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DARTINGTON SOCIAL RESEARCH UNIT

Safe Families for Children Evaluation Summary

Background

Safe Families for Children provides vulnerable families with three types of family support: respite for the children to live away from home for short periods; friendship for the main carer, usually the birth mother; and resources to help make the family home a healthy environment for children. The programme originated in the United States. In 2013 businessman and philanthropist Sir Peter Vardy established a new charity to pilot the programme in a handful of local authorities in the North-East of England. It was introduced into 20 local authorities in the Innovation Programme project, involving 3063 volunteers supporting 1055 families. The randomised trial of children on the edge of care involved 26 families.

Aims and Objectives

The DfE's Children's Social Care Innovation Fund support allowed Safe Families to collaborate with the Dartington Social Research Unit to:

- widen the programme focus to two categories of children, those on the edge of care and those in need of what local authorities call 'early help'.
- to improve programme effectiveness so that it arrived 'just in time' to stem the crisis that led carers to seek support from local children's services
- apply Rogers' scale strategy to introduce the programme to 24 (16%) of the 150 English local authorities over a 12-month period
- subject the intervention to rigorous evaluation to estimate impact on flows of children into care, birth parent outcomes, child outcomes, volunteer and user satisfaction
- test two ancillary innovations: a new social financial model called a Public Social Partnership that allowed local authorities to 'try before buying'; and, seminars to help local authorities manage system dynamics and reap the full benefits of children diverted from the care system by the programme.

Evaluation

A mixed method approach was used, including scrutiny of administrative records on 569 children in need and on the edge of care held by local authorities and Safe Families, qualitative interviews with 15 birth parents and volunteers and 10 local authority staff to understand their satisfaction with the programme and to also get suggestions for improvement. 5 seminars were held with Safe Families staff and local authority staff interviewed to get feedback on innovations such as the PSP. Some additional bespoke data was assembled on behalf of some of the participating local authorities. A randomized control trial was implemented with 26 families to evaluate the project's impact on children on the edge of care, but there were insufficient cases for findings to be more than indicative. For those families, three scales were completed: Strengths and Difficulties Questionnaire (SDQ); the Hospital Anxiety and Depression Scale (HADS), focused on parent's stress and depression; and the Interpersonal Support Evaluation List (ISEL), focused on the amount of support available to carers.

Findings

Safe Families was successful in scaling the innovation in 20 (14%) of the 150 English local authorities, all of which committed funds to continue the programme before evaluation results were available. As predicted by the initial scale strategy, pull for the programme has built on this initial consumer satisfaction leading to take up by a further 10 local authorities. Safe Families has stimulated a steady flow of people from the community willing to give their time to do what others have been paid for, and satisfaction levels among volunteers remains strong.

The evaluation suggests that Safe Families may have the potential to safely support about 15 per cent of the children who otherwise would be accommodated with foster parents or residential homes by local authorities under Section 20 of the Children Act, 1989. However, there was an uneven and slower than anticipated application of the innovation to this more demanding group due to (i) the time it takes local authorities and practitioners to build up confidence in an untested innovation; (ii) the difficulty of matching the innovation to the right families, and in a timely way; (iii) a nervousness on the part of some Safe Families staff in managing more serious cases.

The slow take up of the programme limited number of referrals and thereby interpretations that could be made from the randomised control trial. It is clear, however, that Safe Families volunteers can provide suitable support, that no harm has resulted to children and the stress levels of carers has not increased as a result of the innovation.

What makes Safe Families Work?

The potential success of the programme comes from the ability of Safe Families to recruit volunteers prepared to support vulnerable families over short periods of time, while maintaining strong attention to child protection and child well-being. Local authorities benefit from reduced costs. Vulnerable families benefit from having a mix of extended supports from local people. The volunteers benefit from the sense of giving something back to society.

Recommendations

- Safe Families should continue to develop and test the programme for children on the edge of care
- The scale strategy should be maintained, bringing in new local authorities within existing hubs and extending to new hubs, with the goal of reaching a third of English local authorities by the end of 2018 (diverting 1,533 children from care annually)
- To reap benefits, local authorities need to pay more attention to the management of system dynamics that escalate numbers of children in care
- Safe Families should further vary the core model to test efficacy for older adolescents and to diversify the recruitment of volunteers

The DFE's Children's Social Care Innovation Programme funded this project and its independent evaluation. Co-ordination of the evaluation was undertaken by the Rees Centre from the University of Oxford (www.reescentre.education.ox.ac.uk.) A full copy of this report can be found at www.gov.uk/government/publications