



**family
action**

Building Bridges:
an independent
evaluation of a family
support service



This is a summary of an evaluation commissioned by Family Action and carried out by an independent researcher Mary MacLeod OBE supported by Dr Pauline Heslop, of the University of Bristol.

Read the full evaluation at

www.family-action.org.uk/buildingbridges

Building Bridges is an example of C4EO validated practice. See Grasping the Nettle: what works in early intervention
<http://www.c4eo.org.uk/>

The evaluation's general findings about Family Action's Building Bridges

- Building Bridges is effective at preventing family breakdown and children entering into care, and reducing the need for, and cost of, major statutory interventions like child protection plans.
- At a unit cost of between £3,000 and £4,000 per family, Building Bridges significantly reduces the more expensive input and costs of various statutory agencies. Over both cohorts it reduced the need for the Care Programme Approach by 53 per cent, for the child protection register by 46 per cent; Local Authority care by 30 per cent; the Common Assessment Framework Team Around the Child Single Agency by 48 per cent, the Common Assessment Team Around the Child Multi-Agency by 33 per cent and for Children In Need by 46 per cent.
- Around three quarters of service users referred to the service remained engaged with Building Bridges until the end of the programme. All interviewed service

Case Study

Jack

Jack has been getting help for about three months. He is a dad on his own with two children. He has suffered with mental health problems for some years and has needed an injection of intensive practical and emotional support around his housing, his future employability and his confidence to get him on his feet so he can look after his children again.



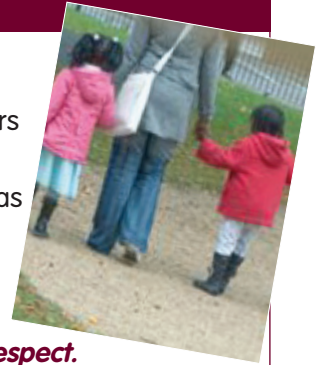
"It has made a big difference to have things for the home – bedroom stuff for the kids – making home life more comfortable. It's by far the best service I've had to deal with in the past two years...you can't fault them...they are there for you 100%...they even phone you if they are going to be late."

users and stakeholders expressed satisfaction with the service. 100 per cent of stakeholders and nearly 100 per cent of service users rated the service at least 4/5 (with 5 being the top score).

- From a service user's point of view it reduces hardship and relieves distress, improves parents' perceptions of their relationships with their children and family members; and children's behaviour and well-being.
- From a commissioner's point of view the service is an important and knowledgeable partner in delivering improvements to the lives of families with "multiple complex needs" and reducing the need for more expensive statutory services and interventions.
- In terms of the formal qualities of programme design, the service is meeting the criteria required of evidence-based programmes including a clear theory of change underpinned by evidenced theories and a practice methodology found to be effective in meta-analysis of research studies of family support services.
- Evidence from commissioners and service users confirms that services in five of the sample areas are working within the characteristics that the evaluation literature notes as hallmarks of family support, including intensive family support within the family home, focussing on goals set with the families with an emphasis on practical emotional and relational support, and activities delivered by trained and committed staff supported through regular supervision.
- Using the Index of Family Relationships, the caseload of parents who reported a problem in family relationships dropped by around a fifth in the first cohort and more than a sixth in the second cohort. Using the Kansas Parental Satisfaction scale there was a statistically significant increase in those reporting increased satisfaction with parenting for both cohorts.
- Using the Depression Rating Scale Building Bridges had a statistically significant effect in reducing depression in children under the age of 11 in the first cohort; and using the Rosenberg Self Esteem scale had a statistically significant effect in improving self-esteem in children over the age of 11 in the second cohort.

Case Study

Anna has been supported by Building Bridges for three years as she has battled with her depression and the effect it has on herself and her children:



"They were a turning point for me. They gave me self-respect. She would meet me at the door if I had to go to a new place. You can't fault them. My sons are doing well at school now and the older one has a job."

Background

- Building Bridges is a professional, home-based family support service designed to meet the needs of families with "multiple complex needs", and make the families stronger, safer and more fulfilling for children and parents. The description multiple complex needs describes families where there is one or more of the following difficulties: a parent with mental health problems, a young carer in the home, difficulties in parenting, children with mental health or behavioural difficulties, relationship issues, children on a child protection plan, children who have come to the attention of social services, and financial and material hardship.
- Building Bridges works by starting from the family's own perceptions of the action they need to take; being flexible and tailored to family circumstances; being led by qualified team leaders and family support workers; dealing with practical issues in people's homes and outside normal working hours; being task-centred and

"They have a big impact on families they are working with...prevent care with adults with mental health problems and they work with a number of children on child protection plans...they prevent bad things happening." (Commissioner)

time-limited; co-ordinating multi-agency activity; and working through activity for children and parents, as well as relational and practical support.

- This evaluation of the Building Bridges service spans six years and looked at data from more than 2,000 families referred between 2004 and 2010. While the data is not comprehensive, it is extensive in terms of sample size and time period for measuring the effectiveness of the service. The families included a total of 8,074 household members of whom more than 4,300 were children. The data is spread over two cohorts 2004-2008 and 2009-10.

The reasons for the methodology chosen for evaluating Building Bridges:

- A body of independent, peer reviewed evidence already exists to show that family support like Building Bridges is an intervention that makes a positive impact on the families it seeks to assist. According to this body of evidence, among other factors, a key characteristic of successful family support is that it is highly tailored to the needs of specific families.
- In contrast to the flexible tailored approach of family support such as Building Bridges, many evaluation tools tend to be rigid. In particular the tailoring of family support programmes means that it is difficult and expensive to carry out randomised controlled trials (RCTs) of individual family support programmes because RCTs require comparator groups, involving ethical dilemmas and methodological difficulties.
- This does not mean that evaluation can not be carried out but it explains why the format of this evaluation is multi-modal. Multi-modal means using a range of evidence including quantitative data based on clinical tools; service user and stakeholder reports; and project activity in sample areas where Building Bridges is delivered.

"Improving attendance...we have seen improvements in the behaviour of children"

(Education Welfare Officer).

Case Study

Mark and Maria

Maria was at the end of her tether when she was referred to Building Bridges by her Health Visitor over a year ago. She was ready to give up on her relationship with Mark, whose depression was more and more difficult for the family to handle.



"It's very hard to say that your married life is breaking down and to ask for help...I was living on eggshells for 10 years...I got to the edge...they listened...they gave Mark someone to talk to listen to him...they helped me to understand better...they supported the children and helped them have a bit of fun...they are wonderful people, they really are. I wish I'd known them 10 years ago."

Characteristics of the families supported

- Half included lone mothers although, in a third, children lived with both parents. Three per cent were lone fathers. More than half had no extended family support.
- Most families were of white UK ethnicity. Nearly a third were from black and ethnic minorities.
- A quarter of the adults had mental health difficulties, one in ten a learning difficulty and seven per cent a physical disability. Of the children one in ten had a learning disability, three per cent had mental health problems and three per cent had physical disabilities.
- 84 per cent of adults aged 18-65 were out of work.
- Most families – a quarter – are referred through children's services with around one in ten referred from adult mental health, and voluntary organisations and just under one in ten from GPs. Referrals from education including schools doubled in 09/10 compared to 04/08.

Rated highly by the majority of commissioners and colleagues

- Most clients are referred for family support, family relationships and behaviour of a child - twice as many as for other reasons. This is closely followed by the adult having a mental health problem. Over time the top five issues on which families worked remained constant: parenting issues; emotional stress; child behaviour/relationship difficulties/self esteem and adult mental health.

"Much better...coping much better...very lucky to find them...it was a lifesaver for me...helped with my son...you want to carry on being a Mum even when you are ill...I'm glad to have them." (Parent)

Case Study

Jennifer

Jennifer, known as Jen, is still receiving help after a year. She says she loves her worker, who is "just brilliant". Jen has serious mental health problems, a history of substance abuse and a physical disability. With two boys on the verge of the teen years, she has just had a baby (now two months old) with a new partner who now lives with the family and also has mental health problems. Family relationships are fragile and Building Bridges has brought stability into the family and helped Jen to work with statutory services around the care of the children. It would be surprising if Jen and her family did not need ongoing help as the children grow. Ups and downs are very likely. But for the present, there is calm.

"We are getting on really well now...Mona really understands my problems... she boosts my confidence and makes me feel comfortable. She fills in my forms...she got a cooker for me...mine broke down before Christmas - that made such a difference."



What works well about Building Bridges

From a service user point of view

Of 29 service users asked to rate the service 1 (worst)-5 (best), 25 rated it at four or above. The composite score was 4.75.

The practitioner-service user relationship is central to them and the attitudes and qualities of the family support workers are key.

Service users including children and young people, spoke of the importance that the support worker:

- Is reliable, non-judgemental and shows positive belief in them;
- Offers practical assistance with material and financial problems;
- Can provide practical steps to improving parenting and relationships;
- Provides a listening ear to their children;
- Comes to their homes and can be available at weekends;
- Can help them to organise their household and co-ordinate other services they need to use.

From a commissioner's point of view

Of 15 stakeholders employed by commissioning or related agencies and asked to rate the service 1 (worst)-5 (best), all rated the service at four or above. The composite score was 4.4.

According to stakeholders like commissioners and practitioners, Building Bridges delivers on working in partnership with them and is effective because it reduces demand for statutory service involvement.

They also spoke of the importance that Building Bridges is:

- Tailored, holistic towards the whole family, targeted, child centred and trusted;
- Flexible and available, able to adjust intensity of contact and work in the home;

- Able to deliver on effective focussed working in a short-time frame;
- An effective partner, with local staff who are good at communicating, know statutory requirements and take a proactive approach.

“Although you took away my caring role and I am upset about this I do know it is helping my Mum. It makes her feel better which makes me worry less about her. Because I am worrying less about my Mum I am able to focus more on school” (Teenager)

How Building Bridges could improve

- Both commissioners and Family Action practitioners identified limited funding and restricted time limits for working with families as pressures on Building Bridges. They acknowledged that many families with multiple complex needs are going to require support over significantly longer periods of support – over six months – in order to make more progress in overcoming their difficulties. This was a theme that also communicated itself in the feedback from some service users.
- A minority of those families referred to Building Bridges do not engage or sustain engagement with the service. Obstacles to data collection need to be overcome so Family Action and commissioners can better understand why these families do not engage.
- Family Action needs to continue to improve its data collection and knowledge base of what works; and its

Recommendations for Commissioners

1 Children: Evidence of the impact of intensive family support on children is compelling. The majority of families were experiencing significant material, emotional and relationship difficulties known to impact negatively on their relationships and on children. There was evidence of improved outcomes for children involved in the service. **If authorities are to fulfil their duties to children, then targeted, skilled, intensive family support services must be a vital constituent part of local service portfolios for the protection and wellbeing of vulnerable children.**

2 Intensity and length of involvement: There was evidence from the comparison of the outcomes for families from two time periods (2004-08 and 2009-10) that the changing contract requirements were reducing the scope, intensity, longevity and impact of work with families. Outcomes for the 2009-10 cohort were slightly lower in terms of progress and effect sizes. For some children there was a slight increase in depression scale six months after the end of involvement.

Shorter time frames and less intense work may be

appropriate for some families; but families with enduring difficulties, like people with chronic health conditions, may need longer, continuing, or sporadically accessible further help. **Commissioners should make room within contracts for flexibility so that services can be tailored to the actual needs of families. More can be, in the end, less.**

3 Diversity of need: Different families require different interventions and styles of intervention. For example, families with adults who suffer severe mental health difficulties or with child protection concerns are unlikely candidates for parenting programmes or short term interventions; while families with specific child behaviour issues are good candidates for such programmes. There is no one panacea for the difficulties that afflict families and undermine their relationships and care for their children. **Commissioners should aim for a menu of services and sophisticated assessments so that families can be more closely matched with services that will work for them.**

4 Practical assistance: Commissioners should ensure that providers of intensive family support have the

In **84** per cent of cases holistic support targeted at workless adults

mechanisms for staff to share their knowledge and learning with each other, particularly in respect of how practice produces outcomes for children.

- While Family Action has adopted rigorous clinical tools for evaluation, these can be perceived by practitioners to be inappropriate and hard to make relevant to the process of engagement, and of ending work, with families. Family Action is now reviewing whether there are better tools for the job than the ones currently in use. It will be important to make a careful choice to ensure that the tools are easy to administer, yet powerful in measuring impact on family relationships and children's wellbeing.

Read the full evaluation at

www.family-action.org.uk/buildingbridges

Case Study

Isobel and Jack were struggling to manage their son and his behaviour, 'on the way to hit rock bottom', as she put it. Now things have turned around and with three months' assistance from their skilled and resourceful family support worker, their son's behaviour has improved.



"Regular contact with the same person...time with both... on our own and with the boys...the advice is really good...you never felt you were being told off...not derogatory...very positive...they help with other people like the health visitors and the school."

welfare and practice knowledge and skilled practitioner base to offer assistance with the range of problems families are facing. **The offer of assistance with material deficits in the home and the welfare bureaucracies is vital to the success of engaging families on other aspects of relationships and behaviour.**

5 True costs of quality service: As the commissioning landscape becomes more competitive and providers with little track record come into the social care market place, it would be helpful to commissioners and family support services to be able to define investment, value and savings more closely. This needs a rigorous cost effectiveness assessment that takes into account the intensity of work and differing levels of need to enable comparisons between different programmes and therefore better alignment between differing needs and approaches.

Commissioners should, at the very least, share with providers the financial burden of cost-effectiveness evaluations. There is local data, from for example, school performance information, that could assist local authorities

and providers in making fine judgments on what works for whom in what circumstances. **Commissioners could ensure that local data is mined more effectively to read across impacts from different interventions to different families and assist commissioners in making best value choices.**

6 Evaluation tools: The huge variety of family support programmes is matched by a huge range of advice on effective programmes. **Commissioners need to make sure that they compare like with like when comparing evaluations of programmes.** This is especially true of flexible, user-tailored, intensive family support, where problem-focused evaluation methods are less able to evaluate impact over a range of outcomes.

Commissioners should look to commissioning providers who: have a compelling and embedded theory of change; use a range of evaluation tools including the use of clinical tools and outcome measures; and include the service-user reported outcomes as well as quantitative data.

About Family Action

Family Action has been a leading provider of services to disadvantaged and socially isolated families since 1869. We work with more than 45,000 vulnerable families and children a year by providing practical, emotional and financial support through more than 100 community-based services across England. In 2009-2010 we distributed 4,218 grants totalling over £1,104,883 to families and individuals in financial hardship throughout the UK.

For information about Building Bridges contact

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