Evaluation of the Integrated Family Support Service in Newport

Summary Findings

1 Introduction

The Newport Integrated Family Support Service (IFSS) is the result of a partnership concept and vision devised by service leaders in Newport City Council and Barnardo’s more than five years ago. The vision was to develop a sufficient range of evidence-based family support services capable of promoting child and family wellbeing and actively preventing the need for care and support.

In November 2015, the Institute of Public Care (IPC) at Oxford Brookes University was invited to evaluate the IFSS with a view to ascertaining the extent to which it is effective in achieving its key aims and offers good value for money. This briefing paper includes a summary IPC’s key findings from the evaluation. Other papers produced by IPC include more in-depth findings relating to key aspects of IFSS.

2 Overall Summary Findings

The Newport CC / Barnardo’s Partnership and the services offered under its aegis to vulnerable children and families have undoubtedly been on a journey since their inception. This journey has led to the development of a consistently evidence-based, preventative and cost-effective set of family support services – one of the most impressive overall models to be evaluated by IPC to date.

Although attribution is complicated, this innovative continuum of support on offer to families at or just below the statutory thresholds appears to have impacted very positively on demand for (Social) Care and Support Services:

- Referrals to Social Services have more than halved
- Re-referral rates have reduced significantly
- The rate of children in need has steadied and is low compared with similar authorities in Wales
- The number of children with disabilities requiring a child in need intervention has reduced dramatically
- Newport now has one of the lowest and steadiest rates of looked after children per 10,000 population compared with similar authorities, below the national average
- Provisional figures for 2015-16 suggest that the number of children becoming looked after has reduced significantly during this latest year of IFSS delivery
- Recruitment and retention figures have improved significantly within the Child Protection Teams working with IFSS
These trends are all the more impressive given the context of high levels of deprivation locally as well as welfare benefit restrictions, increasing demand for Children’s Social Care Services across the United Kingdom, and evidence that the prevalence of complex parental needs (such as substance misuse and mental health problems) has increased locally over this period of time.

Elements of the IFSS considered strategically significant that were looked at in more detail by evaluators include the following:

3 The FASS (Family Assessment and Support Team)

This service offers highly evidence-based and intensive support to families with complex, often chronic social care needs. IPC found that the blend of therapeutic and practical support on offer involving all key family members – including crucially Dads – worked very effectively. Other critical factors included the intensity of early engagement with families (up to 4 visits per week) and remaining involved with families for long enough (6-9 months) to make a difference.

The families who were interviewed as part of this evaluation spoke very positively about their involvement with the service:

* Taught us that when things go wrong, don’t let it all go wrong
* Somebody coming from outside seeing how our family worked. Not someone just coming in and telling us what to do, showing us instead

At least 48% of families recently involved with FASS, often on the brink of care, had very positive outcomes including the child(ren) being able to remain safely at home. In another less deprived part of the UK where no such evidence based service exists, IPC evaluators recently found only 21% of families had such positive outcomes from their social care intervention.

The leadership team has worked hard to ensure that workers are empowered to utilise their professional knowledge base (social work, systemic practice, child and family psychology) but also consistently apply evidence based approaches to engaging families in making significant changes to their lives and outlooks.

The model appears to work very well in partnership with the case holding social worker, with the benefits of having a voluntary sector support offer being recognised by social workers and families alike.

IPC’s in-depth evaluation of this service suggests that, on a regular basis, it is preventing the need for children to come into or remain in care and is also highly cost-effective with an average cost benefit ratio for successful cases of £64 savings for every £1 spent on the service and a return of approximately £31 for every £1 spent on the service overall. The service appears to be considerably
cheaper than other intensive and systemic models evaluated elsewhere, for example Multi-Systemic Therapy.

Whilst families with a Child Protection Plan may be easier to engage initially with the service, it appears much harder to engage these families in meaningful change sufficiently quickly, particularly where there has been a significant history of previous social services’ referrals. There are cases where the children of these families do come into care but this is likely to be a partially successful outcome at least for them, with the FASS intensive assessment and support service essentially supporting the avoidance of delay in decision making.

4 The CANS (Children with Additional Needs Service)

This preventative service also provides a highly evidence-based, holistic and effective range of support to families of children with a cognitive or physical impairment including some with needs just below the statutory threshold.

In practice, the service currently works predominantly with younger children who have an Autistic Spectrum Disorder (ASD) or signs of ASD and whose families are not coping well for a variety of reasons. These children and families have often been excluded from local authority support across the UK because they didn’t quite fit with the ‘old’ Children Act criteria. Their needs could often escalate, particularly as the children became teenagers, and result in residential care placements. The positioning and aims of CANS fit perfectly with the new Social Services and Wellbeing (Wales) Act as the service effectively plugs a previous gap in demand and prevents escalation of family needs to care and support levels.

The Newport CANS workers demonstrate highly effective engagement skills with these families and deliver clear outcomes-focused and well-judged plans of support enabling more effective parenting strategies that, in turn, maximise child potential. Interventions focus where possible on closing the gap between home and school by simultaneously engaging all key parties (including the child) in change.

Children are supported effectively to remain at home, in mainstream school settings, and to avoid the need for social care supports such as formal respite care. Although IPC hasn’t been able to fully develop a cost benefit analysis for this service, it is likely to be highly cost effective with average unit costs per intervention of £1,377 (including group and one to one delivery) and a range of positive individual as well as whole service impacts including a recent significant reduction in the number of children with disabilities with Child in Need Plans.

5 The Preventions Team

This service is working with families with a wide variety of needs and levels of need but including a high proportion of families with complex needs and histories of previous referrals to other including social services. The service is also currently

1 FASS costs on average £4,748 per family whereas Multi-Systemic Therapy was costed at £6,000 - £8,000 in 2011
working with some children with ASD\(^2\) and with a small proportion of families whose lower level needs might indicate an alternative single agency support service.

Interventions are mostly evidence-based, outcomes focused and closely linked with the presenting needs of referred children, young people and families. They include strong evidence-based approaches to engaging families in change. They are frequently multi-disciplinary (with the Preventions Team Worker acting as the lead professional), although IPC noted that some families might benefit from a fuller Team围绕 the Family\(^3\) support offer.

The best outcomes are generally achieved with younger children and families with additional including multi-agency needs rather than those with chronic and complex needs, but the service has the potential to work successfully with children of all ages in the context of family complexity.

However, the service is not currently geared up to work as intensively, systemically and therapeutically as is probably required for the 20% or so of families referred to it with very complex needs. Therefore, IPC has concluded that some of these referrals might currently be better directed at a service like FASS.

The service, as currently configured, is still cost-effective with an estimated **cost benefit ratio of between £3-19 for every £1 spent on the service**\(^4\). Evaluators note that cost benefit ratios for successful early help services are almost always lower than that for interventions that are more remedial in nature.

### 6 The IFSS as a whole benefits from

- A strong vision for and tenacious focus on evidence-based provision
- A consistent emphasis on evidence-based approaches to engaging family members in thinking about and engaging in positive change, such as motivational interviewing and solution focused brief therapy
- Skilled and ambitious workers (ambitious for families) who are able to work alongside families - including a proportion of male as well as female workers
- Strong senior and practice manager support for workers to continue to develop their skills and to be both reflective and curious about ‘what works’ for families.
- The partnership arrangement which has benefitted the ability of both parties to meet the needs of local children and families and which promotes a strong focus on continuing improvement and innovation

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\(^2\) Some of whom might be more purposefully referred to CANS

\(^3\) Including regular multi-disciplinary Team around the Family meetings and reviews

\(^4\) Cost benefit ratios are generally lower for services of a preventative nature than for effective intensive family support services which include higher costs but greater potential rewards
Areas for Potential Future Development

The IFSS is clearly very effective but the following development areas arise from IPC’s overall evaluation. Prior to the completion of the evaluation, many of these areas were already being considered by the leadership team.

1. Whether to further develop the ‘preventative offer’ overall in relation to pre-school aged children who are arguably over-represented in the Child Protection and Looked After cohorts and under-represented in the work of the Preventions Service (we haven’t looked more broadly at other preventative offers locally).

2. Whether to further strengthen the Prevention Service offer by encouraging workers to encourage a full Team around the Family approach in a greater proportion of cases and to support other agency workers to deliver a preventative, whole family including Team around the Family approach with families with some additional needs at level 2-3.

3. Consideration of how to ensure that some families with complex and chronic needs don’t ‘fall through the gap’ between Preventions and FASS / FST.

4. Whether to strengthen the overall offer of support to families ‘in need’ by further blending the FASS and FST offers.

5. Whether to continue to develop and emphasise the FASS offer relating to domestic abuse, to reflect the very high proportion (77%) of families with these needs.

6. How to support further improvements to social worker decision making including the timing and nature of referrals to FASS, particularly for families with a Child in Need Plan who are not ready / motivated to engage with an intensive service or who have already had a FASS intervention, or for children and families with a plan for rehabilitation home.

7. How to continue to improve FASS ability to effectively engage on a consistent basis with adolescent children and families with chronic needs who are on the edge of care but who have limited motivation to change.

8. How to continue effectively to cross-fertilise key skills and training of relevance to all aspects of the IFSS, particularly in relation to work with highly resistant families. There have been some very good ideas put forward already by managers and social workers and outlined in this report.

9. How to continue to develop the Partnership in an innovative but sustainable way including with reference to pay and conditions across the Partnership as well as promoting ‘the right help at the right time’.

10. How to share the important learning about ‘what works’ with the rest of Wales and the United Kingdom.

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5 Some other local areas such as Swansea have been able to develop this successfully
6 There are potential significant advantages but also some risks as outlined in Section 11 of this report
7 Note: the NSPCC has recently published a new Practice Framework to support effective decision making including effective timings for rehabilitations home
8 For example, there may be some learning here from approaches such as ‘Multi-Systemic Therapy’ or ‘Functional Family Therapy’
8 More papers in this series

Based on the evaluation of IFSS, IPC has also produced the following summary papers relating to NCC and Barnardo's work with vulnerable children and families:

- The right help at the right time for Children with Disabilities in Newport – Findings from an evaluation of the CANS (Children with Additional Needs Service), May 2016
- Successful working with families in the statutory arena: an evaluation of the Newport Family Assessment and Support Service (FASS), May 2016
- The value of a Partnership Model for delivering Family Support – Summary findings from an evaluation of the Newport / Barnardo’s Model, May 2016

You can download a copy of any of these papers at:
- [http://ipc.brookes.ac.uk/publications.html](http://ipc.brookes.ac.uk/publications.html); or
- [http://www.barnardos.org.uk/what_we_do.htm](http://www.barnardos.org.uk/what_we_do.htm)