

Successful working with families in the statutory arena: an evaluation of the Newport Family Assessment and Support Service (FASS)

Summary Findings

1 Introduction

Local authorities across the United Kingdom are working hard but often struggling to provide 'the right help at the right time' for families with additional needs, in particular where a social worker-directed intervention is required under a Care and Support Plan (a Child in Need Plan or a Child Protection Plan in England).

Even where the 'bottom line' social worker tasks such as thorough ongoing assessment of risk, regular meetings with the child and facilitation of multi-agency meetings are undertaken conscientiously, this is not necessarily a strong indicator that families are being supported effectively to make the necessary changes to their lives to ensure that children are kept safe from harm. The **two common effects of a lack of such support** are:

- More children and young people come into care than need to
- The statutory plans of too many children and young people drift – even as the plan comes to an end, there may have been no 're-escalation of risk' but core family problems have not been addressed

In relation to the latter 'drifting' cohort, it is likely that a very high proportion have ongoing 'toxic trio' issues of domestic abuse, parent mental health issues and substance misuse issues known to place children and young people at significantly increased risk of abuse and neglect¹.

The Institute of Public Care (IPC) at Oxford Brookes University has recently completed an evaluation of the Family Assessment and Support Service (FASS) in Newport. This innovative service is part of a broader Partnership delivery model between Newport City Council and Barnardo's aiming to provide the right help at the right time across a continuum of family support. The FASS 'element' to this Partnership service provides intensive assessment and support to families on the brink of care or where the plan is for a child's rehabilitation home.

¹ Even a 'toxic duo' (often domestic abuse combined with one of the other two) increases risk to children. Indeed, it is the domestic abuse element that researchers such as Cleaver et al (2011) have associated with the greatest rate of long term negative effects on children when combined with one of the other – substance misuse or mental health problems. 43% of FASS families have toxic duo issues.

The IPC evaluation has identified that the service is providing highly evidence-based and effective support to children and families on the brink of care and enabling a very high proportion to remain living safely at home. FASS is also a very cost effective model compared with similar projects reported in other parts of the UK. This short report sets out to explore exactly how and why this is so.

2 How FASS works

The main innovation of FASS is that it has taken on board the evidence base relating to 'what works' with families in need who are likely to be resistant to change, and has applied this evidence base – rigorously.

FASS employs mainly people with a relevant professional qualification for example in social work, education, psychology and systemic practice. The team also includes some very experienced Family Support Workers. Staff are encouraged to apply their knowledge base (in key areas such as attachment, parenting and change theory) and existing skills in a structured, strongly supervised way with families. The team culture and key leaders within it promote consistently high standards of working with families who are likely to be resistant to change. Group and one to one supervision also supports a creative, solutions-focused approach to working with families where they appear to be 'stuck'.

Visits and direct work with families MUST have a specific therapeutic purpose

It's important that we apply curiosity – have a curious mind and reflect / promote family reflection

Workers have a 'toolkit' and 'standards' for practice but can flex to suit the family – and managers and workers alike believe that this is a very satisfying as well as effective way of working.

FASS works in a two-staged and holistic way with families referred to it, often in a crisis. Social Workers continue to case hold.

Stage One

The first (approximately 2-4 week) stage is intended to be 'gripping'² of the family and focuses on exploring their history, strengths and issues in more depth. The evaluation found clear evidence that families tend to reveal more relevant information to FASS workers than to the assessing and eventually case holding Social Worker – particularly about their past childhood experiences and patterns of family life including cycles of domestic abuse. At least 37% of families referred to the service included a parent or parents who were themselves abused or neglected as children. During this stage, workers seek to come alongside families, to be trusted by them – including through the application of strongly motivational and empathetic techniques. Workers are all trained in motivational interviewing and solutions-focused techniques and have sufficient day to day practice in it to facilitate confident practice in this area.

² Some of the research evidence relating to other forms of intensive support to families (such as family intervention teams) has referenced the positive impact of having a 'gripping' initial phase of intervention

The main aim of the first visit is to be invited back

FASS workers have been able to engage effectively with families with Child in Need Plans (working voluntarily with social services) as well as those who might be expected to engage with family support in only a limited or cursory way for reasons such as:

- Long and significant histories of social services' involvement
- Ongoing chronic issues such as domestic violence, substance misuse and/or mental health problems
- Cultural differences
- Their age, particularly young people of the family

Another key feature of this initial stage is the support from workers for carers to develop internal motivation to change (as opposed to the external motivation they may already have from the pressures of for example Child Protection Processes)³.

This intensive initial stage involves several (3 to 4) sessions per week with families which helps to refine the development of an outcomes-focused plan that the family can own and relate to over time.

It's about establishing rapport, valuing the family members and their experiences and looking at what are their priorities for change. It's important that people don't feel judged, to help them to open up. The first visits are quite long, people do want to tell their story we find so long as you're listening well. We use lots of open-ended questions, allowing families time to talk and reflect. It's often very revealing. We work actively to establish good contacts with all family members, particularly separated Dads. It all helps to establish a strong base for later direction and challenge, particularly where parents don't have good role models from their own childhoods.

The families interviewed for this evaluation by IPC all described good or excellent early engagement with their FASS worker including the following key attributes:

- Explaining about the service, giving information
- Making family members feel comfortable
- Taking time to listen and understand the family's experience
- Not judging
- Being honest
- Spending time talking with the whole family
- Having a sense of humour / being easy to talk to
- Being caring

³ The stages and theory of change was first described by James Prochaska and Carlo Diclemente (1982) including reference to: pre-contemplation; contemplation; determination / preparation; action; maintenance leading to lifestyle /behaviour change; possible lapse; contemplation etc. Their work has informed the development of motivational techniques.

- Being available
- Not being the social worker

It felt like she had chosen to help me, not just sent

Stage Two

The second stage of commonly between 4 and 5 but up to 10 months' duration involves the delivery of a support package involving all key members of the family including fathers. This is a strong difference with other more traditional family support services that tend to focus on 'Mum' and is a strong feature of the good practice in Newport.

Two key characteristics of FASS support IPC has referred to as the '**golden combination**' of **therapeutic and practical** are illustrated in the table below:

Example therapeutic approaches	Example practical approaches
Confident exploration of the past (cycles of behaviour & relationships and impact of childhood experiences & parenting approaches & domestic violence)	Parenting tips –reference to evidence based programmes that can be delivered 1:1 – including suggesting, 'modelling', 'doubling back' when problems arise. The context for this work is often parent: mental health issues; substance misuse; lack of experience of effective parenting in their own childhood; learning disability.
Theraplay and other playful approaches to strengthening attachment	Providing information e.g. about how inter parental conflict affects children / how to de-escalate conflict
Ongoing support for motivation to change including to reach out to external supports for DV, SM, MH	Basic financial and housing advice and support
Therapeutic work with individual child members of the family – particularly young people engaged in or at risk of sexual exploitation, poor mental health, challenging or aggressive behaviour, non-school attendance	Advice about how to keep children safe
Work with all family members on relationships and how to relate to each other in a positive way	Work with parents around keeping the house sufficiently clean so as not to be a risk to the children

Therapeutic and practical approaches often overlap and workers demonstrate highly confident and skilful practice in drawing on both, sometimes during the same session with families. Where carers need a longer term, more specialist support service relating perhaps to their mental health or violent behaviour, FASS workers have successfully engaged them in contemplating then having the confidence or desire to seek help from these services. A highly visual 'distance travelled' approach is taken

to measuring improvements. The families interviewed by IPC for this evaluation suggested that this approach is strongly motivational. Above all, workers demonstrate highly positive but realistic approaches with families including: 'Healthy Relationships'; 'Positive Parenting approaches'; 'Preferred Futures' 'Keep Safe work'.

These are some of the things the families interviewed by IPC said about their experience of the FASS service:

Got us all together to play games and do therapy
Saw us as a family, me and my husband together and separately (very good, important to us)
We used cards to do with routines and safety
We played, did games
Encouraged my partner to see himself as a parent – gave him permission to get involved
She did relationship counselling with us
Helped me see how arguing affects children
He was really clear about what was normal and what was not
She demonstrated how to discipline children positively, how to respond to people in the community if they are rude
He helped to sort out appointments for the children
Helped my husband find numbers to ring about sorting out benefits
She was like a counsellor, said it's trial and error, try this and persevere with it

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

3 What has been the impact of FASS in Newport?

IPC examined the impact of FASS in relation to:

- The lives of 30 randomly selected families who had received a service in the last 18 months
- Social care services 'trends' over recent years more broadly
- Other what might be called 'spin off' impacts of the service on other parts of the whole care and support system

3.1 Key findings about the impact of FASS on individual families

- 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 in need had such positive outcomes from their social care intervention.
- In many of the other cases where the children weren't able to remain safely at home, the outcomes could still be said to be positive in that a more in depth

assessment of the family situation undertaken by FASS enabled a swifter decision about the best interests of the child(ren) and the avoidance of delay.

- Only 11% of the families referred recently to FASS service had predominantly negative outcomes, such as disengagement from or failure to respond to the service supports. Given the overall cohort characteristics, including many families with a significant previous history of involvement with Social Care Services in Newport and further afield, this is a very low proportion indeed.

Anonymised Case Studies can be found at Appendix A to this report. We strongly recommend these to the reader.

3.2 Key findings about the impact on Social Care Services' trends

- Re-referral rates to Social Care Services have reduced significantly
- 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 FASS delivery

Although attribution is complicated, 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.

3.3 Other 'spin off' impacts

- Social workers recognise and value the work of FASS.

FASS will (generally) chip away with families to get their engagement.

They get families involved in setting their own goals – doing 'with'.

It's all strengths-based, it works better.

This is really therapeutic work with families including with families who are quite 'stuck'.

It's run by people who know what they're doing.

We're making a noticeable difference to families.

- The social workers interviewed by IPC believed that their practice has also improved as a result of their involvement with FASS.

She's made our risk assessments, plans and analysis better.

She has really pushed us into being more specific about what is required by the family.

- Recruitment and retention figures have improved significantly within the Child Protection Teams working with FASS. For example, the authority's ability to recruit Social Workers has improved overall by 24%⁴ between 2013/14 and 2015/16. The number of staff leaving these teams has also reduced by over 50% during the same time period. The balance of newly qualified and experienced

⁴ 21 recruited in 2013/14 to 26 in 2015/16

staff is reported to have shifted away from predominantly newly qualified to more of a mix of experienced and newly qualified in the last 18 months.

4 To what extent is the service cost effective?

The average cost of a FASS intervention is £4,748 per family, considerably cheaper than other intensive and systemic models evaluated elsewhere, for example Multi-Systemic Therapy⁵.

A conservative estimate⁶ of the cost savings to the local authority in particular for successful outcome FASS cases are between £11,310 and £767,016 per family with an average saving of £306,629 per family successfully involved with FASS⁷. On the basis of an average cost per intervention of £4,748, the **cost to benefit ratio is in the region of 1:64 for these successful outcome interventions.**

Of course, not all cases are successful. In particular, we cannot be certain that all or even many of the partially successful outcome cases identified by the in depth IPC evaluation will successfully prevent further social care interventions or children coming into care. However, a conservative estimate of 50% success rate in preventing further social care interventions or entry into care through work with families suggests savings in the region of £15,331,480⁸ in the longer term from the investment of £493,805 in FASS per year (**a ratio of 1:31 costs to savings or benefits for the whole service including both successful and unsuccessful cases**).

5 Are there any advantages to this kind of partnership model of delivery?

The Partnership arrangement between Newport City Council and Barnardo's includes a long term commitment to developing family support services jointly and a high degree of core funding commitment on both sides.

Social workers, team managers, service leaders and others involved in this Partnership delivery model consistently agree that the key benefits of this type of partnership arrangement are that:

- Many families prefer to feel that they're 'working with Barnardo's as opposed to Children's Social Care Services.

This is a huge thing, it's nice to be able to say we're working with Barnardo's.

I use the fact that they're Barnardo's to sell the intervention to the family.

From families' perspective, it's a huge advantage to have support delivered by someone other than the statutory services – it's the perception, not the reality.

⁵ FASS costs on average £4,748 per family whereas Multi-Systemic Therapy was costed at £6,000 - £8,000 in 2011

⁶ We are not here taking into account other longer term cost benefits to agencies such as Education; Health or the Criminal Justice System

⁷ This finding is similar to other successful programmes such as Multi-Systemic Therapy found to generate an average saving of £340,000 for each child kept out of care in 2011

⁸ Based on 50% of 100 families accessing FASS per year (50) x the average saving per successful intervention (£306,629)

It has facilitated a helpful perceived distance between Social Care Services and support. *We can go in and maintain a relationship whatever's happening in terms of plans and proceedings. The social worker can concentrate on the 'statutory stuff'.*

- Having a voluntary organisation involved in delivery makes it easier to develop new, more innovative ways of working and is reassuring for Social Workers.

An organisation like Barnardo's has less bureaucracy and politics than the local authority, they're fleet of foot but can take the local authority with them.

It's easier as we're a charitable organisation. Our ethos helps, working with families, valuing all staff

It's good to know that Barnardo's are keeping a watchful eye on us

- Unlike a usual 'commissioned' arrangement, Barnardo's have been allowed to continually develop the service to meet the needs of referred families, rather than 'sticking rigidly to a specification'.

It does feel more like a partnership than a traditional commissioning arrangement. It's the ability to develop organically. We're both 'in it' i.e. with some degree of joint responsibility. We've been able to grow into the gaps. It's allowed us to look at the research and become highly evidence based. We haven't let it become too cosy, there's still plenty of challenge.

The reported advantage has been the ability to grow a highly evidence-based service. The Partnership is actively considering new developments for example new ways of supporting women who have had several of their children removed into care.

- Ongoing critical friend challenge from and benefitting both parties.

5.1.1 How to make a partnership like this work – key learning from Newport working with Barnardo's

- Being able to flex, negotiate and develop, particularly in the early stages of establishing a service like this.
- Integration means compromise but everyone needs to keep their eye on the prize which is improved outcomes for children.

Both sides have to let go a bit, have to cede control at times. Valuing the difference – we don't always see eye to eye.

- Senior leadership support and committed operational managers need to create the necessary conditions for workers to be effective - this is more than just training up individual workers in Motivational Interviewing and expecting them to deliver
- It takes time to develop an effective new service, particularly when you have to develop a service with TUPE transferred staff.

The real advantage of a partnership model is the capacity to grow over time – grow people, staff who deliver the services. Continually starting from scratch can be the enemy of evidence based practice.

6 Other 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:

- Evaluation of the Integrated Family Support Service in Newport – Summary Findings, May 2016
- 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
- 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>; or
- http://www.barnardos.org.uk/what_we_do.htm



Appendix One

1 Dylan

1.1 Background Information

Dylan was aged 12 years at the start of the Child Protection Plan FASS intervention and was living at home with his Mum. His Dad was living elsewhere locally.

There had been no involvement with Social Services until recently. However, Dad had been drinking heavily and had been verbally, possibly physically abusive to both Mum and Dylan over the preceding years.

Dylan's Mum has a learning disability and has needed help from support workers for 4 hours per week since Dylan was born. Dylan is a young carer.

Around the time of the referral to Social Services and FASS, Dylan had been using his Mum's money to buy games, alcohol and cigarettes. He was visiting the home of an older local man who was showing him images of naked boys on his computer. Dylan was also failing to attend school regularly. Mum was not always reporting him missing despite being aware he might be visiting the man's home.

1.2 The desired outcomes for the family under the Child Protection Plan

- For Dylan to understand the reasons why he needs to keep himself safe and how to keep himself safe
- Mum to put in rules and boundaries for Dylan to keep himself safe (and get him to school)

1.3 The FASS intervention involved:

- Completing a Child Safety Plan with Mum, discussing the role of the parent, and children's needs with her. This all done very creatively using pictorial resources, role play and repeat messages.
- Direct work with the Dylan on increasing his resilience, confidence and self-esteem.
- Supporting Dylan directly to attend school through a reintegration programme (worker transporting him, then supporting a bus journey then walking to the bus stop over a 2 week period).
- Supporting Dylan into positive activities including a local volunteering programme.
- Direct work with Dylan on healthy and unhealthy relationships, internet safety, sexually transmitted disease, NSPCC underwear rule, identifying risk, grooming process and 'safe hand' and 'keep safe' toolkit. A fantastic range of approaches and tools were used, e.g. jelly bean tree, desert island, my book how I feel, happiness scale.
- Work with the Mum and Dylan to encourage joint family activities including trips

Total of 62 sessions were delivered by the FASS worker over a 7 month period.

The broader Child Protection then Child in Need Plan also involved:

- A 'Be Heard' advocate for the child
- The Education Welfare Officer who was already involved with Dylan and Mum
- A Young Carers Project

1.4 Outcomes Achieved by the Family with FASS support included:

Evidenced on the FASS / Children's Social Care Files	Reported by Parent(s) in Interview
Safety Plan in place	Police not involved with Dylan any more
Mum has a greater understanding of Dylan's needs	
Child no longer considered a (SERAF) risk with regard to CSE	Dylan is much lower risk
Dylan attending school regularly	Dylan is still attending school
Family drawn in closer to support networks	
Child Protection Plan now ended, Child being supported on a Child in Need Plan – no concerns reported for 5 months post FASS intervention	

Mum *"I haven't been able to keep all the routines going for Dylan but the Police aren't coming any more" "It's been very helpful"*

Dylan *"I feel more positive about going to school, Mum knows the procedure if I ever went missing, I feel more confident about myself, I understand not to go to (man's house)"*

2 Theo

2.1 Background information

Theo is a White British boy aged 6 years at the start of the Child Protection Plan FASS intervention. He lives with his Mum, Dad and two younger sisters.

Prior to this intervention, there had been previous referrals to Newport Social Services in relation to this child making allegations of physical abuse. Health visitors were concerned about missed child health appointments and bruising to Mum. There were Accident and Emergency attendances for Theo's sisters which it was thought could have been avoided with better parental supervision.

Theo had been consistently very challenging at school including kicking, scratching and biting staff – these behaviours since nursery school. More recently, Theo had been self-harming. He was referred for behaviour problems to a Paediatrician two years ago but this was not followed through – the doctor saw marks to the child's face at the time that Mum said were from him pulling on his face. Other doctors had since noticed injuries to this child that were not necessarily compatible with descriptions of their being caused by him. More information emerged recently about Theo's Dad's history in care and self-harming behaviours.

The parents agreed to a FASS intervention but described thinking that they didn't require support with parenting – that Theo was the problem.

2.2 Desired outcomes of the FASS Child Protection Plan intervention

- Parents to support the children to manage their behaviour with no injuries to themselves or other family members
- Parents and children to engage in family activities in a positive way, children to be involved
- Parents to explore how they interact as parents and alter this to keep their children safe
- Children to attend appointments

2.3 The FASS Intervention

Theo's parents engaged with FASS under a Child Protection Plan – in summary, they had to but didn't think they needed to. Therefore, perhaps unsurprising, the real work took a long time to get off the ground.

The assessment took 2 weeks and involved 5 sessions with the family. During that time, Theo's parents revealed more information about the family including that they had both witnessed high levels of domestic abuse and parental substance misuse themselves as children. Dad revealed that he had mental health issues (depression and low self-esteem). This phase of the intervention also revealed very little challenging behaviour in the home from the key child.

The FASS worker took some time to explore family values and desired goals using tools such as: 'miracle day', 'values sessions' and further exploratory sessions. This

seemed to enable the worker and the family to be clearer about some of the detail of the intervention which went on to include:

- Theraplay sessions with Dad and to encourage his positive engagement with the family
- Sessions relating to positive parenting approaches including role modelling

A total of 29 sessions were delivered by the FASS worker over a 7 month period.

2.4 Outcomes

By the end of this FASS intervention, the family were reported to be scoring silver (exceeding expectations) in relation to their management of child behaviour and providing attention to the children.

Evidenced on the FASS / Children's Social Care Files	Reported by Parent(s) in Interview
Improvements in parent positive management of child behaviour	Parents using tools to assist with routines and planning appointments
Parents paying more attention to their children	Parents co-parenting. <i>"I let (partner) do more, we share equally, working as a team"</i>
Key child is attending school regularly	Child is still attending school regularly
Key child has been much less aggressive to others and himself at school and at home	Key child doing well at school
This key child has been taken off the Child Protection Register	Parents more relaxed with each other and the children
Dad has started in paid employment	

Social Worker: *"The couple have been motivated to make a change and this is evidenced in their commitment to work with FASS and the social worker in making and sustaining changes...It is now felt that they are working together to manage the children's behaviour, both are talking about their problems and working out solutions as a couple. Outbursts from all three children do not escalate to violence and there have been no incidents of self-harm from the (key child). Both are using a variety of techniques to distract behaviours before they become more challenging"*

Parent: *"Our worker was lovely. He had a real sense of humour, never made me feel judged. He came at just the right time. Got me thinking about different techniques with children. (This was) very helpful. Last year you wouldn't recognise us. It has been a huge change for us. It has really made us think"*

3 Carey

3.1 Background information

Carey is a White British girl aged one at the start of the Child in Need intervention. She lives with her Mum, Dad and 2 older siblings aged 6 and 4 years. Dad is living close by and stays over regularly.

Mum spent time in care due to her own Mum's drug and alcohol use and physical abuse. This Mum (grandma) died recently with a devastating impact on Carey's Mum. Both Carey's brothers have some speech delay.

Mum was described by the Social Worker as 'emotional and vulnerable' and 'overwhelmed by the needs of her extended family who live locally'. Prior to the FASS intervention, there was an incident where Mum was hit by Dad and the children were present. Mum had many unresolved issues relating to her own childhood and these were impacting on her ability to prioritise the care of her own children. The house was littered with broken furniture. Adult men were frequenting the property regularly. Mum had no social supports. Mum was minimising the domestic abuse.

3.2 Desired outcomes of the FASS Child in Need Plan intervention

The outcomes requested by the social worker from FASS involvement were:

- Mum to prioritise the children's needs and protect them including from extended family visits
- Family home to be more organised and clear from clutter – good enough home conditions
- Mum to be motivated to get the children to school and medical appointments
- Mum to explore healthy relationships and understand the impact of domestic abuse on children

3.3 The FASS Intervention

This intervention was problematic at first as Mum had misunderstood the purpose of engagement and that child had a Section 17 (Child in Need) Plan. This was cleared up well between the FASS worker and Social Worker and Mum subsequently did engage.

The engagement phase included use of the 'happiness scale', 'family values', 'miracle day' and 'positive hand' exercises. The worker also talked with Mum about domestic violence and its impact on children and encouraged Mum to get counselling for her past issues and loss. Mum accepted this input via the CAMHS nurse attached to FASS. This phase took 7 sessions and resulted in good reflections about specific further work required.

The remainder of the FASS intervention included:

- Work on home management – routine plans, role sharing and star charts for each parent
- Healthy relationships work with Dad and Mum including for both: expectations; appropriate conversations to reduce blame culture; how to communicate; work around different forms of domestic abuse; safety planning; buzz words to deflate stressful situations
- Counselling arranged for Dad for anger management and Mum for understanding and dealing with her past
- The promotion of family time including through therapy; rotas to ensure children are the focus of attention when home from school; planned activities for the whole family

This family worked with FASS for a total of 32 sessions over a 5 month period.

3.4 Outcomes

By the time of case closure to FASS, all of the outcomes described above were thought by the family to have been achieved to green (expectations achieved) or above levels.

Evidenced on the FASS / Children's Social Care Files	Reported by Parent(s) in Interview
Parents reported to be working together to create a calmer more creative environment	<i>Still using positive parenting techniques such as sticker charts and other behaviour management techniques</i>
There have been no further reports of domestic abuse including 7 months after the Child in Need Plan ended	<i>No more domestic violence Using buzz words to stop arguments escalating Helped me see how arguing affects children.</i>
Social worker reported to be pleased with progress	<i>Children in school every day on time, attending appointments</i>
However, just 2 weeks after case closure, Dad's relative had been bailed to live at the family home as a result of domestic abuse against his partner (confirmed prolific violent offender)	<i>We went for 7/8 months without help. Then a relative died and we needed some support again. We're still in touch. I can ring any time (for occasional support).</i>

Parent: *"He explained everything, gave me information, understood my experience and was honest – he said that although it was voluntary it wasn't – I might lose my kids if I didn't do this. He worked with the whole family including my partner. This was really important to us. Got the family together to play games, gave me a 'can do' attitude. He suggested techniques for encouraging the children to help like sticker charts. These are working really well, we are still doing these. Taught us that when things go wrong, don't let it all go wrong. Without this help, we would not be all together. I would be struggling. Social Services would still be involved.*

4 Geraint

4.1 Background information

Geraint is a White British boy aged under one year at the start of the Child in Need FASS intervention. He lives with his Mum and one older sibling aged 4 years.

The relevant family history included:

- Significant domestic abuse between Geraint's Mum and an earlier partner – not referred to Social Services
- Mum problems with anxiety
- Mum a victim of local anti-social behaviour including from extended family members
- A (one year) earlier social care assessment centred on Mum's inability to consistently meet the needs of the older sibling including routines
- Barnardo's Young Families (Preventative) Service had been more recently working with this family for 9 weeks including providing a Nurturing Parenting Programme but were concerned about a lack of motivation from Mum to attend the programme and to prioritise the children's needs
- The family home was described as generally cluttered and with a lack of routines
- Geraint's father was wanting positive contact

4.2 Desired outcomes of the FASS Child in Need Plan intervention

The outcomes requested by the social worker from FASS were:

- An improvement in home conditions
- The older child getting to school regularly
- Confidence building for Mum to implement routines and boundaries and maintain these

4.3 The FASS Intervention

This included:

- Good including warm and assertive initial engagement with Mum who was described as highly nervous and wary of the FASS intervention (also Social Services and child protection proceedings)
- An assessment that took 2 weeks and included 4 sessions (6 hours direct time).
- Subsequent goal setting

Subsequent work with the family included:

- Miracle day; happiness scale and other similar activities
- Encouragement of Mum's partner to see himself as a parent and to establish roles and responsibilities across the couple

- Work around relationships between the parents including effective communication
- Establishment of routines including child sleeping in own room, not downstairs
- Role modelling of positive discipline techniques including rewards, ignoring – and how to do this without resorting to hitting
- Role play for how to address negative remarks from others in the street

This intervention took 4 months overall.

4.4 Outcomes

At the final FASS review, all of the outcomes above were scored by Mum to be at green (good enough) level except in relation to self-esteem.

Evidenced on the FASS / Children's Social Care Files	Reported by Parent(s) in Interview
	Partner more involved as a parent <i>"He has a voice now"</i>
	Mum can see the consequences of parent conflict on children <i>"Helped me to see the consequences of not being adult enough and fighting"</i>
	Mum says her self-esteem and confidence has improved and she is going out now. <i>"She helped me build my confidence – I can do this, I can keep my kids"</i>
By the 6 month check-up post intervention undertaken by FASS, the children were off the Child in Need Plan and closed to Social Services.	Mum says she communicates better with her family and doesn't hit the children any more
The Social Worker notes before case closure that these improvements have been sustained for 5 months.	Mum says her relationship with her partner is better now
	Mum says the older sibling's behaviour has improved
	House clean and tidy now

Mum: *"I was depressed and paranoid and wouldn't go out, everything was in a mess. I had turned to drink and drugs. I realised I would lose the kids if I didn't stop. I was close to losing them. It shook me up. I realised I needed help so my Social Worker got FASS. My FASS worker was very easy to talk to, it felt like she had chosen to help me, not just sent. When I saw a difference, that helped. It was a miracle change. I could see (through the questionnaires) that it was making a difference. She was like a counsellor. She said 'try this and persevere with it'. At first I didn't listen, but then I took it seriously. I let them help me"*

5 Georgie

5.1 Background information

Georgie is a non- White British⁹ boy aged almost 6 years at the start of this Child Protection Plan (including for Rehabilitation Home). He is living with his Mum, Dad and brother.

At the time of this FASS intervention, there had been a previous referral to Social Services about 2 years previously for an alleged physical assault of the boys made by Georgie's sibling. Some work was done with the family on this issue at the time before the case was closed.

More recently, the children were placed in Police Protection after another allegation that they were being hit by their father with a belt (school received the disclosures). Care proceedings were commenced. The parents were denying the physical abuse. The children were saying they wanted to go home.

5.2 Desired outcomes of the FASS rehabilitation home intervention

The outcomes requested by the social worker for FASS were:

- Support for parents to identify alternative strategies for disciplining their children
- Work with parents around appropriate expectations for their children
- Work with Mum in relation to her understanding of what it is to be 'strict' without physically abusive
- Work with parents around emotional impact of excessive physical chastisement for a child

5.3 The FASS Intervention

The family engaged readily with the initial assessment phase which took 10 days and 6 sessions. This was prior to the children returning home. The result was a really excellent, highly evidence-based assessment by FASS of the parenting capacity including identification of what was required by way of ongoing intervention and concluding with a highly structured plan of work.

The subsequent intervention involved:

- The development of a detailed Safety Plan with the family to help them to identify and implement strategies to avoid resorting to physical chastisement.
- Exploration including with the use of 'cards' and games: the parents' preferred future; family rules; expectations; values; parents' own experiences of being parented; penalties and rewards; what is abuse; emotional impact of abuse; kids needs cards; family star chart; bear cards; positive discipline methods (time out, choices and consequences, distraction, ignoring, problem solving and negotiating (learning about new strategies and implementing them).

⁹ Specifics not recorded

- Keep Safe work with the children including the 'safe hand' exercise; 'ok and not ok secrets'.
- Theraplay with the family.
- Work on reasonable expectations with the parents.

A total of 37 sessions (53 hours) were spent on this intervention across a 7 month period.

5.4 Outcomes

This looked on paper like a really effective piece of work albeit with a relatively 'uncomplicated' family – including highly motivated and educated parents. The family scored themselves as 'silver' (more than good enough) by the end of the intervention.

Evidenced on the FASS / Children's Social Care Files	Reported by Parent(s) in Interview
Much improved positive parenting	<i>"Didn't change me but gave me additional ways to deal with my children. They are adding knowledge and nourished me"</i>
Children more relaxed and enjoying school, homework etc.	Positive feedback from the children.
Children with a broader social life	
Children are happier	
Parents feel more connected to their children	<i>"They gave me techniques but within my own personality. You follow it in your way"</i>
Interim Care Order reduced to Supervision Order by the Court.	

Parent: *"I met my FASS worker at the family court and then she came to meet us properly at the house. She explained it all really well. When she explained that they are different to social workers, I felt better. It was to help rebuild. She was really good at explaining that. Even the children trusted her. She respected our cultural difference. We didn't know we were doing wrong. She showed us different kinds of techniques, how to discipline without being physical. She said what was normal and what not. She accepted shouting but not physical discipline. I never did this before and now I understand. It's still a little difficult at times. If we hadn't had the intervention, it would have been difficult to learn about this. Having someone to talk to made the difference"*