‘The magic is in the co-production’: Full Report from the Evaluation of the Love Barrow Families Project

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Contents **Page number**

List of Figures **Page number**

List of Tables

Acknowledgements

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Background

The UK has traditionally had a child protection orientated child welfare system (Gilbert 1997) focusing on assessment of risk to children by family and caregivers where prevention and family support are viewed as secondary to child protection and families often need to reach crisis point before they can access support. Child protection orientated child welfare systems are usually highly adversarial and children and young people are not viewed as anchored within family networks and communities. In contrast, many other European countries, have family service orientated child welfare systems focusing on assessment of need underpinned by an ethos of working in partnership with families. Child protection orientated systems such as those in the UK, United States and Australia have been associated with poor outcomes for children and young people and are becoming more and more difficult to sustain in the current context of austerity. Local authorities experienced a 23% spending reduction in real terms between 2010 and 2015 and a further £9.5 billion of savings are planned by 2020 (Innes and Tetlow 2015; LGA 2015). Furthermore, these substantial cuts are having to be made within a context of increasing demand for services. Statistics from the NSPCC (2015) show there has been an 88% increase in the number of children on child protection plans since 2002 and the number of children in care is the highest for three decades. There is, therefore, an acute need to reduce demand on statutory services by redesigning the way we provide services for children and families. There is a need to:

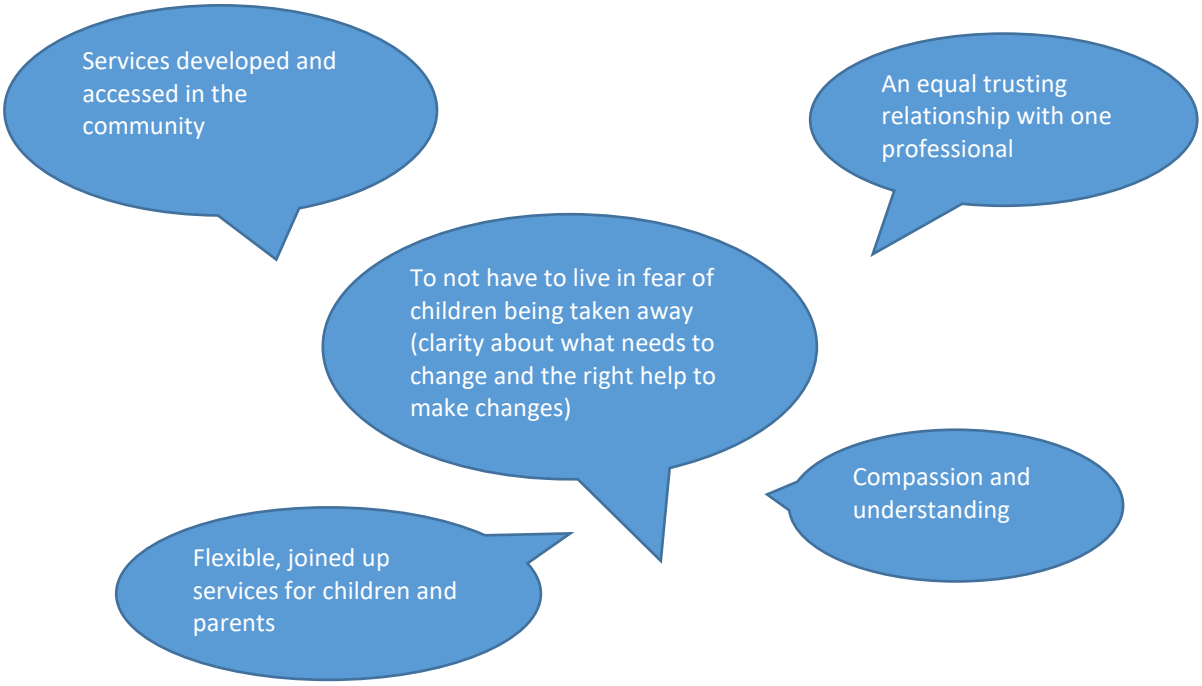
- Rethink the relationship between the state and families and communities and build on family and community resources to avoid intervention
- Rethink the child/parent/professional relationship by shifting from **doing to**, to **working with** families and moving away from professionals making all the decisions by giving more control to children, young people and families
- Understand systems from service users' perspectives and engage them in finding solutions and co-designing alternative, locally determined interventions
- Engage in 'family minded practice' (Featherstone et al 2014) to support families to build capacity so children and young people grow up in families which are resilient and able to cope.

Cumbria Partnership NHS Foundation Trust wants to place families at the heart of services and is committed to patient safety, patient experience and getting the best possible outcomes for the people who use services. It is committed to supporting innovative services and provided the start-up funding for the Love Barrow Families (LBF) pilot project. Cumbria County Council also provided funding from within the troubled families programme so the families LBF worked with initially had to fit the troubled families criteria of worklessness, anti-social behaviour and education issues. Further funding was secured from the Lankelly Chase Foundation which supports innovative work with people facing severe and multiple disadvantage.

The Love Barrow Families (LBF) project

The project is an innovative service delivery model which was co-produced with a small number of local families to capture feedback about families and frontline practitioners views of current services and to ensure LBF responded effectively to local need. Figure 1 illustrates the five priorities local families identified.

Figure 1: Families' priorities



Frontline professionals' priorities were:

- A local initiative that joins up services for whole families, bringing together adult and child services
- One clear assessment tool for a whole family
- To have less paperwork and more time to spend with families so that we can respond when it's needed and for as long as needed
- To feel safe within a team that can work with families to hold and address risk as part of our day-to-day work i.e. services can be provided to families whether or not they need to be subject to safeguarding procedures
- To have high quality supervision, training and guidance provided by experienced professionals who can act as mentors and who can support ongoing care planning and evaluation.

Service user and professional priorities determined the overall design of the project and service users and stakeholders have continued to play a major role in determining the ongoing direction of the project. Families are viewed as experts on their own lives and are represented on the steering group and project board. The intervention centres around providing skilled leadership from qualified practitioners and promoting resilience and building on community assets. Practical and therapeutic intervention is informed by the Dynamic Maturational Model (DMM) of Attachment (Crittenden 2008) which provides an understanding of relationships and allows underlying problems within families to be identified and addressed. A multi-disciplinary, co-located team of staff and volunteers provide intensive wraparound services with statutory tasks undertaken by a social worker located within the team.

The Evaluation

Sharon Vincent and colleagues from Northumbria University were commissioned to evaluate the pilot, to see whether this way of working worked and to determine whether it could be used more widely across Cumbria.

The evaluation comprised mixed methods including:

- Analysis of quantitative data relating to police callouts, mental and physical health and social care status for 20 pilot families collected by children's services, the police and health agencies. We were unable to access GP practice data, education data or employment data. A sample of 20 matched families receiving a different form of intervention was used as a point of comparison for children's social care data and police callout data. We were unable to obtain health data for comparison families. The comparison families had been identified by Focus Families in 2013-14 as meeting the criteria for referral to LBF but LBF had not had the capacity to work with these families. They, therefore, appeared to be a suitable control group but because we were unable to access additional information about these families we were unable to determine the extent to which their characteristics matched those of the case families. Social care data suggests that the families LBF worked with may have been higher tariff than those in the comparison group since 16 LBF were subjected to child protection plans in 2013-14 (the time at which LBF started working with the families) compared to just 3 of the non LBF.
- Documentary analysis of case files relating to the 20 pilot families.
- Analysis of qualitative data from 12 interviews with 14 parents and carers, a focus group with 6 parents and carers and a focus group with 2 young people.
- Analysis of qualitative data from interviews and focus groups with 36 stakeholders from education, social care, the police, health, the LBF staff team and third sector organisations (see Table 1).
- Observation of practice at events such as LBF lunches to provide an ethnographic aspect to the evaluation.

Ethical approval was obtained from Northumbria Research Ethics Committee. Some families did not choose to talk to the research team directly but gave written consent for us to include case file data and quantitative data collected by other agencies relating to their families in the evaluation.

The research findings presented in this report are based on cross case analysis of quantitative and qualitative data on all 20 families. We also produced 5 separate case studies outlining individual families 'journeys'.

The families

Between 2013 and 2016 LBF worked with 20 White British families. These families comprised 35 parents and carers, 42 children under 18 (two more children have been born since 31st March 2016) and 5 adult children. LBF, therefore, worked with a total of 82 individual family members across 20 families. Appendix A provides an overview of these families. They comprised a wide range of different family types (see Table 2).

Table 1: Stakeholder interviews

Agency	**Number of people interviewed**
Education	9
LBF	8
Health	6
Third sector	3
Police	2
Children's services	2
DWP	2
Other	4
Total	**36**

Table 2: Family type

Type of family	**Number**
Lone parent family	6
2 parent family (parents living in separate households)	3
2 parent family (parents living in same household)	5
2 parent reconstituted family (mum and stepdad/partner)	1
3 parent family (mum and stepdad living together and dad living in separate household)	3
3 parent/carer family (mum and dad and grandmother all living in separate households)	1
2 carer family aunty and partner (living in same household)	1
Total	**20**

Determining the size of a case 'family' was often quite complex since as Table 2 illustrates family members did not necessarily live in one household and might consist of adult children as well as

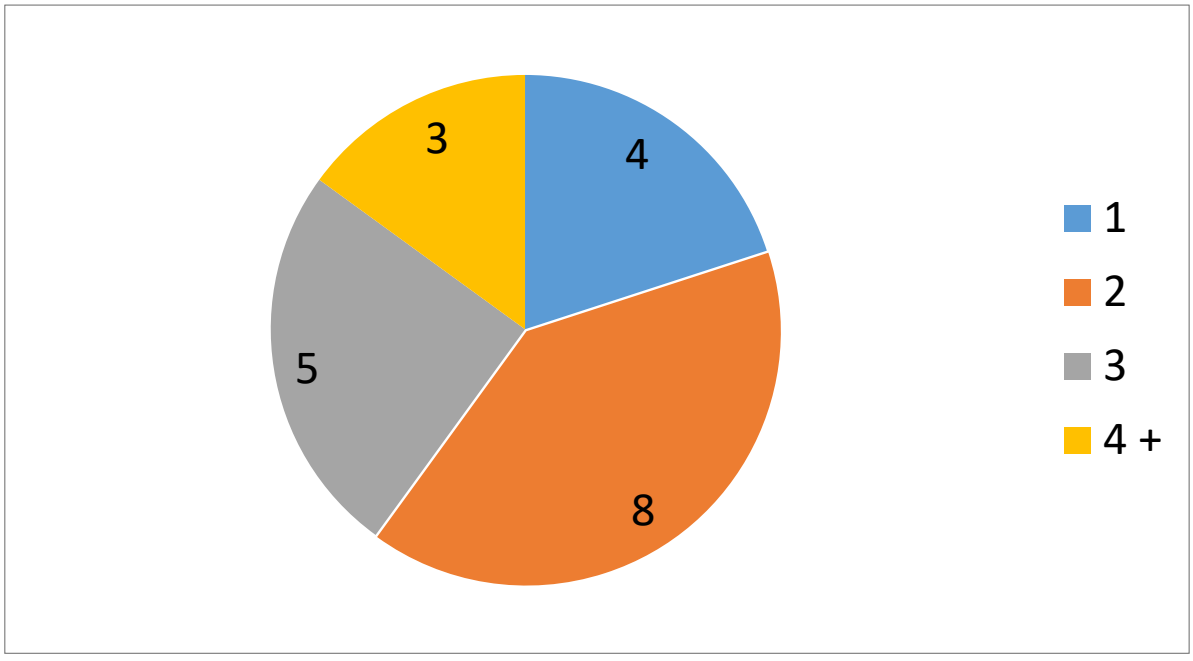
children under 18. Professionals have often been criticised for working primarily with mothers (Featherstone et al 2007) but LBF have been particularly effective at working with men. In keeping with their flexible way of working they adopt a broad definition of 'family' and work with all adults who are involved in children and young people's lives including mothers, fathers, partners and other family members, even if they live in two or three separate households. They also work with all children regardless of age. Table 3 provides a breakdown of the age of the 47 'children' at 31 March 2016.

Table 3: Age of children

Age range	**Number**
0-4	5
5-9	16
10-15	14
16-17	5
18 and over	5
Age not specified (but under 18)	2
Total	**47**

Figure 2 illustrates the number of children (including those over 18) per family. While 12 families had just one or two children there were a number of larger families.

Figure 2: Number of children



Presenting issues

Most of the 20 families presented with multiple, complex issues. Table 4 illustrates the different issues families presented with. The most prevalent issues were parental mental health, education and domestic violence. Eight of the 20 families were affected by the so-called 'toxic trio' of parental mental health, domestic violence and parental substance misuse and another 5 were affected by 2 of these 3 issues. Evidence suggests there may be a higher risk of harm to children in families presenting with these 3 issues due to the interaction of risk factors (Brandon et al 2010; Vincent and Petch 2016). Parental substance misuse was sometimes accompanied by a history of offending. For example, one father told us he had spent over 20 years, half his life, in prison, mostly for drug related offences. Two of the 20 families LBF worked with were related to each other. They constituted a particularly complex three generational family affected by multiple issues including parental substance misuse and mental health, domestic abuse, offending and disability.

Table 4: Presenting issues

Presenting issue	Number of families	Presenting issue	Number of families
Parental mental health	18	Attachment	5
Education	16	Parental self-harm	5
Domestic violence	13	Young person self-harm	5
Challenging behaviour	11	Home conditions	5
Parenting	11	Bullying	5
Parental issues in childhood	11	Young person's risk taking behaviour	5
Financial issues	10	Young person offending/ASB	5
Emotional abuse	9	Young person suicidal ideation	4
Parental substance misuse	9	Continence	4
Child mental health	9	Sexualised behaviour	4
Child health	9	Obesity	3
Social isolation	9	Inappropriate partners	3
Bereavement	9	Medical neglect	3
Neglect	8	Young person substance misuse	2
Adult offending/ASB	7	Child sexual exploitation (CSE)	2
Housing	7	Sibling abuse	2
Sexual abuse	6	Literacy	2
Parental suicidal ideation	6	Smoking	2
Physical abuse	5		

Many of the parents LBF worked with had had troubled childhoods. For example, one woman told us she had been placed in foster care at the age of 11 months when her mum left. She had had a number of placement breakdowns and got pregnant at the age of 15 when she was living in a children's home. Another woman told us she had been adopted at a young age and was sexually abused and raped as a teenager. She was then involved in a violent relationship and became pregnant at the age of 17 but her baby died. Both women went on to experience mental health problems and had histories of self-harming and suicidal ideation.

Some young people also presented with mental health issues and their mental health issues had often had a detrimental impact on their education. For example, one young girl who was refusing to attend school was taking medication for anxiety and had self-harmed and threatened suicide. She had anger issues and was assessed by a CAMHS social worker as being at moderate to high risk of harming others but a CAMHS psychiatric assessment did not confirm the presence of any significant mental illness. Another young person who had been referred to children's social care after attempting suicide and threatening self-harm was described in case files as *'an emotional wreck'*. He displayed challenging behaviour at school, was struggling with school work and had had a number of exclusions. His mother told us support from CAMHS had been helpful but had not tackled the associated educational issues

'… and then the meetings stopped and things kicked off again. We needed constant support but CAMHS discharged us'.

Although LBF sometimes referred individual family members to other services one of the key strengths of LBF is that they focus on all presenting issues and have the skills within their staff team to respond to most of the issues families present with themselves rather than having to refer on to other agencies. For example, the young girl, described above who was presenting with mental health issues was offered individual therapy sessions to address her anger and self-harming. As will be seen in later sections of this report being able to address multiple issues within the same service contributes to reductions in the number of agencies involved and families also appreciated being able to obtain support from one place rather than having to retell their story to different service providers.

One parent explained that she was told one of the criteria for accessing LBF was being at risk of permanent exclusion because this was one of LBF original criteria under the Troubled Families Programme. However, despite the fact that she felt her family were in a really bad place at that time, she said she was sceptical about whether her family warranted the kind of intervention LBF were offering as she thought there were much more complex families who would be more deserving of that type of support.

The Intervention

Because LBF respond flexibly to individual family need the intervention is, therefore, different for each family. However, the overall package of support that the project can offer includes the following:

- Statutory visits and assessments
- Supporting parents to get their children out of care
- Ongoing support when children return home from care

- Work to promote attachment
- Parenting support
- Financial support and advice
- Advocacy
- Housing support
- Social support
- Accompanying parents/carers and children to appointments
- Support with domestic tasks
- Education support
- Employment support
- Support around keeping safe and building resilience
- Therapeutic intervention by qualified play therapists/family therapists and attachment therapists who are trained and qualified to undertake the DMM assessments.

Professionals commented that being able to address families' multiple needs in a holistic way by offering such a broad spectrum of support was a key strength. One person told us LBF were the only organisation that worked in this way in the area. She explained that a number of voluntary organisations similarly adopted a coproduction approach but tended to focus on single issues such as self-harm and sexual abuse; they were unable to work with the whole family or target multiple need.

As explained earlier practical and therapeutic intervention is informed by the Dynamic Maturational Model (DMM) of Attachment and Adult Attachment Interviews (AAIs) and School Age Assessment of Attachment Interviews (SAAIs) are undertaken to identify focused individualised packages of support to address concerns within each family. They provide LBF with a map that they can use practically day to day as well as informing the psychological interventions. AAIs were undertaken in 12 of the 20 families and SAAIs in 4 of the 20 families; another young person had been offered a SAAI but refused this. Depending on the issues which are identified LBF can offer family therapy as well as individual counselling for adults and young people and play therapy for children. One boy was in care for four years before being returned to his mum and now has challenging behaviour and unresolved loss and trauma as a result of suffering traumatic separation in his early life. He can be aggressive at home and at school, feels shame when he loses control and has separation anxiety fearing he will be removed from his mum's care if he is naughty. His mum explained that he took a while to settle back in because he had nightmares about his foster carer who had treated him badly. Professionals were concerned his mum might not be able to manage his behaviour due to mental health issues so LBF gave her one to one counselling sessions and worked with her and her son to promote attachment. Her son also received play therapy and engaged in life story work sessions individually and jointly with his mum. One of the professionals we spoke to talked about how important it was for LBF to offer play therapy and counselling for young people as she said this kind of psychological intervention was very difficult for schools to access.

Some parents and carers said LBF acted as *'… a sounding block'* and they really valued this emotional support. One woman explained this had made a huge difference as her family were almost at *'crisis point'* and *'I was getting to the end of my tether'*, crying all the time and struggling to cope. Another mother explained that LBF's whole family approach really set it apart

'Social services mandate is to do what's best for the child but in doing that they don't always see the bigger picture'.

She appreciated the fact that LBF were there for her as much as for her daughter.

'I just needed someone on my side someone I could trust to give me an honest view … I need to be able to garble all this junk out and scream and shout and stamp my feet so I can get out what I need to get out … doctors have like 5 minute or 10 minute slots whereas here a cup of tea and a 15 to 20 minute chat does more for you than a packet of anti-depressants'.

School staff commented that practical support, for example, taking children to school if parents have mental health or alcohol issues, was extremely important. One woman commented that unlike other services LBF helped families with the little things that were really important to them and it was these small things that often made a difference. Practical support including help with parenting strategies, being taken to appointments, financial help, advice around financial management and support to tackle housing issues was highly valued by families.

'They've helped me with things for the house, with the way I cope, not being angry with him all the time, helping me to understand that there is an issue there he's not just being naughty, routine, we used to be brilliant with routine but I just lost it, I lost all point in everything. They helped me get back to the way it should be'.

Many parents had previously attended parenting courses but they had not led to sustained change because they had not provided the kind of holistic intervention families needed

'Here they go with you and help you, not just advise they actually physically do something for you.'

One mother who had been on numerous parenting courses told us

'We've been passed from social worker to social worker … Social workers put Lewis's behaviour down to emotional neglect and I felt blamed for it.'

What parents and carers found most useful about the parenting support offered by LBF was that it was provided in their own homes, they were able to work at their own pace and were given help to implement routines that really worked and led to improved family relationships and behaviour in children. A number of families commented on the intensive nature of the intervention provided by LBF and appreciated that staff went above and beyond what most professionals would do

'You don't expect to get all that support they help you with everything'.

One mother explained that she received very intensive parenting support at first

'There was a point when P was at my house all the time. One time she was still there until midnight'.

She said she had not realised staff would actually come round and help with her children's bedtime routine and this was immensely helpful. She had had family support before but said this consisted of someone coming in once a week to say *'hello'* or phoning up between 9 and 5, which *'is not when the problems are'.* Families appreciated the fact that LBF were able to respond straight away. They

likened the holistic support that LBF provided to the kind of support that would normally be provided by extended family members or close friends. Many families lacked this kind of traditional family support and greatly appreciated being part of LBF's extended *'family'.* Several of the families even had Christmas lunch at the LBF office.

One disabled father who lived in a wheelchair adapted flat with his son, told us his family had had particularly intensive support and he could not manage without LBF. He explained that he can cook for his son but finds it hard to clean because he cannot stand. He had OT sessions and LBF referred him to adult social care but he refused a home help. LBF also took him to doctor's appointments, took his son to school and picked him up, helped him claim child benefit and fill in his tax credits forms, got him a washing machine and secured young carers respite activities for his son. One of the LBF volunteers worked with him to establish routines. She explained that because he had been in care he had no parenting models and found some of the small things difficult.

Building informal support networks is another key aim of the project to ensure positive outcomes are sustained. LBF provide a wide range of family activities, particularly in school holidays, they also provide separate activities for parents and carers and children, including a girls and boys group. Families particularly appreciated the social activities and felt these had been hugely beneficial for themselves and their children.

'It's good meeting people who've gone through similar things I mean everyone's got their own different situations but …'

One mother commented that the social activities enabled her son to play with other children who had had similar experiences and a father told us they enabled his son to socialise which was hugely beneficial as it was difficult to take him out because of his disabilities. Another mother explained that keeping children entertained is really difficult and the activities give her a social life which she appreciates after spending a lot of time indoors with no-one to speak to. Some parents and carers talked about how they had made friends with other families at these activities. They said they now see these families outside of the project and use them as informal support networks. LBF staff confirmed that a number of families had developed close relationships.

Families really appreciated the advocacy LBF provided. For example, one woman said she occasionally became upset at case conference or core group meetings and it was good to have them there for support. Families were really appreciative of the educational advocacy LBF provided. One mother told us she had not had a good relationship with her son's school because she felt they were punishing him rather than trying to understand his behaviour. LBF talked to the school and explained that rather than treating him like other children, because of his background in care, he needed to be treated a little differently. Another mother similarly reported that her son's school had labelled him as a '*naughty boy*' despite the fact that she had informed them of her relationship breakdown and warned them of the potential impact on her son. She went to lots of meetings but said she felt the things the school said did not match up with what actually happened and they did not ask for her son's point of view. For example, she explained it was suggested early on by the behavioural specialist that her son be referred to an educational psychologist but this did not happen until just before he was permanently excluded, two years later. LBF spoke up for her at meetings and she felt the school listened to them, *'I'm just the mum'*. Another parent similarly reported that LBF

'… pushed and pushed for us to get the right help … LBF do things they don't just say it … the school wouldn't assess him … School were telling me stuff I wanted to hear but not doing anything about it … We've had people telling us D's a typical 12 or 13 year old for years and we just think he's not'.

She said her son attended school meetings but did not feel he could say what he wanted to say

'He used to just go along with it and agree with what was being said … it was getting too much for him he didn't understand half of what was being said in the meetings anyway'.

Young people also appreciated having an advocate. One young person told us she hated attending meetings *'they were a nightmare'*. She said she did not feel she was able to say how she felt and it helped when LBF accompanied her.

The fact that the intervention provided by LBF is not time limited is an advantage as families often have periods when they struggle to cope and need professional assistance. A number of parents commented that the level of support they received from LBF had reduced over time and LBF staff confirmed this. They said they were now able to do things for themselves but knew LBF were still there if they needed them. For example, one woman reported that she saw LBF everyday at first and was on the phone to them all the time but

'I can manage day to day with C now I don't hardly see [LBF] anymore unless I'm really struggling so I do alright actually but I know that I've got them there as a support if I need them so it's not as scary anymore … I have my down patches and I'll get on the phone to her and tell her I'm not feeling right and she'll say what can we do to help?'

Families' perceptions

Some families had been known to a wide range of different services for many years and were able to compare their experiences of receiving intervention from LBF with their experiences of receiving more traditional support. Most previous experiences had been negative and families felt they had not received the help they needed. Parents and carers and young people described relationships with social workers as particularly tense. Some parents' views of social workers were influenced by relationships with social workers in childhood. For example, one woman who had been in care told us

'I hated social services and didn't want my kids to have a social worker'.

Some reported that LBF had helped them understand the pressures social workers face, for example, due to high caseloads.

Figure 3 shows a number of quotes from parents and carers and young people in relation to experiences of previous support. Being talked down to, not listened to, not being believed, feeling judged and not trusting professionals were key themes. One mother's experience of the child protection system had been so traumatic that she commented that social workers

'… don't have any barriers they have free rein to destroy families'.

File analysis showed that professionals had viewed a number of these families as 'hard to engage', 'uncooperative' and even 'hostile'. Figure 4 illustrates a number of quotes in relation to families' views of LBF staff. The language they used to describe LBF staff was quite different to the language they used to describe other staff. Parents and carers and young people talked about feeling comfortable with and able to talk to LBF staff and some parents and carers commented that their children were able to talk to them. For example, one woman told us LBF seemed to be able to get through to her son by talking to him in a way others, including her, could not. He clearly felt able to put his point of view across to LBF staff because case files documented that he had asked to move

his play therapy sessions as he did not like going back into school afterwards as everyone looked at him.

Figure 3: Families' views of previous support

Families felt LBF staff listened to them and genuinely cared about them and young people described them as 'friendly' and 'nice'. Trust, honesty, being believed, feeling safe and LBF's non-judgemental approach were key themes which families identified. One parent explained that

'They're honest with you without being patronising or manipulative'.

Although families reported that staff treated them *'more like family'* than service users they were keen to stress that they were always professional and '*firm but fair'*.

'They're more friendly. They're more personal, not stand offish. They come up to you and offer you a brew … They're still professional but they are friendly towards you and you feel they care about you.'

Some parents were keen to compare what they perceived to be children's services negative approach with LBF's more positive approach:

'Whereas social services look for the negatives they look for the positives … they don't make you feel like you're useless and worthless'.

'I knew there was something wrong and they did seem like they believed me whereas no one else did they sat down with C and got to know him and actually saw the issues I was dealing with whereas with social services if they came round I'd be thinking they were going to take the kids off me it's just that constant fear … Social services don't seem to care about getting you right they just want to get your kids away whereas LBF want to keep families together and help you deal with it do it properly. When they said they were coming around I'd be absolutely petrified I'd not even answer the door. Even with LBF at first there were times I'd hide away because I was absolutely petrified I was so scared of losing my kids … They get to know you properly like social workers they don't actually try to get to know the person whereas they know what's going on in your life they're just there for you'.

Figure 4: Families' views of LBF staff

Professionals' perceptions

Figure 5 outlines the main themes which professionals identified in relation to what LBF is, what is different about it and how it adds value. Many of the themes they identified such as trust, communication, non-judgemental, responsiveness, intensity and accessibility were similarly identified by families. Education staff were particularly keen to talk about how responsive LBF were:

'There's no waiting for things you need. This is very important for R as he needs an instant response.'

Professionals also stressed that LBF staff were able to develop more meaningful relationships with families than other professionals.

'Families don't see them as professionals. They maintain a professionalism but work closer with families and engage in a more effective way.'

This echoes some of the comments from families who also talked about how LBF staff did not seem like professionals despite always being 'professional'. Families were less likely to use the term 'relationships' than professionals but their descriptions of the way in which LBF staff worked clearly correlated with effective relationship based practice. One professional talked about LBF assuming the role of 'parent' which links to families' perceptions of LBF as 'family':

'In some families it's like having another parent'

Figure 5: Key themes identified by professionals

When professionals talked about trust this usually related to developing trusting relationships with families.

'It's ground breaking, it's fantastic, it shapes the whole philosophy of how we see people with respect, there's a level of trust in the relationship, it's profoundly different.'

Families similarly identified trust as important. One of the professionals from an education background talked about trust in a different way. She reported that working with LBF had led her to have more trust that things would be done for families now whereas previously she had not had this level of trust.

Professionals also identified consistency as important for service users. One professional was keen to point out how important it was for LBF to continue to work with families when they were no longer subject to a child protection plan

'It's good when things are stepped down, services usually disappear when a plan is downgraded but the team here will continue to work with families so things don't derail. It's been a battle with social work with some students when they come off a plan but that doesn't happen here.'

A number of frontline practitioners pointed out that consistency of worker was important for them as well as families. Education staff particularly appreciated having one point of contact. For example, one woman told us she needed to know what was happening in a young person's family before he arrived at school in the morning. She said she sometimes spoke to LBF several times a day because they liaised with CAMHS and the police and were able to provide up to date information. Before LBF were involved she said she had to chase other agencies for information and no-one coordinated the support

'*We are only education and we feel somehow we have to take on that role.'*

The two most prevalent themes which emerged from data from professionals were the multi-agency nature of LBF and the fact that they take a whole family approach rather than just working with children. Terms such as 'integrated' and 'joined-up' were used to describe their multi-agency approach, for example, *'Joined up ongoing support is the key to success'.* That the staff team came from different backgrounds and could offer different skills was seen as hugely advantageous. One person commented that

'It's an exemplar for how we should work across boundaries.'

Other professionals similarly commented that LBF was a model of how services should work together to support families with complex needs. Some talked about how current systems required reform and LBF was attempting to do this through coproduction.

'What we had originally was struggling families and a chaotic health and social care system, it was dysfunctional, the idea was to change the way the system related to families, the way they worked with them. Coproduction was key, to simplify the system, to embed a worker with families, to listen. Codesign was seen as the solution.'

This participant went on to explain that families traditionally had to deal with lots of silo organisations whereas LBF was based on having one key worker.

'It was a different philosophy, a new way of working, families were to be viewed as loved families rather than troubled families.'

Again this comment relates to what families said about feeling part of a family. Some professionals felt coproduction was more likely to result in success.

'Families being able to develop their own goals is a big success factor … If people own things themselves there's a better chance of delivering sustainable outcomes of achieving long term sustainability'.

While families did not use the term 'coproduction' their language clearly articulated that the project had been developed within a coproduction paradigm. For professionals coproduction appeared to be related to the theme of 'community' in that they felt it was really important that the project had started by looking at what people really needed and wanted in Barrow. Families did not use the word 'community' but they did talk about going out more, socialising and making friends with other people in similar circumstances to themselves. Co-production also appeared to be linked to what professionals described as LBF's 'family approach.'

'They get to know the families, they're more nurturing, they're there for the families.'

They described LBF as being about breaking down traditional barriers between child and adult and health and social care services and talked about families being at the centre and engaged as active partners rather than passive recipients. One professional explained that she was able to see how different this approach was when she heard one of the mothers who was on the steering group talking about the LBF staff team going on a 'journey' with families. 'Empowerment' was another term that professionals used frequently. The talked about empowerment in terms of giving families the confidence to deal with things themselves with a view to reducing the need for reliance on professionals.

'The way it works with people is they empower them so they come away with a sense of the fact that they could achieve something, they have confidence in their abilities'.

Professionals from a health background tended to talk about how the project worked with families 'assets'. While families did not use the term 'empowerment' they did talk about the way in which LBF helped them to do things for themselves.

The knowledge, commitment and passion of the team was also something which a large proportion of professionals cited as a factor which contributed to the success of the project.

'It's the individuals on the team. They're not afraid to get stuck in at every level. They'll knock on MPs doors. They work across all levels from operational to strategic and that's quite unusual.'

The fact that most of the staff team lived within the local area was viewed as important.

'The people in the core team are from the local community, from Barrow, this is a significant success factor, they understand the local community because they live and work there, it gives them credibility within the local community, it enables them to build strong relationship with families'.

Four of the members of the LBF staff team had experience of working in statutory social work and reported that the way they worked in LBF was very different from in statutory social work. Staff and volunteers agreed this way of working was far more rewarding for staff as well as more beneficial for families. For example, one member of the team stated that

'LBF is caring and nurturing with staff as well as families'.

A number of other professionals also stressed that LBF's practice was very different to social work practice but some pointed out that LBF were only able to work in this way because they had small caseloads.

'Families that get it get good intensive support but those in mainstream services can't provide that level of intensity'.

Some professionals were unclear about how families were referred to LBF.

'I don't think you can refer to it … it would be good if you could refer … There would be a long list of students who need this support I could refer a couple each week.'

One person reported that there had been some misunderstanding amongst services who thought they could refer in. Most participants thought referrals probably came from health, children's services or schools. One person told us there had also been a

'… coconstruction notion that families would refer themselves but I'm not sure if this actually happens or not'.

Some said there were strict referral criteria due to capacity. A professional from the police told us his agency could refer to LBF but they were a small team and could not take everyone. What was useful, however, was that he could

'… always call the team for advice about a family or for help with signposting. It's that sort of working relationship on the ground that can get work done'.

In terms of levels of need most participants felt LBF was aimed at families with complex needs which they defined as those on child protection plans or 'on the edge of care'. They also talked about families who had been known to services for many years.

'It's at the high end of the level of need, those with the highest resource utilisation, those families in the top 1% of resource utilisation.'

Most felt this was appropriate but some felt thresholds were too high and thought LBF should operate as an early intervention service:

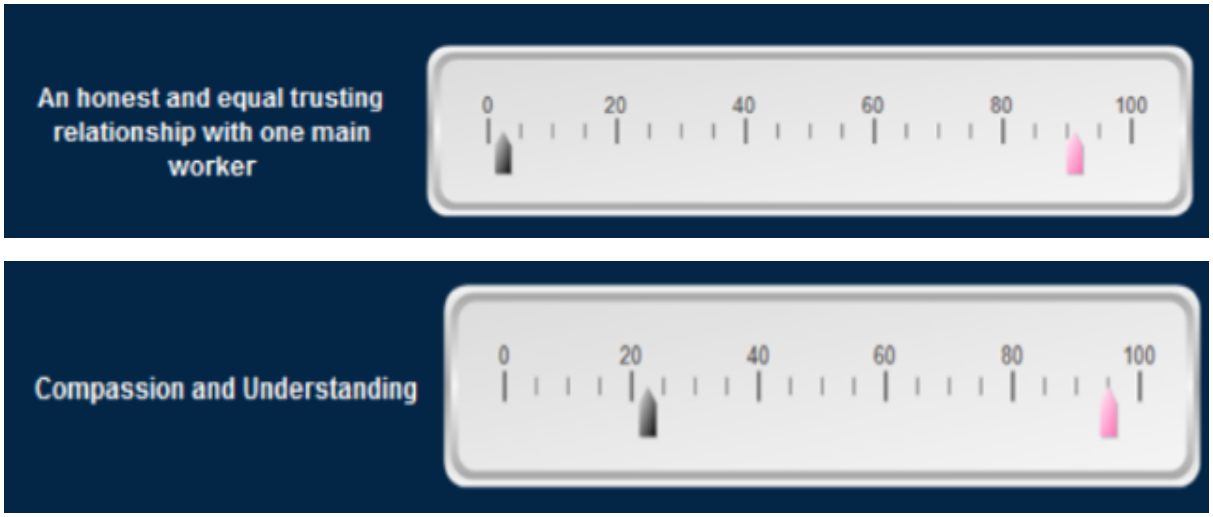
'I'm not sure this should be their primary area of focus they shouldn't necessarily be delivering statutory interventions. I think it should be aimed at early help at preventing escalation of need, to prevent children being on plans or being looked after.'

One participant thought LBF had been designed as an early intervention service but because statutory agencies were facing such severe funding constraints they had been forced to work with families across the spectrum of need.

Families views of impact

Ways of measuring families' views were built into the project from the outset. Family dashboards (see Figure 6 below) were used to compare the extent to which families' key priorities, as outlined earlier, were met at the time of referral and in 2016 (the grey/black arrow is where families were at the point of referral to LBF and the pink arrow is where they were in 2016). By 2016 most families felt they had an honest, equal relationship with one worker, characterised by compassion and understanding; all families were able to access support whenever they needed it and most were no longer living in fear of having their children taken away.

Figure 6: Family dashboards



The main impacts that families reported to the research team were:

- Enabling children to return home from care
- Preventing children going into or back into care
- Getting children off child protection plans
- Improved educational outcomes
- Improved employment outcomes
- Improved mental health outcomes
- Improved social outcomes.

Families told us LBF kept their families together, gave them confidence, enabled them to cope better and made their lives generally less stressful. A number of parents and carers reported that their children or grandchildren would be in care if it was not for LBF and professionals confirmed this to be true. Two women whose children were returned home felt they would have returned to care without LBF's support:

'When he first came home they kept an eye on him for 12 months to make sure that everything would be alright'.

Their comments are backed up by research evidence which suggests that between 37% and 65% of children who return home re-enter care (Holmes 2014). Research also suggests that a third of those who do remain at home have poor quality experiences (Farmer et al 2011). LBF ensured these children had positive experiences.

Other parents and carers described how happy they had been when their children had come off child protection plans and stressed this would not have been possible without LBF.

A number of parents and carers were keen to talk about how LBF had given them something for themselves that was separate from their role as a parent or carer. One woman told us she now works 16 hours a week volunteering at LBF and loves this. She explained that she wanted to do social care at college so she could give something back to other families who were struggling. Another woman showed us the murals she had painted in the LBF office. She planned to set up her

own business and told us this was the first time she had ever made plans for the future. Another woman explained she had returned to work after giving up work in 2008

'I was in quite a bad place and it wasn't conducive to being well there was a lot going on and there wasn't any time for me to deal with being me. I was tired and I was depressed and you just don't want to work a job's just the last thing on your mind to be honest'.

Improved confidence was a common theme.

'LBF build you up they give you the confidence they know you've got but you don't know you've got'.

One woman told us increased confidence had enabled her to lose weight.

'I was 23 stone when I first started going through all this I'm now 18 and a half it's the support you get that gives you the confidence to move on. I don't need to comfort eat I don't need to do this. They've listened to you and heard you and supported you and now you can do it on your own'.

Three parents told us LBF had saved their lives. All three reported that they had been at such a low point they had seriously contemplated suicide. For example, one woman whose daughter had been taken into care told us

'If C and G weren't here I would have killed myself, there were days when I didn't actually want to wake up … there were times when I felt there was nowhere else to turn when you're at your lowest point you just want to swallow a bottle of pills or whatever and you just think that's the only solution I've got left … And they told me as hard as it is you've got to keep going'.

Some parents talked about improved educational outcomes including getting children back into school, improved behaviour and improved attendance. For example, one father told us his son's attendance fell to 42% when he lived with his mum but was now 92%. He said his son's reading had also been very poor but his reading, writing and speech had improved considerably. Although a number of parents talked about improved educational outcomes one mother felt there had been very little improvement. She was, however, hugely appreciative of everything LBF had tried to do. They had tried to find alternative schools for him but this had proved fruitless. Only one school would accept him and neither she nor her son were confident it would meet his needs. She works in a school and is a school governor but despite having knowledge of education she felt she had been blamed for her son's education problems.

'The whole experience has really opened my eyes to the inadequacy of the education system. There are families with much greater needs than mine who are likely to know less about the system than I do and I worry about how they would manage to navigate the system.'

She told us her son had spoken to LBF and allowed them to attend meetings at school but had not fully engaged because he was wary of

'… yet more people coming in and judging him and making decisions about him'.

Another woman struggled to see positive outcomes in her son. She felt his behaviour had improved at school but not at home and said she did not feel much better able to cope with him

'… he still annoys me. Cos he'll push and push and then I explode'.

However, case file data suggested professionals felt there had been considerable progress and it was documented that

'Less tensions were observed in the family home on statutory visits'.

Professionals' views of impact

Professionals cited reduced numbers of police call outs, reduced A&E visits, less draw on CAMHS, reduced numbers of LAC and less children on child protection plans as evidence of LBF's impact and said there would have been associated cost reductions.

'It's saving money in the long term not having children go into care its cost effective and beneficial to children and families.'

As will be seen in the next section of the report professionals were right about most of these reductions but not police callouts. It is, however, important to look behind the quantitative data. Police callouts relate to the number of times police are called to a household they do not represent arrests and as will be seen on many occasions police were called out offences had not been committed. The police perceived that they had less contact with the families LBF worked with. They also stated that they had improved relationships with families because of LBF.

'*For the families the police has involvement with, it's reduced police contact. It's broken down barriers between the police and the families and the children in those families and it's created a safer environment for the families. The families now feel they have a voice.*

One professional commented that LBF work had contributed to a reduction in ASB across Barrow

'I couldn't give a figure but anti-social behaviour across Barrow is down. I'd like to say that was all because of the work the police do, but it's not. It's work that we do with teams like this team, with Focus families, with the schools, it's all about partnership work.'

Some professionals mentioned softer outcomes such as parents developing skills, re-engaging in education and becoming more self-sufficient. They talked about being able to 'see' the impact in adults as well as children and young people. For example, a number of professionals referred to one of the mothers who volunteers at LBF. One stated that *'you can see the difference in her'* in terms of increased self-esteem and pride in her appearance.

Frontline staff provided numerous examples of impact. For example, a number of education staff talked about the impact on one particular family. They told us the parents now work with the school and the young person attends and goes to school clean, tidy and well presented. They said there had been a danger this young person could have gone into care but LBF prevented this.

A small number of participants were more sceptical about the level of impact LBF had had.

'They've produced costings but I'm not entirely convinced, that it's all necessarily their work. Was their work the last in a series of interventions that managed to change things? In many cases a lot of organisations have been involved. Are LBF just the final piece of the jigsaw? You need longitudinal studies to demonstrate.'

Certainly as the professional from the police said above, LBF work with a number of agencies and in some cases other agencies will have contributed to producing positive outcomes but, as other

professionals were keen to point out it was LBF who coordinated the support and without them these outcomes may not have been achieved.

A number of participants talked about the challenges of evidencing impact.

'It may take 20 years to see the benefits. It's hard to evidence and measure'.

Some commented that LBF needed harder quantitative information to demonstrate value for money as a lot of the evidence they had presented thus far had been soft data. Others were keen to point out there needed to be a balance between qualitative information relating to how families felt and harder quantitative information. There was general agreement that longitudinal data would be required to demonstrate long term outcomes.

Children's social care outcomes and costs

Figure 7 shows children's social care outcomes for 17 of the 20 families LBF worked with (unfortunately we were unable to obtain quantitative social care data for the other 3 families). It shows there have been significant reductions in the number of CIN and CP plans but an increase in the number of children who are looked after. Qualitative data from file analysis and interviews with families and professionals can be used to explain the stories behind some of these outcomes. It tells us that one of the 2 children who was looked after in 2013-14 has since returned home. The other child has serious disabilities and remains in care. LBF did not attempt to bring this young person home, rather their work centred around the impact of loss for the parents and siblings. The other three children who became looked after in 2015-16 were siblings. LBF had been supporting their father and hoped the children would remain with him but sadly children's social care felt the risks were too high and the children were placed in foster care. LBF have continued to work with both parents and still hope the children may return to their father's care.

Figure 7: Children's social care status LBF

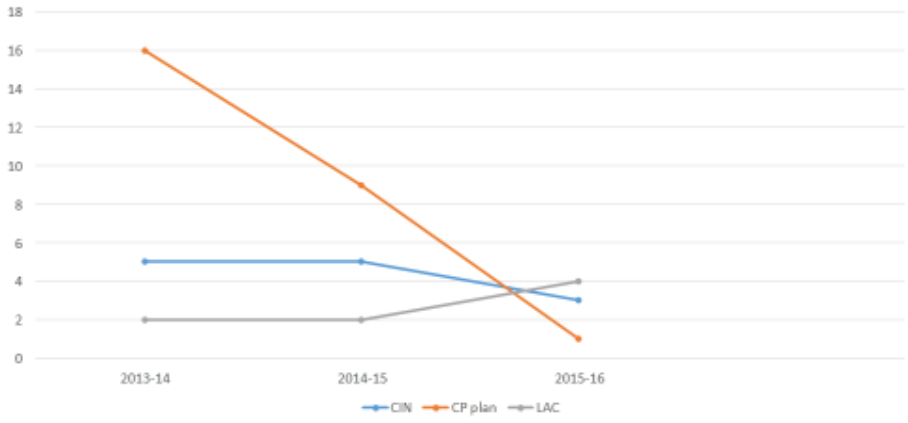


Figure 8 outlines children's social care outcomes for 17 comparison families LBF did not work with. It shows that overall outcomes were less positive for the comparison families. While the number of children looked after remained the same and there was a reduction in the number of children on CIN

plans there was a significant increase in the number on child protection plans. If we compare the data for both groups it can be seen that in 2013-14 fewer children in the comparison group were looked after or subject to a child protection plan. This suggests the families LBF worked with may have had higher needs than the comparison group at the time they started working with them. The research team were unable to explore the characteristics of the comparison families due to confidentiality so we are unable to say how well matched they were in terms of things like need, number and age of children.

Figures 9 and 10 compare costs over time for LBF and comparison families. There were total savings of £68,350 for the LBF group compared to increases of £43,948 for the comparison group (these costs were estimated using Curtis and Burns (2014 and 2015) average unit costs and may not reflect actual costs).

Figure 8: Children's social care status non LBF

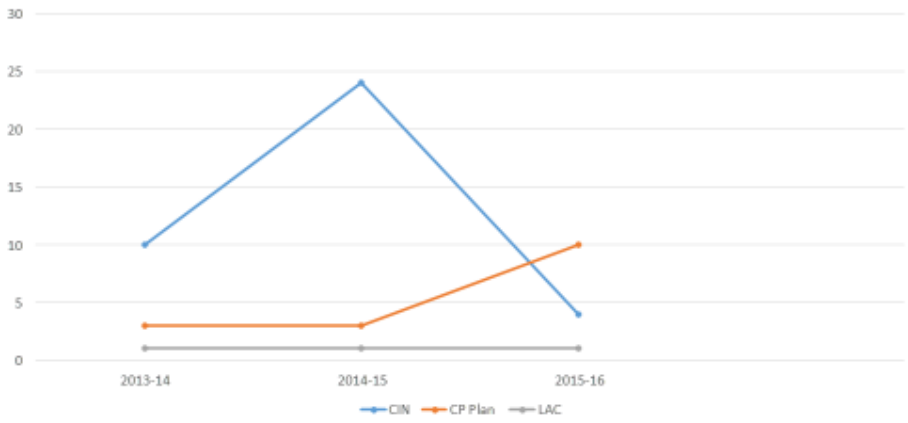


Figure 9: LBF children's social care costs

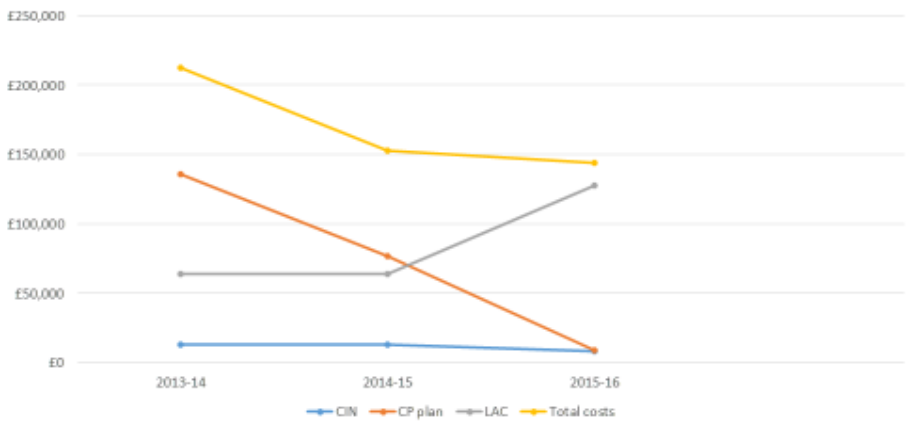
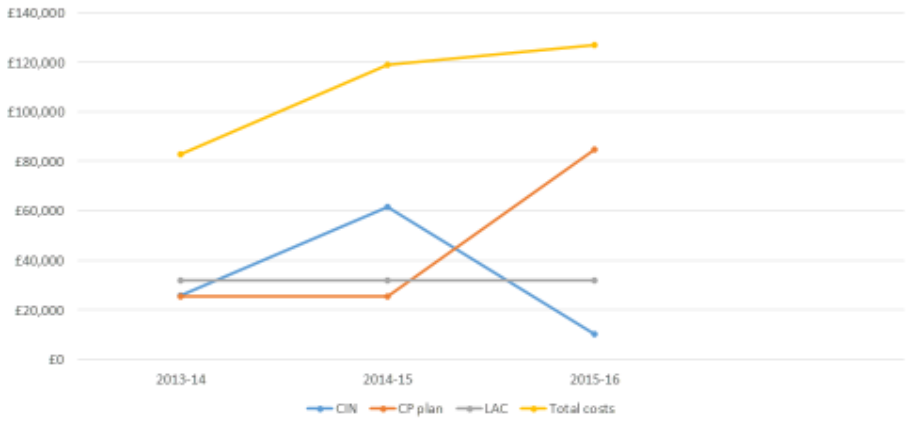


Figure 10: Non LBF children's social care costs



In addition to the savings outlined above there are also likely to be further avoided costs for children's social care since data from file analysis, observation and interviews with professionals and families suggests LBF prevented 9 children going into or returning to care. Based on Curtis and Burns (2015) estimated costs of £31,959 a year to keep a child in care this represents another £287,631 reduction in children's social care costs per year.

Health outcomes and costs

Figure 11 shows that total mental health activity for adults and children and young people reduced by 103% to 2016. Table 5 provides a breakdown of contacts for all LBF who received CAMHS services between 2013 and 2016. It shows there has been a large reduction in draw on CAMHS services.

Particularly notable is the reduction in the number of contacts for the young person in the Thomas family.

Figure 12 compares CAMHS costs for these families over a three year period based on Curtis and Burns (2014; 2015) estimated unit costs for each CAMHS contact. It shows there were considerable reductions in CAMHS costs.

Table 6 provides a breakdown of adult mental health contacts for all LBF who received adult mental health services between 2013 and 2016. The significant reduction in the number of contacts for the Taylor family is particularly notable. Interestingly the one family for whom there has been a significant increase in contacts is the family where the three children have been taken into care. Again this demonstrates the usefulness of qualitative data in being able to interpret and make sense of quantitative data.

Figure 11: Mental Health Activity

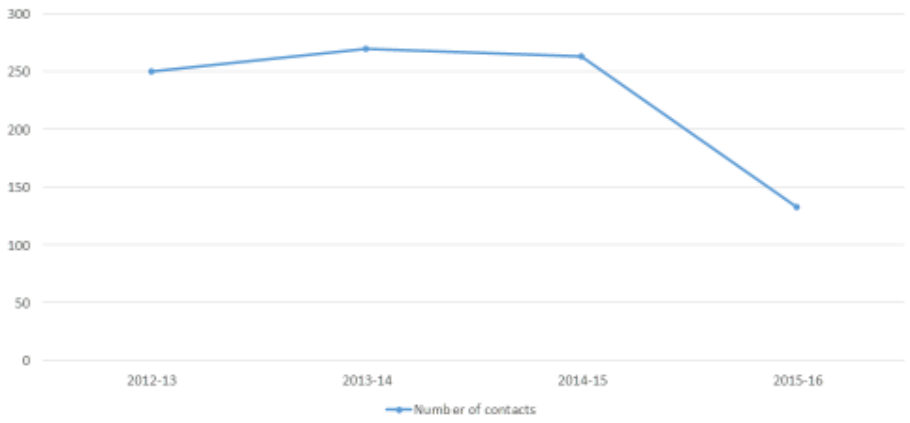


Figure 13 shows that community health activity reduced by a massive 85.3% to 2015-16 and Figure 14 shows that total GP out of hours activity for the 20 families reduced by 40% over the same period.

Table 5: Breakdown of CAMHS contacts

Family	2013-14	2014-15	2015-16
Smith	5	0	0
Connor	18	7	2
Cooper	0	0	1
O'Donnell	2	3	12
Taylor	6	0	6
Dean	0	0	1
King	10	0	0
MacDonald	11	0	0
Thomas	65	36	2
Hughes	1	5	0
Lewis	0	1	0
12	**118**	**52**	**24**

Figure 12: CAMHS costs

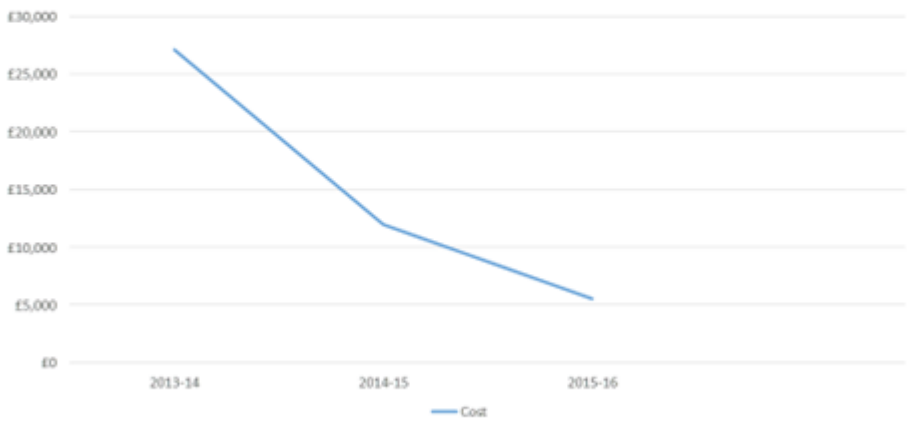


Table 6: Breakdown of adult mental health contacts

Family name	2013-14	2014-15	2015-16
Smith	0	33	0
Cooper	19	27	52 (1 inpatient)
O'Donnell	0	0	1
O'Donnell	0	0	10
Cameron	1	0	2
Taylor	99 (2 inpatient)	1	0
Anderson	22	1	0
Dawson	30	44	0
Hughes	0	4	0
Lewis	0	0	3
10	**171**	**161**	**106**

Figure 13: Community physical health services contacts

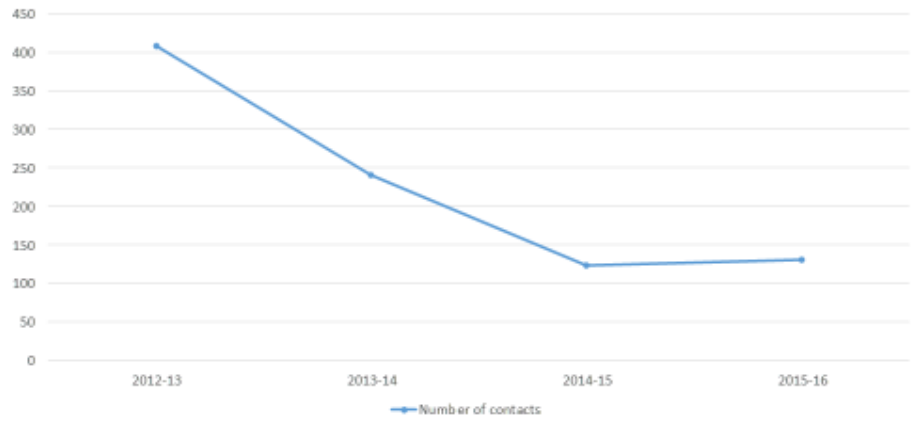
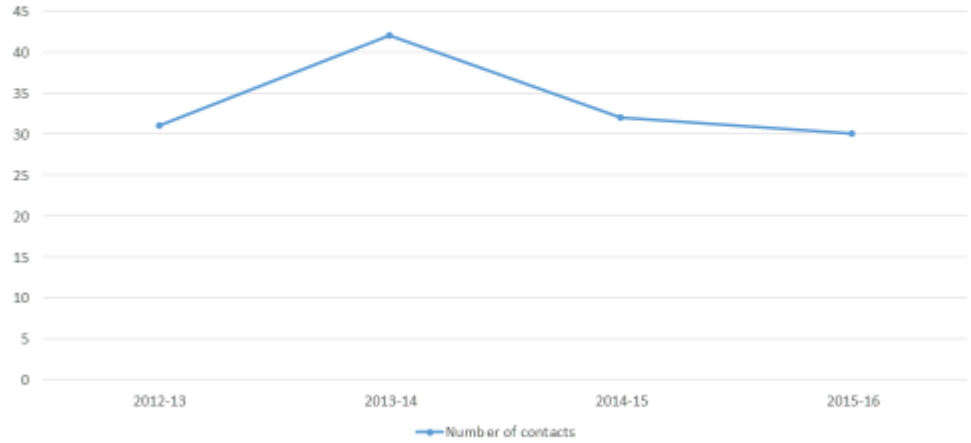


Figure 14: Out of hours GP contacts

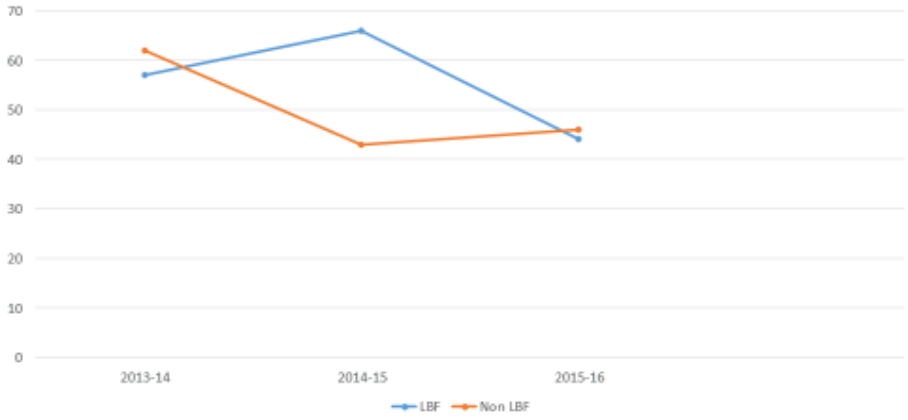


Criminal justice outcomes

Figure 15 compares the number of police callouts for 16 LBF and 16 comparison families (we were unable to obtain data for the other 4 LBF). It shows there were more police callouts for LBF than comparison families. Numbers were similar in 2013-14 (the year LBF started working with the families) and in 2015-16. The higher number of callouts can largely be attributed to increased police activity in 2014-15. As outlined in the previous section police callout data is not a useful measure of criminal activity as police callouts do not represent offences. For example, one family had no callouts in 2013-14 but 7 in 2014-15 and 2015-16 but this does not reflect criminal activity or ASB. Qualitative data from case files and interviews with families and professionals revealed that none of these callouts represented an offence. Rather, most of them related to the children calling the police because their mum would not let them out to play. Qualitative data revealed there were in fact significant reductions in criminal activity for a number of LBF. For example, the man who was mentioned earlier who told us he had spent over 20 years in prison did not reoffend over the three years.

A positive outcome that can be evidenced from both quantitative data as well as qualitative data from case files and interviews is a reduction in the number of professionals working with families. Further information about reductions in numbers of agencies working with families can be seen in the case studies that accompany this report but examples are also provided in table 7 below.

Figure 15: Police callouts



Learning and sustainability

Professionals reported that they had personally learned a lot from LBF. Some said they had learned they needed to listen to families. One woman told us LBF had shifted her thinking about what works with families. She was particularly inspired by some of the creative ways in which LBF demonstrated impact, for example, by using children's drawings such as the one on the cover of this report, and she said she had learned that you need to ask families about impact. A participant from education told us she had learned

'Families will engage if they trust you and you build a relationship with them, if they believe you're on the same side as them.'

A few participants commented that coproduction had been used successfully with other groups before but they had learned from LBF that it could also be used with families involved in the child welfare system, a client group that had not previously been engaged in service development. Others said they had learned that everyone has assets they can bring including those traditionally viewed as 'hard to reach'.

'Statutory organisations would say it's impossible to work with hard to reach people, to engage them, they find that difficult but I've learned that it's not impossible to engage with any group if you do it in the right way'.

Some participants felt there was also learning for their agency. For example, a participant from children's social care said LBF had challenged the way they worked and a participant from the police told us:

'A lot of the families LBF deals with have had long standing police involvement and LBF allows the police other avenues to break down barriers and work with these families.'

Table 7: Numbers of agencies involved with families

Family	Agencies involved in 2014	Agencies involved in 2016
The Smith Family	Children's social care Foster care Action for Children OT support Adult MH services CAMHS Additional education support Asthma clinic Young Carers	LBF Young carers
The Macdonald family	Children's services Additional education support EWO School nurse Police CAMHS Bereavement Counselling Service Respite care service Paediatrician Dietician Adult specialist health	LBF Adult specialist health
The Taylor family	Children's services Additional education support Mental health support charity School counselling Respite Care service Careers advice service Supported housing CAMHS Early intervention psychosis team Police Child learning disability Adult MH (psychology, SW psychosis team, occupational therapy, inpatient, psychosis, crisis resolution, prison inreach, psychosis, non-psychosis, approved MH professional service, psychiatric liaison)	LBF Additional education support Organisation providing careers advice Adult MH (non psychosis, access & liaison) CAMHS

Most professionals agreed there was learning for all agencies engaged in providing services to children and families, particularly around the need to seek the perspective of families and to build services around them rather than allowing agencies to work in silos as they had done in the past.

'We need to hold a mirror up to the way we deliver services they are currently built around the needs of teams rather than looking outwards from families'

Despite this there were concerns that the project was not sustainable in its current form. Small size was one concern.

'Initially the intent was to work with 50 but they've only worked with half of that it's a time consuming approach they've had good outcomes but have had criticisms from other services because it isn't affordable in the current financial position'.

Some professionals were unhappy they could not refer families to the project.

'LBF come up in conversation quite a lot at case conferences. Families are often identified as perfect for LBF but unfortunately there's an issue with capacity. I could easily identify 40 or 50 families if the team was big enough.'

There were concerns around equity in that some families could access the service while others who also needed it could not. Some professionals were critical of the fact that LBF was only open to families within a small geographical area.

'Why can't more families access the service if it is delivering change? Why only families in Barrow? It's a postcode lottery at the moment'.

Perhaps surprisingly only one person suggested intervention should be time limited in order to allow more people to access the service but also to reduce the risk of dependency. While families need ongoing support to prevent rereferral to statutory services, and this is one of the positives of the project, when the research team asked families how much longer they thought they were likely to work with LBF for, some said *'forever'* and one woman told us losing LBF

' … would be like losing your family'.

Although the project is designed to be ongoing such comments suggest there could be a danger of dependency for some families.

A number of professionals talked about the precarious nature of LBF funding. Some thought the project should be funded by the council.

'It should be funded through the children's services budget, schools have no budget to buy services, the pupil premium is used for school trips and tuition only very large schools could buy services like LBF'

Others thought this was unlikely within the current economic climate.

'I would love for it to be funded continuously and for it to be embedded in county council practice. But I know this is unlikely to be the case given the pressure to reduce spending.'

Another concern which was identified was that the project was too dependent on the people who were currently leading it. Participants commented that other staff were unlikely to be prepared to visit families at all hours of the night.

Although there were many comments like *'this is the future how we should be designing services'*, for the reasons outlined above, professionals acknowledged that scaling the project up and mainstreaming it would be challenging, for example, one person commented that:

'It's like trying to pick up a jigsaw puzzle and trying to move it somewhere else – it would fall apart. You need to take the basic pattern – the picture on the front of the box.'

Concerns were also expressed in relation to how LBF fit within the overall spectrum of support for children and families because other agencies had not been accepted that it was as an intrinsic part of mainstream services. A number of professionals commented that the LSCB and children's trust board had failed to recognise it and a woman who sat on the LSCB and children's improvement board confirmed that *'there isn't a great deal of awareness'*. Professionals felt it needed to be seen as a key part of services for children and young people and families across Cumbria and should not just be viewed as a Barrow project. However, one participant was not convinced it could be transferred beyond Barrow.

'*In terms of the sustainability of the project it's about whether it could be a model for Cumbria or whether it's a good project that delivers good outcomes. They seek Barrow based solutions. Is it just for Barrow?'*

Most professionals concluded that replication would not be possible in the context of austerity but they acknowledged, like the person who likened the project to a jigsaw puzzle above, that the basic principles could and should be transferred.

'They are not going to be able to physically replicate it you couldn't replicate the intensity and not all families need that but there are themes – continuity of worker, communication, how we involve families in decisions, working with them not to them'.

'Its about exploring the way they work, their approach or methodology, and using that in other parts of the county … Its about transferring the learning to other professionals.'

Professionals agreed that the coproduction element of the project should be mainstreamed although some recognised this necessitated significant cultural change.

'Team by team you have to get coproduction into the DNA of how teams work it's about technical design but cultural change is more important.'

Conclusions

Most of the 20 families comprising 35 parents and carers, 42 children under 18 and 5 adult children with multiple, complex needs who received intervention from LBF between 2013 and 2016 were able to access flexible joined up services for all members of the family within their local community whenever they needed it. They also developed equal trusting relationships with LBF staff and became less fearful their children would be taken away because LBF gave them clarity about what they needed to change and provided them with the support they needed to make these changes. Just two families did not engage and, therefore, did not develop such close, trusting relationships.

LBF is different from other family interventions. The project is multi-disciplinary and involved reorganisation of services to co-locate a team of workers and volunteers from the Local Authority's Children's Services, Adult Social Care, Child and Adolescent Mental Health and Adult Mental Health services, thus bringing adult and children's agencies together. One member of the team acts as a key-worker for each family, functioning as a transitional attachment figure for family members, coordinating all other services. There is one comprehensive assessment tool for the whole family and one case file. The assessment includes adult and child mental health and ensures a functional formulation and identification of the dangers each family is experiencing. It also identifies the 'critical causes' of potential change and ascertains the crucial actions professionals need to take (Crittenden 2008). A Timebank, which was developed in the community to support families, but also harnesses their assets or skills, is a key component (Timebanking UK 2011).

Intervention is targeted towards individual family need, and arrangements are negotiated and agreed with all partners, but can consist of statutory work; bespoke packages of care to identify the child's needs and the parents practical and emotional needs to enable a safe return home from care; parenting support and work around attachment; advocacy; working alongside parents to navigate the systems around housing and benefits, ensuring they do not get lost in the many processes that confuse and defeat vulnerable applicants; an emphasis on social activity designed around the families' expressed needs; practical support; education and employment support; and therapeutic work. Families particularly valued the social activities, advocacy, and practical and emotional work. Because intervention is informed by the Dynamic Maturational Model (DMM) of Attachment it has a sound theoretical underpinning. The DMM allows professionals to understand the complexity of the family's history and its impact on them and their relationships and allows them to understand how best to approach the multiple difficulties they face.

Although LBF sometimes refer individual family members for additional support one of their key strengths is that they can respond to most of the issues families present with themselves. Because the project is rooted in the importance of relationships in effecting change the LBF team are facilitated to undertake the many different tasks which are required because they know what is manageable and what is needed. Referring out to other agencies would increase the possibility of the wrong things being offered at the wrong time, often in the wrong way. They have been particularly successful at managing and holding risk effectively within a climate of high anxiety and being able to address multiple issues within the same service has had a significant impact on the number of agencies involved with families. Families appreciate being able to obtain support from one place rather than having to retell their story to different service providers and there are likely to be significant cost implications.

The project has broken down traditional barriers across agencies as well as between child protection and early intervention services and child and adult services. Children and young people and their families often have to change worker if they are no longer subject to a child protection plan or if they return home from care. LBF continue to work with families even if children are taken into care thus providing continuity for families struggling to navigate through the complexities of the child welfare system. Professionals valued the fact that LBF have been able to coordinate support across agencies and commented that it was a model of how services should work together to support families with complex needs. Any future reform of services in Barrow and Cumbria should be aimed at continuing to break down these barriers. Another strength of LBF which needs to be built upon is their success in working with fathers, partners and other potential carers across traditional family and household boundaries. Although LBF worked with a wide range of family types and needs all the families they worked with were white British. It is, therefore, not possible to say whether the approach would be successful with Black and minority ethnic families but because the model is based on the importance of establishing relationships and understanding it is likely to be effective for all families whatever their ethnicity or nationality.

LBF have achieved a number of very positive outcomes. It is particularly notable that they have achieved these outcomes within a context of reduced and uncertain funding and with limited staff and this can be attributed to their innovative way of working as well as the commitment of their staff team. Achieved outcomes include:

- **Reduced numbers of children going into or returning to care**. Qualitative data from file analysis, observation and interviews with professionals and families suggests LBF prevented 9 children going into or returning to care representing avoided costs of £287,631 per year for children's social care.
- **Significant reductions in the number of children on child protection and child in need plans** was evidenced by quantitative and qualitative data and can be compared to increases in the

number of children on child protection and child in need plans in the comparison group: 16 children were on child protection plans within the LBF group in 2013-14 but this had reduced to 1 in 2015-16. LBF had been asked to take on some of these families as a last ditch attempt to help before care proceedings were instigated so the positive social care outcomes in these cases are particularly remarkable. In contrast only 3 children in the non LBF group were subject to child protection plans in 2013-14 but this number had increased to 10 in 2015-16. There was, however, an increase in the number of children who were looked after in the LBF group. One of the 2 children who was looked after in 2013-14 has since returned home, the other has serious disabilities and remains in care and another 3 siblings became looked after in 2015-16. LBF had hoped the 3 siblings would remain with their father but children's social care felt the risks were too high and they were placed in foster care. The reduced numbers of children on child protection plans and child in need plans represent savings of £68,350 for children's social care for LBF compared to increased costs of £43,948 for the comparison group.

- **Improved mental health and emotional wellbeing** was evidenced by quantitative and qualitative data. Total mental health activity for LBF reduced by 103% to 2016. This equates to significant reductions in CAMHS costs and probably significant reductions in adult mental health costs but adult mental health costs are more difficult to quantify. Families also reported improved emotional wellbeing.
- **Improved physical health** was evidenced by quantitative and qualitative data. Community health activity for LBF reduced by a massive 85.3% to 2016 and total GP out of hours activity reduced by 40% over the same period. Families also reported improved physical health.
- **Reduced levels of crime and ASB** was evidenced from qualitative data from files, families and professionals. There have been more police callouts for LBF than comparison families but police callout data is not a useful measure of criminal activity as it is not an accurate reflection of offences. For example, one family had no callouts in 2013-14 but 7 in 2014-15 and 2015-16 but qualitative data from case files and interviews with families and professionals revealed that none of these callouts actually constituted an offence.
- **Reduced numbers of professionals involved with families** was evidenced by quantitative and qualitative data. A number of the figures and tables presented in this report outline reduced contact with children's social care, mental health and physical health services as well as a reduction in the number of services accessed by case families. Increases in the level of integration of service providers was also evidenced.
- **Increases in employability and raised aspirations** were evidenced by qualitative data from observation, families and professionals. A number of adults moved into employment or started volunteering and parents and carers were keen to tell us about their aspirations for the future. This is likely to have an impact in terms of future reductions in benefit expenditure.
- **Reduced numbers of unauthorised absence and exclusions** from school were evidenced by qualitative data from files, families and professionals from education. LBF's work also ensured that children stayed in or returned to mainstream education. This may also have an impact in terms of reductions in future benefit expenditure.
- **Reduced numbers of cases of domestic violence** was evidenced by qualitative data from files and professionals. As outlined above police call out data does not record the reason why the police were called out and better data is needed to evidence this quantitatively.
- **Increased engagement with the community** was evidenced by qualitative data. Families were keen to report that they were more engaged with community activities and this was confirmed by professionals as well as through observation.
- **Reduced numbers of crises in complex families** was evidenced by quantitative data and qualitative data from files, families and communities including less call on mental health

services and reduced numbers of referrals to children's social care. Parents and carers also reported reduced numbers of crises. This was coupled with a reduction in the level of overall risk factors including mental health, substance misuse, domestic violence and offending. Families reported reduced levels of substance misuse but this needs further exploration as we were unable to obtain quantitative data in relation to substance misuse and qualitative evidence from professionals did not always corroborate this.

- **Increased levels of trust, security and happiness** was evidenced by qualitative data from families as well as from observation.
- **Increase in levels of compassion and understanding** provided by workers to families was evidenced by qualitative data from files, families and professionals and was also observed.
- **Reduced risk of having children taken away** was evidenced from qualitative data from families.

While the outcomes listed above were clearly evidenced during the period of the evaluation we cannot be certain what the outcomes for these families would have been anyway. Comparison data indicates that social care outcomes would have been less positive if these 20 families had not received support from LBF but we were unable to obtain health comparison data so could not compare health outcomes for children and young people and adults in LBF and comparison families. However, health data for LBF families for the three years prior to referral to LBF confirms that health outcomes were less positive before involvement with LBF. Neither is it possible to attribute the positive outcomes that have been achieved entirely to LBF since they work in partnership with a number of other agencies and their work cannot be isolated from that of others. However, LBF coordinated the multi-agency support that was given to these families and without them these outcomes are unlikely to have been achieved. Finally, we are unable to predict the extent to which these positive outcomes will be sustained over time. LBF continue to work with 17 of the 20 families (two families refused to engage and in a third case a voluntary agency took over as lead agency) and should continue to measure impact over the long term. In 13 of these 17 cases the level of intervention has significantly reduced over time. The fact that the intervention is not time limited is a significant advantage as this avoids the possibility of families being discharged and being re-referred to services when they struggle to cope in the future. LBF works in such a way that families can access a resource they know and understand, when they need it, rather than having to start again with another service that does not have this knowledge and which may replicate things that have not worked or simply take too much time to get to understand their difficulties. LBF do not stop working with families as they would be in traditional services, instead families' relationship with the project is expected to change over time. The aim is that as they need less help they will begin to contribute more to the project or their community, however, this part of the model has not yet been fully evaluated because the families are only just beginning to get to this stage. The community nature of the work and ongoing peer support is hugely important. A number of families reported that they meet other families outside of LBF and use them as informal support networks and LBF intend to build on these informal community supports moving forward in order to promote sustainability.

While the findings provide evidence that the intervention has had positive benefits for most of the 20 families who were lucky enough to access the project, the evaluation was also designed to consider whether LBF's approach could be used more widely across Cumbria and the evidence is more mixed in this respect. Professionals generally agreed that LBF was an example of how we should design services around the needs of families, rather than allowing agencies to work in silos as they have done in the past. However, they acknowledged there were a number of challenges to

adopting this approach more widely. Some professionals expressed concerns in relation to how LBF fits within the overall spectrum of support for children and families in Cumbria. Affecting cultural change across health and social care services in the current economic and social climate is hugely complex and LBF has unfortunately been forced to operate as a separate service, rather than being seen as a reorganisation of mainstream services, which was something that was highlighted in the original project plan. Senior managers within organisations provided the opportunity for innovation but LBF has existed on the edge rather than developing lines of clear governance which would have allowed other agencies to be clear about its role and purpose. The agreement that LBF would do child protection work was something which families wanted but it was not properly set up within the infrastructure leading to confusion from middle managers and teams. The challenges for the organisations in terms of proper governance and a consistent reliable relationship with key senior managers to support such a different way of thinking have been considerable and it has not been possible to resolve this as yet.

Stakeholders also expressed concerns around capacity. This kind of intensive work is very time consuming and LBF have not worked with as many families as they originally hoped because the size of the staff team has reduced over time and the project has operated with limited resources. This is associated with issues around equity in that some families who would benefit from this kind of intensive intervention are unable to access the service. Professionals did not always fully understand that LBF have smaller caseloads because the breadth of their intervention includes adult and child mental health in addition to safeguarding and social care. Some professionals suggested LBF might consider tightening their referral criteria, for example, by operating as an early intervention service, however, LBF never really had referral criteria that were adhered to and the local authority approached them specifically to take some of the cases that they regarded as 'stuck' or needing a last chance to make changes before care proceedings were instigated. Indeed one of the advantages of LBF is its capacity to work across different levels of need and cut across traditional service thresholds and barriers and its principles would be compromised if it was forced to introduce strict eligibility criteria.

The knowledge, commitment and passion of the team and the fact they live within and understand the local community was viewed as contributing to the success of the project but professionals also felt this could limit the extent to which the approach could be mainstreamed since other staff might not be so committed. Professionals commented that LBF staff work long hours and it might not be possible to expect others to do the same. Although the initial plan was for LBF to be a 24 hour service this was never achieved due to an agreed reduction in staffing ratios. While families have needed help out of hours this was usually for discrete periods of time and the work had a clear focus. Families have, on the whole, been respectful of staff time and whilst flexible working hours are certainly needed LBF concluded that 24 hour cover is probably not needed. LBF are working on developing their out of hours cover but believe that out of hours arrangements are better being tailored to the needs of individual families.

For the reasons outlined above most of the professionals who took part in the evaluation felt direct replication of the project would be problematic within the context of austerity but they acknowledged that the basic principles of LBF could and should be transferred to other services across Cumbria. Moving forward it will be important for partners to agree which aspects can be replicated or used to help other communities learn how to coproduce services that are tailored to their needs. There is general agreement that the way in which services are currently provided to children and families in the UK is, unsustainable. There is an acute need to reduce demand on statutory services by redesigning the way we provide services for children and families and a need to rethink the relationship between the state and families and communities and build on family and

community resources to avoid intervention. LBF are well placed to inform this debate. They have not only understood systems from service users' perspectives and engaged them in finding solutions and co-designing alternative, locally determined interventions, they have also demonstrated that rebalancing child/parent/professional relationships and giving more control to children, young people and families can lead to positive outcomes and reduced costs.

Possible future developments

Moving forward LBF should consider:

- Undertaking an options appraisal with partners over the next 12 months to develop an alternative delivery model that can be sustained in the longer term
- Accessing support to capture learning and the essence of their model to determine which aspects can be replicated and how this could be done
- Using the assets that parents themselves have to influence services and policy directly
- Agreeing clear lines of governance with CPFT and Cumbria County Council.
- How they can remain true to the nature of co-production and co-design to provide the services families need within current economic and political constraints.

The findings of the evaluation should be shared with families and they should be invited to contribute not only towards the future development of LBF but to any future development of services for children and families in Barrow.

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Appendix A The 20 families

Family 1 Mum and 2 boys, one girl, age 12, 11 and 8. 2 children were on a CP plan and one was looked after when the family was referred to LBF. All 3 children are now supported through early help.

Family 2 Mum and 2 boys, 2 girls age 13, 12, 8 and 4. All children were on a CP plan when the family was referred to LBF. All 4 children are now supported through early help.

Family 3 Mum and dad are separated but are both involved in the children's care. 2 boys, 1 girl age 8, 6 and 5. All 3 children were on a child protection plan when the family was referred to LBF. All three children are now in foster care. LBF are still working with the family and it is hoped the children may return to their father's care.

Family 4 Mum and dad, 1 boy age 7 and I girl age 2. The children were subject to a CAF when the family was referred to LBF. They are still being supported through early help.

Family 5 Mum and dad are separated but are both involved in the children's care. The maternal grandmother is also involved. One boy age 7 lives with his dad, the girl age 11 lives with her grandmother. The youngest child was on a child protection plan when the family was referred to LBF. Both children are now supported through early help.

Family 6 Mum and dad and 2 girls age 17 and 9. Both girls were on a CP plan when the family was referred to LBF. They are now supported through early help.

Family 7 Mum and dad and three girls age 19, 17 and 13. One child was on a CIN plan when the family was referred to LBF. The children are now supported through early help.

Family 8 Mum and stepdad and the older child's dad who lives in a separate household is also involved in his care. 2 boys age 12 and 5 were both on a CP plan when the family was referred to LBF. The younger child came off a plan but the older child remained on a plan.

Family 9 Mum and son age 8. The child was subject to a CAF when the case was referred to LBF and is still supported through early help.

Family 10 Mum and stepdad and older child's dad living in a separate household also involved in his care. 2 boys age 10 and 16. The older child was subject to a CAF when the family was referred to LBF and is still supported through early help.

Family 11 Mum and son age 9. The child was looked after when the family was referred to LBF. He is now supported through early help.

Family 12 Mum and partner and 2 girls age 19 and 13. The younger child was on a CP plan when the family was referred to LBF. She is now supported through early help.

Family 13 Mum and dad were separated but dad still involved in young person's care. Boy age 15 and a girl. The boy was subject to a CAF when the family was referred to LBF and is still supported through early help

Family 14 Mum and dad were separated but dad still involved in children's care. Boy age 9 and girl age 15. The children were on a CIN plan when the family was referred to LBF but are now supported through early help.

Family 15 Mum, 3 girls age 20, 19 and 7 and a boy age 4. The 2 youngest were on a CP plan when the family was referred to LBF. LBF staff did not know whether the children remained on a CP plan as the family did not engage and we were unable to obtain children's social care data for this family.

Family 16 Mum and dad and a girl age 17 who was on a CP plan when the family was referred to LBF. She is no longer known to children's social care. LBF no longer work with the family as the Birchall Trust took over as lead agency.

Family 17 Mum and partner (father of 2 youngest children) and dad of older 2 children also involved in their care. 3 boys age 11, 9 and 3 and a girl age 5. The children were subject to a CAF when the family was referred to LBF. The children were placed on a CIN plan for 4 weeks while LBF worked with them but are now supported through early help.

Family 18 Aunty and partner (they have a baby together) and a boy age 10 and a girl who live with them on a residency order. The family are now supported through early help. LBF no longer work with the family as they did not engage.

Family 19 Mum and daughter age 10 who was looked after when the family was referred to LBF. She is now supported through early help.

Family 20 Mum and dad, 3 boys age 23, 17 and 14 the youngest is severely disabled and was looked after when the family was referred to LBF. He remains looked after. The middle child was on a CP plan but is now supported through early help.