integral to the way Family Action operates, it will be necessary to incorporate completion of monitoring forms and questionnaires into the organisation's performance management processes, and for appropriate targets to be set at national, regional, local and individual levels.

18. The evaluation did not include the Building Bridges service for parents with learning disabilities. Manager and workers are of the opinion that the Building Bridges model is transferable to this group of parents and their experience is of positive outcomes for parents and children. However, in order to substantiate this it would be necessary to evaluate the impact of the service intervention. Parents with learning disabilities are increasing in numbers and often need support. If the Building Bridges model can be shown to enhance the welfare of their children and increase parenting capacity, Family Action could make a valuable contribution to meeting the needs of these families.

19. The four clinical tools were selected in 2004 using clearly thought out criteria (as discussed in Part I), and these probably remain the most important criteria. Nevertheless, it is worth revisiting whether these are the right tools, bearing in mind the following points:

- There are some disadvantages to using a tool (the Index of Family Relationships) which involves asking 25 questions at the beginning of building up a relationship with a parent. It may be that the advantages outweigh the disadvantages: for example, the questionnaire is highly relevant to the work of Family Action in that it measures family functioning and relationships; some workers feel that the very length of it conveys (positively) to parents the seriousness with which the service is approaching their needs; some workers report that it is a useful tool to establish what the issues are at the start of their work. Nevertheless, given that some concerns remain about the length it is important to make a positive decision as to whether or not to continue with the tool.
- The Rosenberg Scale of Self-Esteem may not be the most appropriate tool to use with teenagers as there are many factors which particularly affect teenagers' self-esteem and self-esteem itself may not be the best measurement of the impact of service intervention.
- The Building Bridges projects receive funding from a range of bodies, most of which have their own monitoring forms and some of which seek to collect data on the impact of service intervention. There is a need to increase the compatibility between the Family Action's internal collection of data and that required by funders.

APPENDIX ONE

Issues arising from the evaluation process

1. While the official piloting took place over a six-month period, it took longer than this for the projects to properly integrate the questionnaires into their procedures. An essential part of the adoption of the questionnaires was the role played by Family Action's head of strategic development, who organised training for Family Support Workers in using the questionnaire; convened quarterly meetings or telephone conferences with project managers to discuss progress, and issued updated guidance on using the questionnaires when particular issues were identified.

2. There were a considerable number of minor practical queries that needed sorting out in the process of adopting the questionnaires and each meeting or telephone conference resulted in clarification and often necessitated revision or additions to the written guidelines for using the questionnaires. These queries continued well past the piloting phase, illustrating the importance of ongoing support to projects and project workers.

3. A series of barriers were experienced in the use of the questionnaires:

Family Support Workers' concerns about using the questionnaires

4. There was initial reluctance amongst some Family Support Workers to using the questionnaires with parents and children. Family Support Workers focus on building trust and good working relationships with the families they are supporting and there were concerns about whether administering the questionnaires was consistent with good practice and with established ways of working. There were particular worries about using the Index of Family Relationships questionnaire: some workers felt that asking 25 questions at the beginning of their contact with a parent interfered with the establishment of a trusting relationship. Some workers also reported that they felt the answers that some parents gave weren't a true reflection of how things were within their family.

5. However, consistent messages from project managers and Family Action's head office that these questionnaires had been chosen by Family Action and were now part of how Building Bridges operated, helped to overcome these concerns. Moreover, when new workers started it was noted that they did not have the same concerns. It was felt that this was because using the questionnaires was presented to them as an integral part of the way work was done. The highest number of returns was made by a new project whose manager was committed from the start and whose workers saw the questionnaires as part of their job. This project also had administrative support which helped (see below).

6. Over time project managers noted that the questionnaires came to be seen as useful in themselves, and to therefore have a role quite separate from the evaluation. They were felt to be useful in: assisting families to identify at the beginning of the piece of work that they needed help; giving the message to families that Family Action was taking their situation seriously and would be working in a considered way to help them address their difficulties; helping families and workers to measure progress objectively (at least one project decided to also administer the questionnaires mid-way through working with families as well as at the start, close and six-month follow-up of each case).

7. This is not to say that all criticism of the use of these questionnaires has disappeared. However, the difficulties are now almost entirely confined to the use of the Index of Family Relationships questionnaire which some workers still feel is too long and too emotive to use at the beginning of building up relationships with parents. There is also the continuing problem that projects are often under-resourced and in these situations workers sometimes feel that administering the questionnaires is an additional burden which can get in the way of direct work with families.

The administrative demands of ensuring questionnaires are completed and returned

8. It is unusual for projects to receive sufficient funding to employ an administrator and this lack of administrative support meant that it was difficult for some project managers to keep track of whether questionnaires had been completed. One project which did have administrative support devised a template to be attached to each case file, showing when questionnaires were completed, and it was suggested other projects adopt this same template. A checklist was also devised for projects to return each month, specifying the number of questionnaires completed so that those responsible for coordinating the data could keep track of whether projects were completing the expected number of questionnaires. Nevertheless, the monitoring and evaluation tools did place administrative burdens on projects which were often under-resourced and had to also complete other forms of monitoring and evaluation for funders.

Cultural issues

9. In the case of one of the projects, the majority of families are of Bangladeshi origin as are the majority of the Family Support Workers. Initially, the FSWs verbally translated the questions into Sylheti as they administered the questionnaires. However, it became apparent that in doing this they were explaining many of the questions rather than just asking them, particularly in the case of the Index of Family Relationships questionnaire. This made it difficult for the FSWs to follow the recommended practice which specified: "please go through the questions without discussing them or the answers with the parent. Although the questions may well raise painful and difficult issues for the parent, it is important that these are discussed after all the questions have been answered and not as you go along."

10. The questions were therefore translated into written Bengali so that the FSWs could just read them out. However, the project reported continuing problems with using the Index of Family Relationships questionnaire. The evaluator therefore interviewed project workers and they raised a number of issues:

- There is no word or phrase in Sylheti which means 'mental health.' The only alternatives are words which relate to a more general sense of wellbeing, or a word which means 'mad' and to which a great deal of stigma attaches. However, although this may well create some difficulties in talking to parents about mental health services etc., this is not an issue which should affect the administration of the Index of Family Relationships questionnaire as the term mental health is not used in any of the questions.
- Some of the questions in the Index of Family Relationships questionnaire had been translated in such a way that they seemed repetitive and parents found this insulting, saying things like: "you've already asked me that, didn't you believe me the first time I answered?" The workers felt that this wasn't because the questions had been badly translated but because there weren't the nuances of meaning in relationship to feelings (particularly about family relationships) in Bengali as there are in English.
- The workers said that people from the Bangladeshi community were less likely to talk about personal feelings than English people, so were less confident in responding to such questions, and some of the workers themselves felt less confident in asking about feelings.
- It was also felt that people from the Bangladeshi community were more protective of personal information, particularly if they had had bad experiences around immigration or officialdom in general. This was also said to apply to the Somali community who made up a minority of the project's clients. Being asked questions by someone who records the answers can be disturbing if people have had bad experiences of officialdom. Again, this is a factor which may also affect the project workers from these communities.
- Not all of the FSWs who were Sylheti speaking were confident in reading Bengali so the written translated questions were not always helpful to them.

11. To summarise, while the initial reason given for difficulty in using the questionnaires with Bangladeshi families was couched in terms of difficulties in translating English words relating to mental health problems, further investigation revealed a more complete set of factors influencing the interaction between workers and parents in the administration of the questionnaires.

Barriers experienced in integrating monitoring and evaluation into the organisation

12. As already mentioned, the intention of this evaluation was not to do a one-off evaluation but to enable Family Action to adopt a method of monitoring and evaluating the Building Bridges projects which would be integral to the organisation. It was agreed at the start therefore that Family Action would set up a system of inputting the data from the monitoring forms and evaluation tools, and then analysing it. This has been more difficult than it should have been because it has proved difficult to find other than ad hoc resources (in terms of people) to set up the database, input the data and analyse it. An Access database was originally set up by someone who had another role within Family Action head office and who had the relevant technical expertise. When she left the role was taken up by one of the Building Bridges projects managers who has the relevant expertise and who is doing this in addition to her actual job. Initially, the data was being inputted at head office but this has now passed to this local Building Bridges project manager. Although this happened at her request because she felt it would be administratively easier, this has inevitably increased the work burden on her.

13. While the collection of data is running relatively smoothly, it is clear that there are a number of barriers to the continuing integration of monitoring and evaluation into Building Bridges procedures. We will return to these issues when identifying recommendations to the Family Action.

APPENDIX TWO

Recommendations to Family Action

1. Family Action should remain committed to integrating into its core activities ongoing evaluation of the effectiveness of its services.

2. Family Action should continue to invest in training of workers on using the questionnaires and monitoring forms; regular feedback meetings with projects; and a coordinating role (held by a senior manager).

3. Family Action should invest in the technology, training and time required to establish and maintain a web-based database. Individual projects should receive the necessary training to input, extract and analyse their own data. At the same time, Family Action should invest in the skill and time at head office to quality-assure the database and to produce annual reports on the impact of service intervention across all Building Bridges projects.

4. Family Action should incorporate the administrative support required to carry out tasks which are a key part of monitoring and evaluation into each funding application or tender. The case should be made to funders and commissioners of the importance of properly resourcing these tasks.

5. Family Action should, as a matter of urgency, make resource available to projects to ensure that questionnaires are completed at closure and six months after.

6. Family Action should review its performance management processes to ensure that tasks associated with monitoring and evaluation are embedded into such processes, paying particular attention to the role of regional managers.

7. Family Action should urgently consider how to evaluate the impact of service intervention in families affected by parental learning disability, and collect and analyse the data.

8. Family Action should seek expert advice on whether the current clinical tools are the most appropriate, and at the same time enter into discussions with funders with the aim of reaching agreement on data to be gathered for funders which is compatible with Family Action's internal systems and reduces the burden on staff.

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Registered charity n° 264713. Registered company limited by guarantee in England and Wales n° 01068186.
Patron: Her Majesty the Queen. Chair: Lady Keene. Chief Executive: Helen Dent.