An evaluation of child and family support services

A key principle of the Children Act 1989 is that families in need should have access to services which enable them adequately to care for their children, and that local authority social services should work to prevent the need for children to be accommodated in public care whenever possible. This study provides insight into the working practices of one Child and Family Support Service in the UK. Researchers, Geraldine Macdonald and Emma Williamson of Bristol University, found that families and children valued highly the help they received from the service but a number of structural and organisational constraints reduced its potential effectiveness.

The Child and Family Support Service (CFSS) was dealing with problems whose origins often went back years, with earlier opportunities for more effective attempts at influence or remedy missed.

The CFSS was expected to turn around entrenched problems within the context of limited and generally short-term pieces of work with families and young people.

Assessments of the nature of the problems faced by families and children were not happening routinely. Those that were carried out were often marked by problems that undermined their quality and usefulness.

As with assessments, families were unclear about working agreements and action plans. They often did not know what the workers were trying to achieve or how they were trying to achieve it. First meetings between families and CFSS workers, however, revealed that families felt they were listened to and taken seriously.

In contrast to their experience of locality social workers, families valued the service, found the CFSS workers easy to talk to and particularly appreciated their reliability and availability.

There was scope for a more ‘logical fit’ between the problems that families and young people were facing and the services provided to address these. Knowledge about what works with what sorts of problems, and in what circumstances, appeared not to be informing delivery on the ground.

Staff were working against the odds, doing their best to provide a quality service in the absence of a systematic strategy for continuing professional development coupled with support and time to keep abreast of relevant research and training.
This study provides insight into the working practices of one child and family support service in the UK. The study suggests that managers and practitioners need to address some of the structural problems that stand in the way of providing a responsible and accountable service.

Early and timely help
There was clear evidence that problems had been developing over a period of time and that referrals were arriving too late to catch the optimum chance of preventing school exclusion and/or family breakdown. Parents had often noted early behaviour problems but were now trying to handle many of the far more challenging problems that these are frequently associated with, for example, school non-attendance, conduct disorders, aggression and delinquency. Overall the data confirm a long history of problems that are not being addressed by social services or other relevant agencies. By the time they got to the Child and Family Support Service (CFSS), many families were already in desperate need of help and for some this was the first time that anybody had appeared to be responding to them. This suggests that child and family support services could be more effectively provided as a secondary prevention service rather than a purely tertiary prevention service. The evidence also raises the question of whether one can tackle problems at school anywhere other than in the school itself and whether some CFSS staff might be more appropriately located within schools, rather than within social services.

Appropriate interventions
Given the complex and entrenched problems that families and young people had, the service response that the CFSS was able to offer was insufficient. The CFSS workers were expected (by the social services department) to work on a time-limited, short-term basis with families. Following review, the work could – in principle – be extended for a further period if this was considered appropriate. The interventions were generally restricted to areas of influence within the family itself. The CFSS would have had more chance of achieving positive outcomes for some families with a longer-term, multi-faceted approach. This profile suggests a range of service interventions needs to be available to meet the complex needs of these families including, for example, family therapy, relationship counselling and cognitive-behavioural approaches. Timely help requires a collaborative approach with education and health and may entail rethinking current boundaries, or responsibilities and locations of workers. The local authority studied had gone some way down this road already in its collaboration with the education department.

Improving assessments
In order to make appropriate decisions about how best to tackle particular problems, it is important to understand how these problems develop over time; what factors maintain them; and what factors help to ease them, or to mitigate their consequences. Coupled with this understanding, workers need to be able to select and implement those interventions that are known to be most effective in these circumstances. Assessment is an important component of this evidence-based approach to decision-making.

The study found many ways in which assessments could be improved. This is not an indictment of individual workers and their practice, but reflects a wider need for investment by social services departments and those responsible for qualifying training. Assessments (where they existed) typically suffered a number of weaknesses. They rarely:
- contained a social history;
- provided an account of how the families’ problems had developed over time;
- drew together information from a range of sources;
- made explicit who had contributed to the assessment, where it had taken place, or how long it had taken;
- contained any reference to a theoretical framework or an empirical basis for the approach taken;
- made explicit the assumptions that workers brought to the assessment task, concerning why or how the problems had developed.

Only rarely were assessments shared with parents and hardly ever with the child or young person. Families often thought the CFSS were doing an assessment when, in fact, they were not.

Making assessments covers more than gathering information; it is a skilled activity. Although the subsequent publication of the revised Department of Health Framework for the assessment of children in need

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(2000) provides a useful structure to work with, this research suggests a number of conditions that managers still need to consider if practitioners are to be able to improve their practice:

- **Time to do it.** Recording is a time-consuming activity and for overworked staff recording inevitably takes a back seat, except for the most conscientious of practitioners.
- **Practical support.** Staff in this local authority had poor administrative back-up (in terms of quantity) and minimal access to Information Technology.
- **Opportunities for practising and developing skills.** No framework, however appropriate, can compensate for an absence of skill in this area.

**Agreeing goals and action plans**

In the service studied, goals tended to focus on fairly limited areas, rather than addressing the range of needs presented by families. This perhaps reflects the workers' tendency to work on areas where they felt they could have some influence. A further difficulty was that staff often did not distinguish between the 'overall purpose of the work' and 'desirable outcomes'. For example:

- '[Parent] would like to see a change in the children’s attitude.’
- '[Parent] to feel more in control of her reactions and of [child’s] behaviour.’

Unless ‘pinned down’ to specific changes such aims are almost impossible to monitor. For example, anything could be described a ‘change in the children’s attitude’. Similarly, feeling ‘more in control’ is difficult to ascertain, but more importantly feeling more in control does not necessarily mean that one is, although it might be important in its own right. Some agreements were exemplary in the specificity of the changes they identified, for example:

- ‘For [child] to carry out some chores in the house.’
- ‘[Parents] to have better control of their bills and finances. For [father] not to swear and shout at the children but be able to talk to them. For [parents] to spend more social time with the children, going out to visit places, family and friends.’

Best practice indicated in whose opinion these changes should occur and described desired outcomes that were observable, specific and stated in simple language.

**Families’ experience of the CFSS**

For the purposes of this study, the lack of clear outcome indicators and the limited scope of goals — combined with the long-term nature of the families’ problems — obviously presented a challenge in terms of evaluation. The general picture of improvements in families’ problems (as perceived by families and by CFSS workers) was not as encouraging as one might hope and certainly fell short of some parents’ expectations. The reasons for this are discussed above.

The research does show, however, that the majority of service users valued the help that the CFSS staff were able to offer and would recommend the service to others. In many cases, it was the only help they had received after years of struggle. They valued being listened to and having the opportunity to talk things through. Where there were problems, these appeared to stem from a failure to communicate the rationale behind what was proposed, rather than the work itself.

Families were generally positive about CFSS workers, in contrast to their views about locality social workers. They felt CFSS workers were more able to engage with families; to take their problems seriously; and not to be judgemental.

At the heart of this dilemma is the long-standing issue of ‘care and control’ or ‘support and protection’, with the CFSS able to provide more of the first two with only minimal (though clearly stated) obligations to the latter. Field social workers are less able to engage in roles that would have been commonplace even ten years ago, namely providing therapeutic help and assistance. At the same time, they are gatekeepers to scarce resources such as the service in question here. Service users often felt aggrieved at the lack of help they had received from locality team social workers and at not being referred to the CFSS earlier.

**Designing a service with a ‘logical fit’**

Quality assessments, clear goal setting and carefully chosen interventions are the hallmarks of an evidence-based approach. The study indicated that the agency could develop a more judicious approach to decisions about how to tackle problems. This
relates not only to individual practitioners, but also to teams and departmental policy. Evidence-based work is not simply about acting on the evidence. It is about considering the evidence in the context of other concerns, for example, the professional’s expertise, knowledge and experience. But it does highlight the need to know what interventions are most likely to be effective with which people, facing which problems, in which circumstances.

One of the questions put to the workers participating in this study was how the teams had determined the range of services they should provide. Most respondents found this very difficult to answer. What was missing in each case was a sense of why certain approaches (such as group work, counselling, family therapy) had been adopted. How were they thought to address the needs of families and young people? What was the evidence for their choices, either in terms of how they perceived problems or what they know about particular interventions?

The CFSS in this study favoured a counselling approach: for example, workers met with parents and/or children on a weekly or fortnightly basis, to discuss problems and look for solutions. While this approach is clearly important, it may not be a sufficient response for many of the problems the workers were seeking to address. Evidence from families themselves, and from the wider literature, suggests it is not.

Support and professional development
In-service training was mainly practitioner-led (and often paid for by workers themselves) rather than influenced by a strategic or evidence-based view of what skills were required to address the range of problems presented to the service. In common with other studies, workers did not have the time or organisational support to give priority to reading and keeping up with current research in their field.

About the project
The final design of the study was rather different from that originally envisaged. A planned comparison group ‘disappeared’ when the social service department reorganised. The study collected information from five sources:

- A content analysis of the records of 152 families who had received help for the CFSS and whose cases were closed.
- Interviews with social workers and interviews with service-users.
- Background interviews with all family centre staff.
- An analysis of working agreements, reviews and closing summaries of those cases referred to the CFSS.
- An analysis of data available from the management information system to identify what had subsequently happened to children in relation to placements or exclusion from school.

How to get further information
The full report, Against the odds: An evaluation of children and family support services by Geraldine Macdonald and Emma Williamson, is published for the Foundation by the National Children’s Bureau (ISBN 1 900990 14 8, price £12.95 or £9.95 for NCB members, plus £3 p&p for orders under £28).