It takes a village

The case for family support in every community

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Introduction

In his first speech as Prime Minister, Boris Johnson spoke of a need to 'level up across Britain'[1]. At Barnardo's we have always said that in order to succeed, this approach must begin with children. Raising children presents challenges for most parents and many will from time to time need support from a 'village' – whether that's extended family, neighbours or universal statutory services such schools or the NHS. For some families however, particularly those who face complex underlying socio-economic challenges, there is an urgent need for specialist family support – often referred to as 'early help'.

The pandemic has increased the pressures felt by many families, especially during the lockdowns, where parents had to grapple with home schooling and had reduced contact with relatives and friends. Recent research has highlighted the effect of disrupted routines and overcrowding in creating additional safety risk for children[2]. There is also evidence to suggest the pandemic has exposed more children and young people to trauma and adversity. The annual survey by the Institute of Health Visiting in 2020 found that 61% of health visitors reported increases in child neglect, and four out of five reported an increase in domestic abuse and perinatal mental health issues as a result of COVID-19[3].

If families struggle without support then as a final resort there is always a risk children may need to be taken into the care system. **The number of children entering the care system in England has risen by 25% in the last decade.** This has placed significant extra costs and strain on the system in recent years[4]. In 2019 the Conservative Party manifesto committed to reviewing the children's social care system to make sure children and young people can access the support they need. The Independent Review of Children's Social Care in England was established in January 2021 and after an initial scoping exercise it published *The Case for Change* report setting out where the pressure points are in the current system. This document emphasises that, in the opinion of the review team, reform of the care system should start by looking at how we provide early help to families from the moment they begin to struggle. It commented that that the social care system *"too often focuses its efforts on investigating and assessing parents without providing real help for the family to deal with the problems they are facing"*[5].

The UK Government has also recognised the need to reflect on how we provide effective early help to families. The Conservative Party manifesto in 2019 committed the UK Government to *"Improve the Troubled Families Programme and champion Family Hubs to serve vulnerable families with the intensive, integrated support they need to care for children".* In response to the manifesto commitment the Rt Hon Andrea Leadsom MP was commissioned to conduct a review of early years provision. This made clear there was a need for both

1 Prime Minister's Office, Boris Johnson's first speech as Prime Minister, 24 July 2019

2 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/984767/The_Child_Safeguarding_Annual_Report_2020.pdf

3 https://ihv.org.uk/wp-content/uploads/2020/12/State-of-Health-Visiting-survey-2020-FINAL-VERSION-18.12.20.pdf

4 The number of children in the care system in England rose by around a quarter in the last decade see Statistics: looked-after children – GOV.UK (www.gov.uk)

5 https://childrenssocialcare.independent-review.uk/wp-content/uploads/2021/06/case-for-change.pdf

universal and targeted start of life services to be available in all communities[6].

Barnardo's is the UK's largest national children's charity and we have been supporting vulnerable children for over 150 years. While our original focus was on providing homes for children and young people who could not be cared for by their own parents, our more recent history has seen us move into being a significant service provider in the field of family support. This service base includes a wide range of services including children's centres, and the delivery of the Troubled Families Programme (now Supporting Families), which conducts targeted interventions for families experiencing multiple problems.

This report draws on Barnardo's experience in communities across the country to highlight what we think effective family support looks like. It makes the case for ensuring that all families have access to the 'village' it takes to raise a child and to keep them safe. At the heart of all our work is the knowledge and belief that with the right support every child can achieve the positive future they deserve. The report draws on our own economic analysis that demonstrates how early support services can achieve financial savings. By looking at the outcomes achieved in our family intervention service on the Isle of Wight, and comparing with the costs state services may otherwise incur we have calculated that **for every £1 invested in the service, the saving in costs to the state is about £2.60.** Based on this, we have concluded that for families helped in the last year, this single service produced savings to the state of approximately £1 million in the year 2020/21.

If the UK Government is serious about 'levelling up' opportunities, the autumn 2021 Comprehensive Spending Review is an ideal opportunity to provide the funding necessary to ensure there is a family hub in every community. This has the potential not only to improve the lives of families but also reduce the costs incurred by other services in the long term.

6 HM Government, March 2021. The Best Start for Life. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/973085/Early_Years_Report.pdf

The history of family support in England

Early developments in family support – Sure Start and Children's Centres

The mid-1990s saw a significant focus on the provision of support services for children and their families, particularly in the pre-school years.

The Sure Start Local Programmes first emerged in 1998 with the aim of giving children 'the best possible start in life'. They were originally focused on the most deprived areas, but in 2002 the then UK Government revised the model to introduce a network of 'Children's Centres' that would be universally accessible. Control of children's centres, including funding and commissioning, was passed to local authorities and over the next few years a network of 3,500 children's centres developed. As there was local discretion on how to set up the centres, they were diverse in what they offered and where they were located, but they were united in working to improve services for parents and children under five in their communities.

The roll-out of children's centres took place in several "stages" with more disadvantaged communities prioritised. The services set up ranged from fully integrated 'new-build' centres, often located on school sites, to small 'signposting' services based in libraries or GP surgeries. Over time many local authorities have reorganised their centres – often merging some of the different centres into groups allowing for co-location and enabling financial savings in terms of management and overhead costs. This has helped some provision to survive with children's centres remaining an important feature of many communities.

However, the general trend has been towards a reduction in children's centre provision. While the number of children's centres rose steeply and peaked at around 3,620 children's centres in 2010 and 2011, after 2011 the number of children's centre sites gradually declined to around 3,050 in June 2019[7].

The 'Troubled Families' Programme – now 'Supporting Families'

As well as the developing policy landscape in early years, the last decade has seen more services aimed at providing intensive support specifically focussed on families with the most complex needs. Following the riots in 2011, the Troubled Families Programme (TFP), was established with the aim to 'turn around' the 120,000 most 'troubled families' in England. The programme provided funding to local authorities to work with families to *"achieve significant and sustained progress against all their multiple problems"* using a 'payment by results' model. While the then Department for Communities and Local Government did not prescribe how councils should work with families, they did encourage a "family intervention approach". This involves a nominated key worker being assigned to each family to gain an understanding of that family's interconnected challenges and design a plan of action[8].

7 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/844752/Number_of_Children_s_Centres_2003_to_2019_Nov2019.pdf

8 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/560776/The_first_Troubled_Families_Programme_an_overview.pdf

This programme had two iterations (one from 2012-2015 and one from 2015-2021) and received some positive evaluation which highlighted the programme's success in reducing the likelihood that children would be taken into care[9]. However, there were concerns the name was stigmatising – many local authorities used a different name for their local offer – and that the programme focused too much on short term success rather than long term sustainable change[10].

The Spending Review in November 2020 announced £165 million to extend the TFP to 2021-22 and in March 2021 its vision was refreshed and the name was changed to Supporting Families. The updated version retains many of the aims of the TFP, including work to support parents to leave abusive relationships, getting the right joined-up support for those with mental health issues, and helping the long-term unemployed back into work. The UK Government is committed to considering how to improve the programme longer term with a commitment to use 2021/22 to *"co-design, test and iterate future improvements"*[11].

Recent developments – moving towards a family hub model for family support

Family hubs were initially proposed by the Centre for Social Justice in 2014. The definition varies across local authorities and delivery organisations, but essentially family hubs offer support to parents regardless of their child's age, working with everyone from pregnant mothers to teenagers. At its best, this model provides a 'local nerve centre' for all family support within a community, bringing together everything from stay and play groups, to breastfeeding support, to help with issues such as finding a job or applying for benefits. The model has garnered significant political support and the Conservative Party 2019 manifesto contained a specific commitment to *"champion family hubs"*. Subsequently, the National Centre for Family Hubs was launched in December 2020 and aims to promote the family hub model and spread best practice/evidence on integrated family service models across the country.

The family hub model has also been endorsed by *The best start in life* report[12]. This report is the culmination of a major review into early years services led by the Rt Hon Andrea Leadsom MP. The review strongly advocates for more integrated family support and specifically to create *"a welcoming hub for families as a place for families to access Start of Life services"*.

9 https://www.gov.uk/government/publications/national-evaluation-of-the-troubled-families-programme-2015-to-2021-further-findings

10 https://www.basw.co.uk/system/files/resources/CBP-7585.pdf

11 https://www.gov.uk/government/publications/supporting-families-2021-to-2022-and-beyond/supporting-families-2021-22-and-beyond

12 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/973112/The_best_start_for_life_a_vision_for_the_1_001_critical_days.pdf

Family support services and their link to the care system

The number of children in care in England reached 80,080 in March 2020, up from 64,400 in March 2010 – an increase of around a quarter in a decade[13]. There has been a steady increase in the percentage of teenagers in care – nearly one in four (24%) children in care are now over the age of 16, this compares to just one in five (20%) in 2008. There are concerns that the pandemic may lead to even more children being referred into the system as pressure placed on families due to lockdown may have resulted in more children being put at risk of harm. Childline saw a 22% increase in the number of counselling sessions about physical abuse after the first stay at home guidance was issue in March 2020[14].

Most children enter the care system, not because of their own behaviour but because of problems within the family environment that put the child's safety at risk. The most common reason for entering care is that the child is at risk of abuse or neglect (65% of children). Evidence shows that many referrals are underpinned by wider socio-economic problems.

Analysis of issues in referrals to social services, undertaken by the Association of Directors of Children's Service (ADCS) found[15]:

32.5% of cases included concerns about domestic abuse

29.9% of cases featured parental mental health

Although smaller numbers overall, referrals involving gangs and trafficking have increased by 69.9% and 45.4% respectively over the past two years.

If we want to stem the tide of children entering the care system, it is clear we need do more to empower and support families to overcome the challenges they face.

Providing better access to family support services has been recognised as a key dependency if we are to reduce the number of children entering the care system. The *Case for Change* report by the Independent Review of Children's Social Care in England has highlighted that while there was *"innovative practice by local areas"* in the area of family support, *"with family hubs being a notable example"*, provision of support was too inconsistent with *"significant variation in what families are offered"*[16].

The Review is proposing the introduction of a standard definition of family help which would encompass the many different elements of the service from helping parents and carers to manage behaviour, to supporting families with specific needs related to the exploitation of teenagers. Barnardo's believes that a standard definition would be very helpful to raise the profile of these services, what they do and how they help communities. However, it will be important that any definition leaves scope for local discretion in order to meet the needs of particular communities, as well as for innovation and development. Effective family support must be agile in responding to emerging trends in vulnerability as they arise.

13 Statistics: looked-after children – GOV.UK (www.gov.uk)
14 https://learning.nspcc.org.uk/media/2292/impact-of-coronavirus-pandemic-on-child-welfare-physical-abuse.pdf
15 https://adcs.org.uk/assets/documentation//ADCS_Safeguarding_Pressures_Phase7_FINAL.pdf
16 https://childrenssocialcare.independent-review.uk/wp-content/uploads/2021/06/case-for-change.pdf

Figure 1: A history of family support policy in England

1997 – Excellence in Schools White Paper

This set out a commitment to 'establish early excellence centres which demonstrate good practice in education, childcare and integrated services', to become known as Sure Start Children's Centres.

2003 – Every Child Matters

Every Child Matters proposed improved information sharing between agencies, common assessment frameworks, identifying lead professionals, integrated working and effective child protection procedures across all organisations.

2004 – Children Act

This put a duty on local authorities to plan for the provision of children's services, clearer accountability, and focus on early intervention, integration and commissioning.

2006 – The Childcare Act

This introduced a duty on local authorities to provide early childhood services in their area and outreach to parents, but it was not obliged to be delivered through children's centres.

2011 – Launch of the Troubled Families programme

The Troubled Families Programme (TFP) was administered by the Ministry of Housing, Communities and Local Government (MHCLG). The programme conducts targeted interventions for families experiencing multiple problems, including crime, anti-social behaviour, truancy, unemployment, mental health problems and domestic abuse.

2019 – Conservative Party Manifesto

This committed the UK Government to 'champion family hubs to serve vulnerable families'. The plan is for these to have intensive, integrated support so families have the support they need to care for children – from the early years and throughout their lives.

May 2020 – Troubled Families Programme Early Help Systems Guide

This toolkit was designed to assist local strategic partnerships responsible for their Early Help System by setting out good practice ensuring: 'Public services work together in integrated hubs based in the community with a common footprint.'

December 2020 – launch of National Centre for Family Hubs

This Centre will provide a learning network that will champion family hubs and spread best practice on evidence-based service models to family hub providers across England.

May 2021 – Independent Review of Children's Social Care Case for Change

This report set out the case for more investment in early help to help prevent children needing to go into care.

March 2021 – The best start for life: a vision for 1,001 critical days

Published by the Rt Hon Andrea Leadsom MP this report set out a vision for best practice across the health system to ensure babies and children get the best possible start.

Key factors for providing effective support for families

Across the UK Barnardo's supported around 160,000 children, young people, parents and carers through 62 children's centres and family hubs in 2020/21.

These services provide a range of universal and targeted preventative and early intervention support to help address problems. The services we provide are diverse including nursery and childcare services, wrap around care, parenting programmes and play services. Much of this practice base is involved in supporting families in dealing with the underlying socio-economic problems often associated with involvement with the care system. For example, we run specific programmes to help adult and child victims of domestic abuse, support parents with mental health problems and deliver work as part of the "Troubled Families Programme".

As a result of the COVID-19 pandemic, we have increased our universal programme of family support to include a digital offer available to all families across the UK. We have developed Barnardo's Family Space[17] which provides a digital service for parents looking for information and advice on a range of topics, from the importance of cuddles and playing together, to how parents can look after their own mental health and wellbeing. Although it is too early to measure the impact of Family Space, early analysis shows between July 2020 and January 2021 the site had 32,000 users. The most popular pages focuses on parenting teenagers and adolescents.

During the pandemic Barnardo's led a unique and innovative COVID-response programme called See, Hear, Respond (SHR). Commissioned by the Department for Education (DfE) and collaboratively designed by Barnardo's and the DfE, **the programme was delivered by 87 national and local charities and community-based organisations, and supported over 100,000 vulnerable children who were struggling as a result of COVID but did not access statutory support.** SHR aimed to intervene and support children early, preventing additional harm and ensuring that needs that were triggered or exacerbated by COVID did not become entrenched. Need for support with mental health and wellbeing was the most common reason for referral[18].

Our experience of delivering family support on the ground in communities and across the country gives us valuable insight into how to work with vulnerable families effectively. In producing this report, we gathered evidence from across our service base to highlight the key factors behind delivering effective family support services. This work included:

- Three focus groups with family support workers in our family hubs. We talked to workers about their experience of running early help support programmes for families with identified needs and intensive family support programmes for those with multiple or complex needs.
- An analysis of around 20 case examples submitted from across our service base.
- An analysis of the outcomes and funding data from one specific service –our intensive family support service on the Isle of Wight – this includes undertaking a cost benefit analysis of the service.

17 https://families.barnardos.org.uk

18 https://www.barnardos.org.uk/see-hear-respond-impact

This section outlines the key features which we identify as being essential to delivering effective family help. We then go on to consider the outcomes and cost data in the next section.

Effective referrals processes

Effective referral is at the heart of providing good quality family support. Currently high thresholds to receive a service and other practical barriers mean that all too often families do not receive help until very late. Families can find themselves not receiving any support until a referral to social services has been made and the family is deemed "at risk" of needing social care intervention. In these situations families have often lost trust in professionals making it difficult to make progress particularly if change is expected to be achieved in a very short period of time.

Our experience demonstrates that when family hubs offer "universal" services and an open front door this can be effective in providing a gateway to reach families. Families who attend universal groups such as "stay and play" are able to develop good informal relationships with workers – which can make parents more open to being referred to ongoing support if necessary. It also provides an opportunity to identify challenges such as domestic abuse or poverty, that parents may be reluctant to disclose.

Early identification of need – Mary's story (name changed)

A mother called Mary attended a Family Play group and the staff noticed immediately that English was not her first language. Luckily we had a volunteer supporting the group who was fluent in Mary's first language so she introduced herself to Mary and started a conversation about her child. Mary said she was worried about her child's language development, so the volunteer called an early help worker down to talk to Mary and translated the conversation for both of them. It was decided that Mary would benefit from a Building Blocks course, so Mary and the volunteer were invited to attend. Mary went to the first session but was so overwhelmed by the group situation that she gained little from the experience and said she would not go again. At this point the worker and the volunteer decided that one to one support was what was needed if Mary was to get the support and guidance she required. The worker and the volunteer planned and delivered several translated sessions on a one to one basis. Mary was really grateful to everyone for their help and now attends the group on a regular basis. Her child's language skills are progressing well.

Family support services work best when building relationships with other local services such as schools, youth services, health care and the police. This enables them to reach families earlier and before problems become entrenched. Good family support is more effective when it includes outreach work. This includes workers going into schools to talk to parents directly. Learning from our See, Hear, Respond programme (referenced above) shows how effective good outreach can be at reaching those who need help.

Innovative ways of reaching families in need of help – learning from the pandemic and Barnardo's See, Hear, Respond programme

During the pandemic Barnardo's led a unique and innovative COVID-response programme called See, Hear, Respond (SHR). Commissioned by the Department for Education (DfE) and collaboratively designed by Barnardo's and the DfE, the programme was delivered by 87 national and local charities and community-based organisations and supported over 100,000 vulnerable children who were struggling as a result of COVID but did not access statutory support.

Key to the project's success was the way it worked with smaller delivery partners and local promotion to enable families to come forward – this was more effective than a national campaign. Stakeholders also reported that schools played an important role in referring children.

SHR was delivered through a mixed economy of organisations, work strands and support packages and this meant that children and families were able to access support in a way which was tailored to their needs. This was well received by the families with 98% of families reporting feeling listened to, 95% reporting feeling respected and 89% reporting they had a say in decisions made about their support.

Delivering comprehensive support packages

Barnardo's family support programmes focus on helping families to achieve long lasting and sustainable changes. To do this we work with families to address a wide range of underlying challenges that can affect parents ability to parent effectively. Good family support services work with families to address a wide range of issues, including benefits, housing, employment, and family contact.

Successful family support should begin with a thorough and sensitive initial assessment to ensure all potential issues are identified.

Delivering a comprehensive family support package – Anna's story (name changed)

A mother called Anna reached out to a Barnardo's practitioner when asking for vitamins. She explained that she was having a challenging time following a recent break up. She was now in a two bedroom bungalow and was finding living alone with her young child isolating and lonely. Anna was experiencing anxiety and low mood and not eating properly due to an eating disorder. She also reported having troubles with her daughter's dad around contact. It was identified that Anna needed support in a number of areas including:

- Her mental health and wellbeing
- Arranging contact between her daughter and her dad
- Managing her money now she lived alone for the first time
- Accessing a 2-year-old childcare place for her daughter
- Guidance around routines and boundaries
- Accessing groups to build her social networks and enhancing her daughters' social skills

Anna attended most weekly sessions which enabled her to build up a positive relationship with her family support worker. In turn this meant the family support worker was able to have a strong holistic view of needs and put appropriate support in place. This included:

- Completing the parental emotional well-being package of support enabling Anna to build her independence and giving her the confidence to get out and about with her daughter, including going on walks or trips to the park.
- Providing Anna with an activity pack also gave her ideas of activities to do with her daughter which reduced the time spent in front of a screen.
- Signposting Anna to mediation enabling a place for contact between the child and their father.
- Referral to the well-being team enabling Anna to get support with anxiety and her eating disorder.
- Referral to the Salvation Army to access food parcels alongside nappies and wipes from the family centre as well as advice on budgeting.

Anna appreciated the comprehensive offer of support that she received enabling her to make multiple changes to her life that improved the quality of her relationship with her daughter, as Anna herself commented:

"Just talking with you about things that can be so little, make me feel a weight has been lifted and I can overcome it. Doing the little tasks you suggest such as writing things down helps me visualise my obstacles and helps me overcome them. It is building my confidence which I lack greatly."

Effective multi agency working

Excellent multi agency working is at the heart of effective family support services. Our family support workers need to develop relationships not only with the families they support but also with a variety of other stakeholders.

The advantage of the family hub model is that it places the hub at the nerve centre of the community and enables centres to build effective local partnerships with a range of other organisations. This can include providing physical space to organisations to come in and deliver work directly with children, young people and families. Workers we spoke to described many examples of ways they had effectively built relationships with other services within the community to co-deliver services. Some examples of these are provided in the box below.

Joint working examples from the Barnardo's Isle of Wight Integrated Early Help Service

Therapists including speech and language and occupational therapy: Speech and Language Therapists and the special educational needs (SEN) team are invited to sessions which are delivered in partnership with our frontline workers. There have been an increase in families accessing support and courses because of this. Staff from both organisations have been able to work together on a care pathway with Speech Therapy so that parents access our Language Builder course prior to a referral to ensure that any normal developmental delay is ruled out. This ensures that the right support is delivered at the right time.

Youth offer providers: The family centres have been a safe space for a local youth group to offer their regular LGBTQ sessions and also the weekly drop-in sessions that started early in 2020. The hub has worked in partnership with the youth group and our frontline workers have been able to continue sessions when staffing was an issue for the provider. Both groups have increased the reach to these particularly vulnerable groups of young people.

Local Housing Providers: A specialist from the hub worked in partnership with the family support worker at a local housing provider to deliver weekly workshops and targeted sessions. These have been developed in response to the expressed needs of the residents and have included attuned parenting, language development, and child-led play.

Flexible delivery

Good family support needs to be adaptable, recognising the need to shift focus as the needs of individual families change.

The COVID-19 pandemic has created many challenges for those working with families but it has also brought opportunities to think differently about how we deliver services including remotely and online. Services have found that these options have enabled them to reach families they would otherwise struggle to engage. A good example is new mothers who did not feel confident going to a service in person, but were grateful of the opportunity to join breastfeeding classes on Zoom.

Some families have also found themselves facing additional challenges as a result of lockdown, and our family support services have had to adapt their operating models to meet these needs.

Supporting families through challenges of the pandemic

Our service worked to provide support to a single parent family with two boys from a traveller family. Both children have severe tooth decay due to being given custard in a bottle from a young age. Neither have ever seen a dentist. The service worked hard throughout the pandemic to ensure they were registered with a dentist and were given an appointment for an emergency check-up once the dentists reopened. The mother was also unable to read or write and therefore did not understand the restrictions in place. We were able to carefully explain to her the UK Government regulations around COVID-19. A development assessment was also undertaken for the youngest child as their behaviour was becoming unmanageable without the same routine. He has now been referred to the paediatrician due to the results of this ages and stages questionnaire.

The family support workers we spoke to for this report explained how they have been adapting to meet changing needs. Some of the ways highlighted to improve engagement included:

- Providing a hybrid model of in person and telephone/remote engagement so that families did not have to attend every week.
- Funding for transport particularly in rural areas to enable families to attend sessions.
- Providing on-site childcare for families with pre-school children – running sessions during the school day can also be helpful.

The economic case for investing in family support – case study from Barnardo's work in the Isle of Wight

While public debate over the last decade has highlighted the importance of family support services, significant reductions in funding for local authorities has meant that many have had to reduce their spending on early support. Recent analysis by Pro Bono Economics on behalf of several children's charities, including Barnardo's, found that while council spending on late intervention has increased over the last ten years, spending on early preventative interventions declined by 48% between 2010-11 and 2019-20[19].

Barnardo's believes that effective family support services can achieve meaningful improvements in families outcomes as well as reduce the need for more extreme interventions including the need for care proceedings. This has the potential to achieve savings for the state in the longer term.

In this section we explore the outcomes and financial savings achieved by a family support service – our intensive family support service delivered on the Isle of Wight. Using data gathered from this service we illustrate how it has improved outcomes for families and estimate approximate cost savings from the intervention.

Outcomes from family support work

Families supported by the service are assessed against a variety of different outcomes for example parental mental health, substance abuse, entering employment or training and the specific points on the risk scale differ depending on the outcome concerned. A family who is considered at very high risk against a particular outcome will be assessed at a 5, and those at lowest risk at 1.

Example: Risk of domestic abuse

Outcomes	5 (worst)	4	3	2	1 (best)
Not exposed to domestic abuse/ violence **(average first score = 3.3, average last score = 1.8)**	Parent and/ or children accommodated outside of home for own safety.	Frequent and significant domestic abuse evidenced by child/young person.	On-going domestic abuse not evidenced by child/young person.	Infrequent instances of domestic abuse not evidenced by child/young person.	A 60% reduction in known domestic violence or abusive incidents over a six-month period.

19 https://www.barnardos.org.uk/get-involved/campaign-with-us/publications

Families are assessed against the scale both when they arrive at the service and when they leave with the expectation they will move down the risk scale from higher risk to lower risk during the course of the intervention.

The following table shows the outcomes for the families that the service worked with in the last year (2020/21). It shows the average starting risk score for four indicators, and the average leaving risk score. As can be seen the service typically moves the families down over one point on the risk scale for each outcome because of the service intervention.

Outcome	Number of families	First score (average)	Last score (average)
Improved mental health and well-being	161	3.8	2.2
Reduced/safer consumption of controlled substances	18	4.4	2.4
Not exposed to domestic abuse/violence	64	3.3	1.8
Enter & sustain employment, education or training	100	4.8	2.8

Cost savings

Barnardo's believes that while investing in family support requires funding in the short term, this is more than justified by the improvements in outcomes for children and families, and also by the related savings to the state. While it is difficult to predict a family's potential trajectory in the absence of intervention, by making some conservative assumptions we can estimate how much investment this service has saved the state in 2020/21.

The analysis uses a cost savings approach which has two main elements:

1. **Factual scenario:** the cost of running the intensive family support part of the service.
2. **Counterfactual scenario:** calculating the fiscal, economic and social costs that would have been incurred in the absence of the service, which can be interpreted as cost savings.

In calculating the cost associated with working with these families we used the database produced by The Greater Manchester Combined Authority (GMCA) Research Team (formerly New Economy). The unit cost database brings together more than 600 cost estimates in a single place, most of which are derived from Government reports and

academic studies[20]. The database gives us the highest level of costs that are incurred by the state for a family facing the highest level of risk for a particular outcome, such as domestic abuse or poor parental mental health. For example, the database assesses what the cost would be of needing to provide long term mental health support, the average cost of domestic violence incidents and the cost of dealing with an anti-social behaviour incident.

Based on the descriptions of the costs in the database, we have matched these with the relevant outcomes measured by the service. We have assumed that a family who was at risk level 5 would incur the maximum cost as calculated by the Manchester cost database and a family at risk level 1 would incur no subsequent cost to the state at all. We have then prorated the reduced costs against the different outcome measures – so assumed a family assessed having a risk of four will incur 80% of the costs of a family at risk level five. We have also assumed that a family who received no intervention would stay at the same outcome risk they were assessed at when they entered the service (this is a conservative assumption as in reality without intervention many families would end up at increased risk).

Looking at the average reduction in risk score for each outcome for the families the services worked with in the last year we can then provide an estimate of the reduced costs to the state the service achieves. We can then compare the running cost of the service with these fiscal, economic, and social costs if families did not receive any intervention.

This calculation shows that **for every £1 invested in the service, the saving in costs to the state is about £2.60. Based on this, we have concluded that for families helped in the last year, this single service produced savings to the state of approximately £1 million in the year 2020/21. Additionally, we believe the investment is likely to provide additional savings based on improved outcomes for these families in coming years.**

20 https://www.greatermanchester-ca.gov.uk/what-we-do/research/research-cost-benefit-analysis

Policy recommendations

Universal access to high quality support for families is essential if we want to 'level up' opportunities for children and improve their outcomes.

We believe that this support is best delivered through a "hub" available to all families in the community with children aged 0-19. The idea is that families should be able to access joined up, integrated support – either in person or online – which is easy to navigate, trusted, and where they only need to tell their story once. To achieve this, we recommend:

1. **Multi-year investment in the services families need.** This should recognise that positive outcomes and financial savings from early support can take a number of years to materialise.

2. **The UK Government sets out a national framework for delivering 'family hubs' in every community, whilst maintaining local discretion.** The recently established National Centre for Family Hubs could help to define this alongside identifying and disseminating best practice.

3. **Family hubs should include both universal services and targeted support for families with the greatest need.** Family hubs work best when they are fully embedded within the communities they serve. This is best achieved by providing a centre where any family can go to access basic parenting advice and universal services combined with the provision of specific specialised support for those who need it.

4. **A Cabinet Minister for Children.** Given the central importance of support for children in achieving the UK Government's 'levelling up' objectives, we believe there is a strong case for a Cabinet Minister with specific responsibility for overseeing improvements in children's outcomes and the resulting cost-savings.

5. **UK Government leadership on the move towards hybrid – physical and digital – delivery of services.** This should include investment in digital offers for families, in order to complement, but not replace, face-to-face support. Additionally, there must be a clear plan to end digital poverty and exclusion, so that everyone can access the benefits of the online world.

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All images are posed by models. Names have been changed to protect identities.

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