Evaluation of child poverty pilots: delivering improved services for separating parents

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Department for **Education**

Contents

Foreword

This evaluation of the Child Poverty Pilots: Delivering Improved Services for Separating Parents was undertaken by a partnership consisting of the Tavistock Institute for Human Relations, Bryson Purdon Social Research (BPSR) and TNS-BMRB. The Tavistock Institute had overall responsibility for the study and also led on the qualitative elements. BPSR led on the quantitative elements and TNS-BMRB conducted the survey of families.

Those responsible for writing this report are Judy Corlyon, Laura Stock, Matthew Gieve, Olivia Joyner and Thomas Spielhofer from the Tavistock Institute and Caroline Bryson and Susan Purdon from BPSR. However, we are grateful to several others for help during research-intensive periods: Rachel Phillips and Richard Brind (TNS-BMRB), Fiddy Abraham, Coreene Archer, Camilla Child, David Drabble, Sohier Dani, Giorgia Iacopini, Daphne Saunders, Juliet Scott, Mannie Sher and Milena Stateva (from the Tavistock Institute) and Shirley Russell (freelance researcher).

We are very appreciative of the assistance and patience of the project managers and staff in the pilot sites who have responded to our requests with unfailing politeness even though these were often delivered at times of great stress for them. We remain, of course, indebted to the parents who took part in the evaluation and allowed us to intrude into sensitive areas of their lives at very difficult times.

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1. Executive summary

Between October 2009 and March 2011 ten partnerships, consisting of voluntary and statutory services, received Government funding to provide services under the umbrella of *Child Poverty Pilots: Delivering Improved Services for Separating Parents*. This initiative was part of a suite of nine Child Poverty Pilots operating across England since 2008, representing a varied set of policy interventions, each testing a range of different approaches to reduce child poverty.

The aim of this initiative was to test how best to co-ordinate local services for separating and separated parents and their children, especially those who are disadvantaged, in order that access to financial, practical, legal and emotional help could be speeded up, and parental conflict and the negative impact of separation on children's outcomes minimised.

The rationale for funding this initiative was the fact that annually around 350,000 children in the UK were affected by their parents' separation and there was well-documented evidence of the far-reaching emotional, social and financial effects on them, as well as on their parents, when a relationship ended.[1] Children's academic success, behaviour, psychological well-being, self-esteem and peer relations could all be negatively affected and especially so if the separation and its aftermath were acrimonious. A poor relationship between adult couples is not only detrimental to themselves but is also likely to produce negative outcomes for their children, by impairing the ability to provide effective parenting and inhibiting regular and positive contact between children and their non-resident parent. Parental separation also typically comes at a financial cost to the state, estimated recently as £37 billion per year.[2] But family breakdown and crisis can also lead to economic disadvantage for children, given the increased risk of parents dropping out of the labour market or having difficulties gaining employment which accommodates childcare responsibilities, which then increases the number of children living in poverty.

The Coalition Government's strategy (*A New Approach to Child Poverty: Tackling the Causes of Disadvantage and Transforming Families' Lives*) designed to meet the requirement to reduce child poverty as set down in law in the Child Poverty Act 2010, focuses, *inter alia*, on improving the life chances of the most disadvantaged children by strengthening families and providing support to the most vulnerable.

Evaluation methodology

In September 2009 the Government commissioned this evaluation, to be conducted by a partnership of the Tavistock Institute for Human Relations, Bryson Purdon Social Research (BPSR) and TNS-BMRB.

The evaluation's overall aim was to explore both process and, as far as possible, impact through providing evidence on how effective the pilot projects had been in coordinating local services for separating and separated parents and their children so that access to relevant services could be gained quickly, parental conflict was minimised, and there was reduced risk of children being negatively affected by the separation. Owing to the relatively

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[1] Invitation to Tender: Child Poverty Pilots, Delivering Improved Services for Separating Parents. (2009) Department for Children Schools and Families: London
[2] Lynas, P, Trend, M, Ashcroft, J, and Caroe, P (2008). *When Relationships Go Wrong – Counting the cost of family failure.* Relationships Foundation: Cambridge

brief time period of the evaluation it was not possible to measure longer-term outcomes such as child educational performance or families' improved emotional well-being.

Using a multi-methods approach, the research was designed to provide an overall assessment of the pilots and to draw out any implications of the type of model(s) and costs should such an initiative be rolled out nationally. Quantitative data came from monitoring information collected by the pilots on 1,944 parents and the services they had received, and from a telephone survey of 292 of these parents after their engagement with the pilots. Data on performance and cost provided by the pilots assessed the relative cost-effectiveness of the pilots. Qualitative data came from interviews with the ten project managers and 41 delivery partners in the pilots at the beginning and end of the study and from interviews with 75 parents after they initially accessed services, and where possible followed up three months later.

Findings

Despite receiving funding for 18 months, pilots were able to dedicate only half to three-quarters of this time to the delivery of services. This was partly because establishing the partnership and setting up the pilot took longer than many had anticipated and partly because the approaching end of the funding, with no prospect of renewal, signalled a need to wind down services and stop taking on new clients. This affected the number of families who accessed the pilots (3,254) which was significantly lower than the overall target. In turn, this increased the estimated average cost per parent using a pilot (£1,950) which might well have been much lower if the investment of resources had stayed the same but more families had been referred.

In terms of effective partnership working, the ability to work collaboratively owed more to factors such as partners' shared values, trust, clarity of roles and targets, and clear leadership from project managers than it did to the sector (statutory of voluntary) from which individual organisations or project managers came.

Although the pilots helped separating or recently separated parents, they also focused on improving the speed of service provision in relation to the emergence of a problem along the separation journey. Hence the pilots also provided support to a number who had lived apart for some time. As part of the process of separation, which can last for some time and can fluctuate with the advent of new partners and changed circumstances, new problems arise which many parents are unable to resolve themselves. Similarly, the focus of the pilots was on disadvantaged families whereas several parents who were in employment and were home owners, and thereby did not meet the accepted criteria of disadvantage, also used the pilot services. However, where incomes were low and/or family debt was present, living apart could place such families in poverty. Consequently, it might be advisable to further widen the reach of such interventions to include any separated parents, regardless of the length of time since their relationship ended, as well as those at risk of suffering financial hardship after separation.

The majority of parents accessed a pilot alone rather than as a couple and mothers were far more likely than fathers to attend. Nevertheless, the pilots were successful in engaging with a considerable number of fathers (about a fifth of all parents) which was notable in view of the known reluctance of men to use services of this kind.

The need for practical support such as conflict resolution and financial or housing advice was the predominant initial reason for parents to seek help. However, a substantial number of mothers looked for support in dealing with domestic violence. This suggests a continuing need for voluntary sector services able to deal with this issue at especially vulnerable times in parents' relationships.

Whether or not parents had initially accessed pilot services in need of emotional support, the services provided under this umbrella (such as individual counselling) proved to be the ones which parents most valued. Parents considered that they were not only most beneficial in the short-term but also had the potential to help them in the longer term. Mediation, on the other hand, which was often the primary reason for parents' use of services, was not as successful since it relied on mutual parental co-operation which was not always forthcoming.

There was overall satisfaction from parents with the process in respect of timing, location and staff. Significantly, in view of the aim of the initiative, they also appreciated the ability of pilots to refer them quickly to other services when necessary.

In meeting their overall aims, the pilots appeared to have been as successful as they could have been, given the time constraints of both their implementation and this evaluation. The findings suggest that, for substantial proportions of the families, their circumstances and well-being improved during the (albeit brief) period when these could be assessed. According to the parents interviewed, the pilots played a significant role, particularly around improving family relationships and parent and child well-being. There was a less noticeable impact on contact and financial outcomes, but this might have been different if a longer-term study had been undertaken.

On the whole, individual service aims correlated reasonably well with outcomes: emotional support for parents was effective at improving parental well-being, and services focusing on children were effective at improving child health and behaviour. Thus, offering a wide range of services and recognising the needs of individual families who are separated or separating appears to be the key to realising the full benefits of initiatives such as this.

The lives of families accessing the pilots which offered wider services (group A) were more likely to have improved, with better outcomes, than those of families in the areas offering a narrower set of services (group B). Parents also preferred this service model, as the more holistic pilots offered them a greater choice of services, the ability to move seamlessly from one service to another, or to access services of different types simultaneously, as well as more time with a member of staff. In the absence of a comparator group it was not possible to measure the extent to which this also meant that access to services was speeded up for separating families, although it did mean that their access to such services was facilitated.

However, the group A pilots were associated with a considerably higher cost per family than those which offered fewer services (£3,400 compared with £1,100) principally because the time spent with each family was so much greater. In this study it was not possible to determine whether the greater investment brought longer-term advantages in terms of positive parent/parent and parent/child relationships, a reduction in poverty for separated families and better outcomes for children. A longitudinal study would be needed to determine whether these pilots were more successful in bringing sustained improvements than those which offered fewer services but cost less.

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Key Messages and Learning Points:

	Overall Learning Points: What worked well
Model of delivery	• Pilots providing a wider more holistic set of services (group A) were more effective than those delivering a narrower set of services (group B). • Parents had better experiences of the former model and this approach led to better outcomes, especially parents' financial circumstances, health and well-being. • A holistic one-stop shop service made it easier for parents to access and navigate support available, and not get lost in a system of multiple providers. • This avoided parents contacting different providers themselves, and the stress of repeatedly explaining problems to different staff or being inappropriately referred. • However, pilots offering a wider set of services had a higher cost (see below).
Location of delivery	• Delivering services from one location could aid the referrals and encourage communication and partnership working among staff from different services. • Delivering services via several locations may be more suited to some areas (such as rural areas) to provide easier access to hard-to-reach parents.

Partnership working	• Perceived benefits of a smaller partnership included greater communication and understanding of other partners' expertise and culture; wider partnerships had the advantage of providing a broader network to make and receive referrals.
	• The advantage of having a local authority as the lead was to increase the profile of the pilot; the disadvantage was being perceived as too distant from delivery.
	• Effective partnership working was aided by:
	  - Involvement of partners in writing the bid, creating joint ownership.
	  - Clear roles: having a nominated coordinator to manage the pilot; partners with complementary skills; putting formal partnership agreements in place.
	  - Cohesive working: joint staff training; staff located in partners' organisations establishing shared goals, protocols and systems e.g. to share information.
	  - Communication: regular partnership and operational meetings; space for practical as well as strategic issues e.g. to jointly discuss family cases.

Recruitment of families	• Most parents heard about the pilots from professionals, hence networking with existing providers and wider stakeholders was most effective to reach parents. • It was therefore important to allocate sufficient time (3-6 months) for new pilots to become established: to build new partnerships, systems and for networking. • While client numbers overall were low, the pilots recruited a high proportion of hard-to-reach groups through engaging wider referral organisations: one fifth were fathers; 20 per cent were BME and one fifth were domestic violence cases.

Referral process	• Developing quality inter-personal relationships between staff led to better and more timely referrals, through increased understanding of what different services can and cannot provide to parents.
	• Having a single point of contact and referral was most effective, by:
	  - providing multiple services in one geographic location.
	  - having a central administrative 'hub' as a single point of contact for parents to manage their referrals.
	  - having a single key case-worker to guide parents through multiple services.

Assessment process	• 3,254 parents were referred to the pilots, and 2,135 were then assessed. • Having a common standardised assessment process across services was helpful to refer parents on to the most appropriate type of support. • Parents using pilots that offered a wider set of services (group A) were more likely to feel that providers understood their needs 'very well'. • Staff knowledge of separation was beneficial: parents did not disclose their separation immediately and more problems arose as relationships fluctuated.

	• Building rapport and trust with parents was a critical factor in staff being able to effectively engage parents in their services.
Numbers & characteristics of families	• Of the 2,135 families offered an assessment 1,944 (96 per cent) were then offered a service. • Client numbers were considerably (50%) lower than expected: the process to set up pilots took longer and the pilots had to wind down earlier than anticipated. Most were only in full operation for 9 to 12 months which affected client numbers. • The pilots were mainly working with only one parent and this was more likely to have been the mother. It was challenging getting couples to engage.
Services sought and received	• A quarter of parents did not know what support they wanted or was available. • When parents approached a pilot together they were more likely to be seeking conflict resolution, mediation or counselling. • The primary concern for mothers with high needs attending alone was practical advice on finances and housing or domestic violence. • Fathers approaching the pilots alone were likely to be seeking help with contact. • Recently separated families were more likely to be looking for practical advice around housing and benefits. The longer the time since separation, the greater the proportion of families wanting help with contact issues or mediation.
Delivering support	• Parents valued having an objective and confidential person to talk to about their relationship difficulties: emotional support was the most helpful type of service for parents. Mediation was less helpful due to their ex-partner not cooperating. • Staff with knowledge of a wide range of issues, such as housing, emotional support, benefits, legal and contact issues were most useful to parents. • Flexibility in staff contacting parents: in scheduling meetings, contact by phone or text, making home visits, or accompanying parents to appointments. • Long-term contact with a single case-worker: if new separation difficulties emerged, it was important for parents to be able to re-contact the same worker. • Barriers which could prevent parents from using services were: financial (cost of services, travel and childcare); practical (located too far away; inflexible opening hours); lack of awareness of services; and anxiety (stigma in asking for help).
Impact & outcomes of the pilot	• Ten per cent of parents reported improved financial circumstances as a result of the pilots, with greater outcomes in pilots offering a wider set of services (group A). • Mothers' and fathers' housing stability noticeably improved: 43 and 37 per cent respectively were no longer concerned about housing at follow-up. • Proportions of domestic violence cases did not change, as any cases where improvement was seen were largely replaced by newly disclosed cases. • In one in five cases where there was less than daily contact, there was improved frequency in parental contact or between non-resident parents and their children. • At least a third of parents reported an improvement in family relationships. • The pilots had the greatest impact on children's and parents' socio-emotional well-being: seven in ten parents reported improvements in well-being. • The provision of a wider set of services at a higher cost (group A) was associated with higher levels of improvement on all health outcome measures.
Relative costs of pilots	• Across the pilots the costs per family ranged from £5,240 to £820. Overall, these costs were higher than anticipated due to lower client numbers. • On average it appears to cost around £3,000 per head to generate a reasonably rapid improvement in the lives of separating parents and their families. • However, the cost per family in group A pilots was £2,300 greater than in group B. • Around 10 per cent of parents who used a group A service rather than a group B had better outcomes: this suggests that every additional family experiencing improvement using the group A pilot came at a cost of £23,000.

2. Introduction

2.1. Background

In December 2008 the Government announced a package of measures to improve support for parents and children facing family breakdown. This included the establishment of ten local pilot projects in England to explore how to provide better co-ordinated support and services for separating or recently separated parents, especially those who were disadvantaged. Funding for establishing, running and evaluating the pilot projects, which amounted to £4.75 million between October 2009 and March 2011, was part of the Government's investment in tackling child poverty. This initiative was part of a suite of nine Child Poverty Pilots operating across England since 2008, representing a varied set of policy interventions, each testing a range of different approaches to reduce child poverty.

The ten funded partnerships which had been successful in a competitive exercise consisted of statutory and voluntary services, but all differed in their actual composition, number of partners, what they proposed to deliver and the number of parents they aimed to reach. There were already specialised types of advice and support available to help with individual issues when parents separate, but none which dealt with the range of overlapping problems which these parents face. Developing a co-ordinated approach and providing integrated support was, therefore, central to the pilots.

The over-arching aim of the initiative was to test how best to co-ordinate local services for separating and separated parents and their children in order that access to financial, practical, legal and emotional help was speeded up and parental conflict and the negative impact of separation on children's outcomes were both minimised.

In order to meet this aim, the pilots needed to accomplish the following objectives:

- improve co-ordination across all the core services[3] so that there was an integrated response to the needs of separating parents;

- for more children in families going through separation, to maintain a relationship with both parents;

- to provide services accessible to, and relevant to the needs of both mothers and fathers;

- to reduce the negative impact on outcomes for children and families caused by loss of income as a result of separation;

- to remove barriers that disadvantaged families, those in poverty, or at greatest risk of poverty, often face when needing to access help that responds to the problems associated with separation;

- to enable separating parents to access help as early as possible before problems could become entrenched or escalated;

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[3] Core services included those providing support around legal issues, finance and debt, childcare, benefits and tax credits, employment, housing, family counselling, health services and more 'crisis' services such as family courts, child protection, agencies tackling domestic abuse etc

- to enable service deliverers to utilise the expertise of services in the voluntary and charitable sector which are often at the heart of the core services needed by separated and separating parents;

- to align planned services for separated parents with the wider local offer of support and services to families, led by the local Children's Trust.

It was envisaged that, as a result of these objectives being achieved, separating and recently separated parents would have;

- less debt, with quicker access to benefits;

- easier access to integrated support;

- less long-term emotional distress given less opportunity for problems to escalate;

- fewer problems with accommodation arrangements;

- more stable child contact arrangements and stronger family relationships.

Their children would have:

- stronger family support with more stable contact arrangements with both parents;

- less damage to their outcomes due to parental separation.

This would include a reduction in the negative impact on their educational outcomes, their health and their general well-being. In turn this should increase the number of children who avoid serious problems such as involvement in crime, drug/alcohol abuse and increase the number of children making a successful transition to adulthood.

2.2. Context

At the time when the initiative was proposed, around 200,000 to 250,000 couples in the UK separated each year, affecting around 350,000 children. About three million children (a quarter of all children) had experienced the separation of their parents and, at any one time, about 1.2 million children lived in step-families.[4] Parental relationship breakdown leads to far-reaching emotional, social and financial effects on all the family, not only on the adults concerned. For the children, it typically has a negative impact on outcomes across factors such as academic success, conduct (behaviour problems), psychological well-being, self-esteem and peer relations, and this is especially the case if the separation and its aftermath are acrimonious.[5]

A further factor impacting on children's well-being and future prospects is the extent and quality of contact with their non-resident parent. Strong evidence points to the benefit to children of regular and positive contact with their non-resident parent and the fact that this

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[f] Invitation to Tender: Child Poverty Pilots, Delivering Improved Services for Separating Parents. (2009). Department for Children Schools and Families: London
[5] Amato, P.R. (2005). 'The Impact of Family Formation Change on the Cognitive, Social and Emotional Well-Being of the Next Generation'. In *The Future of Children 15 (2).* Washington, D.C. and Princeton, N.J: Brookings Institution and Woodrow Wilson School at Princeton University.

is most likely to occur when their parents have a reasonably harmonious and communicative relationship with each other.[6]

However, ill-feeling between parents during and after their separation is a more common scenario, and their poor relationship is not only detrimental to themselves[7] but is also likely to lead to harmful consequences for their children.[8] Studies by the Lord Chancellor's Department between 2001 and 2003,[9] found that, conversely, outcomes for children are significantly improved by a positive relationship between parents after separation – good communication, talking without arguing, willingness to compromise, and the ability to negotiate about contact arrangements.[10]

Mooney and her colleagues at the Thomas Coram Research Unit[11] stated that after parental separation children are, indeed, at increased risk of negative outcomes but it is not the separation itself but the way in which the family later functions which is more important in terms of children's emotional and behavioural progress. The ability to provide effective parenting, which affects children's well-being, is impaired when conflict and stress are present.

One of the key determinants of poor outcomes is the financial situation of the family. McLanhan's and Sandefur's 1994 study showed that about 'half of the differences in outcomes can be attributed to differences in economic circumstances'.[12] However, it is not only the private purse but also the public one which suffers when relationships end. Exactly how much cannot be stated with certainty as the cost varies according to family circumstances, but one of the more recent estimates indicated an annual cost to the nation of £37 billion.[13]

2.2.1. Policy context

The Government in power at the time the pilots were commissioned had broadened its previous policy interest from a focus predominantly on lone parent poverty and income through to one which looked more widely at a range of outcomes for all families and children. Historically it had largely focused on trying to ensure that lone parent families were financially stable, with a range of measures about getting lone parents into paid work (via tax credit developments and schemes such as New Deal for Lone Parents) and ensuring that non-resident parents paid child support (if not voluntarily then through the CSA, now CMEC). Subsequently it had begun to consider how policy and practice could help with the relationships that separated families build and maintain, on the basis that improving the amount and quality of parental contact would lead not only to more reliable

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[6] Amato, P.R. & Gilbreth, J.G.(1999). 'Non resident fathers and children's well-being: A meta-analysis'. *Journal of Marriage and the Family,* 61 (3) 557-573

[7] Robles, T.F. and Kiecolt-Glaser, J.K. (2003) 'The physiology of marriage: pathways to health', *Physiology and Behaviour,* vol. 79, pp 409-16.

[8] Coleman L and Glenn G (2009). *When Couples Part: Understanding the consequences for adults and children.* One Plus One.

[9] Lord Chancellor's Department. (2003) *The Government's Response to the Children Act Sub-Committee Report 'Making Contact Work'.* London, Family Policy Division 2, Lord Chancellor's Department.

[10] Walker, J., et al (2004). *Picking up the Pieces: Marriage and divorce two years   after information provision.* London: Department for Constitutional Affairs

[11] Mooney, A., Oliver, G. and Smith, M. (2009) *Impact of Family Breakdown on Children's Well-Being: Evidence.* DCSF research report RB113

[12] Cited in Argys, L. et al (2003) *Non-residential Parenting: Measuring Contact between Children and Their Non-resident Fathers*

[13] Lynas, P, Trend, M, Ashcroft, J, and Caroe, P (2008). *When Relationships Go Wrong – Counting the cost of family failure.* Relationships Foundation: Cambridge

payment of maintenance (and thus reduce the public burden) but also to better outcomes for children and parents across a range of measures.

In parallel with the publication of *Families in Britain*[14], DCSF held the first Relationship Summit in December 2008, a conference between the statutory and voluntary sectors to focus on initiatives to support families experiencing relationship breakdown (following the *Kids in the Middle Campaign*). Funding was announced to develop the *Child Poverty Pilots: Delivering Improved Services for Separating Parents*, with the aim to build better co-ordinated services and local support for separating families.

Developing integrated and holistic support services for separated families was closely linked with targets to reduce and eradicate child poverty, raise standards and narrow the attainment gap between disadvantaged children and others. The *Child Poverty Bill* was introduced in June 2009[15] and, in the prior consultation, encouraging healthy couple relationships had been highlighted as an important factor in improving outcomes for disadvantaged children.[16] Moreover, there was evidence that family breakdown and crisis can lead to greater economic disadvantage for children, given the increased risk of parents dropping out of the labour market and having difficulties gaining employment.[17]

In May 2010 a new Coalition Government came into power, inheriting the legal requirement to address and eliminate child poverty as enshrined in the *Child Poverty Act* 2010. There was, however, a change of emphasis in family policy. Rather than focusing purely on financial support, current policy has shifted towards improving the life chances of disadvantaged children, whether living in separated or intact families. This was supported by two major independent reviews, by Frank Field in 2010 and Graham Allen in 2011[18] which concluded that focusing on reducing poverty by fiscal means was not the solution to determining whether children's potential could be realised in adult life. Field concluded that the previous Child Poverty Strategy had not only failed to achieve its targets and was not sustainable into the future but also that an alternative strategy was needed to reduce the chances of the cycle of deprivation being maintained. Both authors stressed that good parenting, family background and opportunities for children to learn and develop were significant factors in helping to ensure that they fulfilled their potential. This fits with the current Child Poverty Strategy – *A New Approach to Child Poverty: Tackling the Causes of Disadvantage and Transforming Families' Lives'* – which aims to improve the life chances of the most disadvantaged children by strengthening families while still providing support to the most vulnerable.

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[14] Families in Britain: An Evidence Paper. (2008). Department for Children, Schools and Families.
[15] The Child Poverty Bill (2009). HM Government. Available at: http://services.parliament.uk/bills/2008-09/childpoverty.html
[16] Child Poverty Bill Consultation Report: Stakeholder submissions and the Government's response. (2009). Child Poverty Unit.
[17] Ending Child Poverty: Making it Happen. (2009). Child Poverty Unit.
[18] Field F. (2010). *The Foundation Years: Preventing Poor Children Becoming Poor adults.* The Report of the Independent Review on Poverty and Life Chances. And Allen G. (2011*) Early Intervention: the Next Steps.* An Independent Report to Her Majesty's Government . H.M. Government

2.3. Aims and objectives of the evaluation

An evaluation of the Child Poverty Pilots was commissioned in September 2009 to run alongside the initiative. This was carried out by a partnership consisting of The Tavistock Institute, BPSR and TNS-BMRB. The overall aim of the evaluation was to explore both process and, as far as possible, impact through providing evidence on how effective the ten pilot projects had been in coordinating local services for separating and separated parents and their children so that:

• access to financial, practical, legal and emotional help was speeded up;

• parental conflict was minimised; and

• the negative impact of separation on children's outcomes was minimised.

Specifically, information was required on how well the pilot projects had succeeded in:

• enabling the most disadvantaged parents (those in, or at greatest risk of living in poverty) to access the help and services they needed at the time they were needed;

• reducing conflict between parents;

• enabling families to avoid significant reductions in income which might have had an adverse effect on their quality of life;

• reducing the negative impact on children and their progress to the *Every Child Matters* outcomes (i.e. maintaining or improving their levels of educational performance);

• enabling children and families to maintain or improve their emotional health and well-being.

However, in view of the relatively brief time-span of the pilots, the evaluation could not measure the longer-term outcomes such as child educational performance or families' emotional well-being.

Further objectives which could be addressed, and which were important in light of the diversity of the pilots, were:

• to shed light on what worked best for which parents in which circumstances;

• to explore the role of partnership working in the effectiveness of the pilots.

2.4. Methodology

Using a mixed methods approach, an evaluation was designed which explored both process and, as far as possible, impacts, in the pilot sites. The overall design consisted of a series of discrete but inter-related work-packages to provide an overall assessment of the pilots and to draw out any implications of the type of model(s) and costs should such a service be rolled out nationally.

- **Qualitative interviews with project managers and partners in each pilot** at two key points in time, namely the beginning of the study, in order to establish what they intended to deliver and how, and at the end of the study period to explore the extent to which pilots met their aims, and identify what helped and what hindered them. A total of 51 individuals across the 10 pilot sites were interviewed at the onset of the study, and 45 were successfully re-interviewed at the end.

- **Qualitative interviews with parents who had used the services**,. The first interviews took place soon after parents initially accessed services, and where possible these were followed up three months later. The aim of the interviews was to gain in-depth information from parents about the process of separation and any factors in their lives that helped or hindered them in resolving issues around the children and finance. In total 75 initial parent interviews, evenly spread across the pilot sites, were carried out in the first round and 26 parents were subsequently re-interviewed.

- **Monitoring information on the participating families** and the services they received was collected by the pilot sites and forwarded monthly to the research team. This provided data on the reach of pilots and any identifiable early outcomes. Detailed monitoring information was collected on the 1,944 families offered services by the pilots and 529 families were subsequently followed up four months later.

- **A quantitative telephone survey was carried out with parents** after their engagement with the pilots. This provided information on parents' perceptions of the services, child well-being, and other early outcomes around family circumstances and stability, family relationships and health and well-being. A total of 292 interviews with parents were achieved in the survey.

- **Data on performance and cost** provided by the pilots was used for a quantitative assessment of the relative cost-effectiveness of the pilots.

Two main factors affected the extent to which the collection of data from parents proceeded as originally intended. The first was the General Election which took place in May 2010, when evaluation work was suspended from April to mid-October 2010. This had a significant impact, whereby the evaluation methodology and timetable had to be re-designed. The second factor was that the number of parents offered services by the pilots was lower than anticipated: pilots began to offer services later and in many cases take-up was lower than expected. This reduced the time that the evaluation team had to make contact with parents and the numbers involved in all elements of the evaluation, particularly the survey, were considerably lower than had been anticipated.

The main implication is that the evaluation can only report on the short-term effectiveness of the pilots: it has not been possible to measure reported effectiveness of the services in the medium- to long-term (see Chapter 7 for limitations on measuring impact and Annex A for full details on the methodology).

3. Delivery Models

This chapter examines the different delivery models adopted across the ten pilots in providing support to disadvantaged separating parents and their children. The location where services were delivered was found to be a key distinction between the pilots. Additionally, in order to compare the relative effectiveness of different approaches, the evaluation team sought to cluster the ten pilots into typologies of pilot delivery, exploring the number and types of services provided to parents. Lastly, the chapter considers methods of partnership working, including the content, size and structure of the partnerships designed and the factors which both helped and hindered the effectiveness of multi-agency working.

3.1. Location of delivery

There were noticeable differences across the pilot sites in the location of service delivery, often responding to local circumstances, needs and the overall aims of the pilot. In the two cases where most of the services delivered were based in one site, the aim was to provide parents with a holistic service and to aid referrals between partners. This arrangement was also seen by project staff as encouraging closer partnership working and understanding between service providers.

> One pilot site, for example, situated its core partners upstairs in a building already used by separated parents before the start of the pilot to receive debt and legal advice. The building was seen by the pilot manager as functioning as a 'one-stop shop' – service users could be referred to the different complementary services within the same building '*without getting lost in the system'*.

In three of the ten pilot areas service delivery was decentralised and spread across many different sites and/or locations.

> One pilot site in a rural area, for example, had set up referral services in seven Sure Start children's centres across the authority. Outreach workers in these centres provided some practical support and advice to separating couples, but mainly sought to refer couples to local offices of a national couple counselling service. This model was seen as suited to the needs of parents in such a rural authority: *'People had difficulty in getting to services as they were too far away. But we made the services local'*.

Provision was more mixed in the other pilot areas, with some services based together in shared locations and others being delivered elsewhere. One area had moved from a decentralised to a more centralised approach as it had recognised the value of doing so. Another area had moved towards a more diversified delivery approach, providing outreach support in different locations:

> '*It adds to our ability to go out to people in their homes, rather than only see the ones who come here*'. (Project manager)

Overall, the experience of pilot providers suggested that:

• Delivering services in one location can aid the referral process and encourage communication and partnership working among staff from different services;

• Delivering services via several locations may be more suited to some areas, particularly rural areas, to enable separating parents to access services closer to home and to reach those who would otherwise not seek out such support.

3.2. Types and levels of delivery

One of the central aims of the child poverty pilots for separating families was to improve co-ordination across all the core services[19] so that there was an integrated response to the needs of separating parents.

In order to compare the different approaches taken to better coordinate multi-agency service provision for separating families, the evaluation first concentrated on clustering the ten pilots and developing typologies for different models of delivery. This also included analysing the different types of services offered to separating parents and their children across the ten pilots. This was particularly important in relation to the statistical and impact analysis to allow an assessment of whether particular models of delivery or certain types of services were more effective in improving the outcomes for families (see Chapter 7).

The ten pilots

The pilots were spread across a range of geographic locations in England and all but two were based in urban areas. The ten areas chosen for delivery were in Manchester, Lincolnshire, Coventry, London Borough of Camden, Hartlepool, Harlow, Leeds, London Borough of Merton and Plymouth. The focus of each of the pilots varied: for example, some concentrated on building broad multi-agency service partnerships, others prioritised particular types of support (such as improved counselling, or contact support) and others focused on developing innovative methods to engage parents such as via GP surgeries. Below is a summary of the ten pilots involved in this initiative (see Chapter 3 for information on partners).

Table 3.1 Brief description of the pilot sites' aims and main services offered

	Outline
Pilot 1	This pilot was led by a group of GP surgeries alongside a voluntary organisation specialising in working with families. The project focused on GPs making referrals to Family Development Workers based in local surgeries, offering one-to-one support sessions with parents and/ or children on a wide range of issues including mental health, emotional support, parenting, advice, contact support and therapy for children.
Pilot 2	This initiative was managed by the local authority, with services mainly delivered by a voluntary sector information and advice agency and domestic violence charity. The pilot sought to set up a one-stop shop for separating parents in one location, as a central referral point for families. The project had several referral partners with the intention of offering a wide range of holistic support services to separating families.

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[19] Core services included those providing support around legal issues, finance and debt, childcare, benefits and tax credits, employment, housing, family counselling, health services and more 'crisis' services such as family courts, child protection, agencies tackling domestic abuse etc.

Pilot 3	This pilot comprised both statutory and voluntary partners, with the core delivery organisation being a charity specialising in working with separated families offering mediation and counselling. The pilot aimed to set-up a holistic service offering emotional support, counselling, mediation, advice on employment and finances, support with housing, legal services and services for children in schools.
Pilot 4	The pilot predominately delivered counselling. It covered a wide rural area whereby counselling outreach workers were based in different locations (e.g. children's centres) to reach out to separating parents. They offered in-depth counselling, emotional support and practical advice in the form of information packs. The project had links with a social welfare advice organisation in order to fast-track cases.
Pilot 5	This was a large partnership with organisations arranged into four streams of provision: mediation, advice, counselling and parenting support. The lead agency was a mediation service, and advice was provided by a large financial and legal advice charity. Various types of talking therapies for parents and children were provided, and parenting support included groups for separated mothers and fathers.
Pilot 6	The lead charity in this pilot specialised in family separation and contact issues. Other partners included a community organisation supporting hard-to-reach fathers, a charity supporting homeless young people, and social welfare advice agencies in different locations. The project focused on facilitating better contact arrangements, practical advice and included therapeutic support to children in schools.
Pilot 7	This pilot was led by a charity providing services such as counselling, advice and employment support. The project set up a one-stop shop for people needing a range of services, with the lead agency as a central hub linking to more specialist partners arranged around it including an information and advice service, a solicitors' firm, a counselling service, and a counselling and befriending service aimed at young people.
Pilot 8	A mediation service led this pilot, working alongside a well-known relationship support agency, a service offering legal representation and a large social welfare advice agency. The services worked in two pairs, offering mediation/ emotional support and practical/legal advice (at basic and specialist levels), with the aim of increasing referrals to enable separating parents to access support more readily.
Pilot 9	The partners in this pilot comprised mediation (lead), counselling, advice, domestic abuse refuges and a service working with fathers. A particular focus of the pilot was building strong links with schools (Team Around the Primary Schools) as a means of engaging parents going through separation. It sought to offer a comprehensive service of social, emotional, practical and financial support to separating parents.
Pilot 10	This pilot offered counselling (lead organisation), mediation, support to Bangladeshi women, social welfare advice, family support and befriending. The project focused on reaching parents in new areas of the city with high levels of deprivation. Improving referrals was a key aim, including regular meetings of workers to discuss cases. It aimed to prevent conflict with parents and avoid them going to court.

Types of Services: Emotional, Practical or Child Centred Support

As we can see above, many pilots were offering a broad range of services including counselling, mediation, financial advice, befriending and social interaction projects. In order to analyse the comparative impact of different services on families' outcomes – whether particular types of services were more beneficial in changing outcomes than others – these services were clustered into broad categories according to what that service aimed to achieve. These fell into three broad categories, with most pilots offering services from across all three groups:

- **Emotional outcomes for parents:** those focused primarily on improving the emotional outcomes of parents, such as counselling.

- **Practical outcomes for parents:** services that sought to improve the practical circumstances of parents, by providing legal or financial advice or mediation/ conflict resolution.[20]

- **Child centred outcomes:** those services providing support directly to children from separated families or aiming to improve their outcomes, through child counselling, supporting children's contact with their parents, or providing parenting support.

The table below outlines in more detail the full range of different services that were provided to separating families across the ten pilots (from monitoring data) and how these have been clustered into the three broad types above.

Table 3.2 Services offered

Service Type	Service
Emotional	
	Group counselling for parents
	One-to-one counselling for parents
	Social interaction with other separated families
Practical	
	Mediation/ conflict resolution
	Financial advice
	Benefits advice
	Legal advice
	Housing advice
	Employment advice
	Dealing with domestic violence
Child centred	
	Contact support
	Counselling for children
	Group parenting support
	One-to-one parenting support
	Fathering support
	Educational support for children

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[20] Please note: the primary focus of mediation is to improve and negotiate practical arrangements between parents (around contact, legal and financial arrangements), hence it was grouped in this cluster.

Types of pilots: delivering holistic or focused provision

In order to compare the different approaches taken to coordinate multi-agency service provision for separating families, the evaluation clustered the ten pilots to develop typologies or models of different approaches to service delivery. Using data from the monitoring system and qualitative interviews with providers, the research team explored a number of avenues to develop the most suitable service typology including:

- Location of services (whether pilots operated from a single or multiple locations)
- Types of services provided
- Number of services provided in each pilot
- Methods of recruiting families (whether they focused on referrals, advertising or outreach methods)
- Whether the pilot had a centralised referral processes
- The intensity of support provided
- The assessment processes used by the pilots
- Cost of services

From this analysis, the pilots fell into two broad groups[21]: those delivering a large number of services to parents in order to provide holistic and wide-ranging support (referred to here, and in the rest of this report, as group A), and those delivering fewer services and providing more focused support to parents (group B). Inevitably, those pilots offering a wider menu of services to each family had a higher cost per head than those offering more targeted support (see Section 3.4).

The table below sets out the grouping of the pilots with the final column showing the percentage of families taking up each type of service (with only the percentages over 50% shown) and ordered by prevalence:

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[21] The monitoring data was used to calculate the *actual* number of services offered per pilot, where by 'offered' we mean services that were received by more than five per cent of parents or their children: this low threshold allowed for 'services offered' to be counted even if there was low take-up by families. Services received by less than 5% of families were judged not to have been 'offered' except to small minorities. An additional check of the pilot grouping was based on the proportion of parents per pilot using each type of service.

Table 3.3 Groupings of pilot sites

Pilot	No. of services offered (and received by more than 5% of parents or their children)	Service types used by more than 50% of families P: Practical C: Child centred E: Emotional support And % of families using
Group A: Wider set of services at higher cost		
Pilot 1	15	P: 88%; C: 85%; E: 65%
Pilot 9	14	P: 82%; C: 82%; E: 52%
Pilot 3	13	P: 67%; C: 70%
Pilot 7	13	C: 86%; P: 59%
Pilot 2	13	P: 92%; C: 50%
Pilot 10	11	E: 76%; C: 52%
Group B: Fewer services at lower cost		
Pilot 6	9	P: 77%
Pilot 5	9	P: 70%
Pilot 8	4	P: 71%
Pilot 4	2	E: 86%; C: 51%

From the above table we can see that in those pilots offering a wider set of services (group A) families received more holistic support: more than 50 per cent of families used services from at least two out of three types, predominantly both practical advice and child-centred support. In contrast, those offering fewer services (group B) tended to have a more targeted focus on one type of provision, mainly practical advice or counselling as in the case of Pilot 4.[22] The above typology can be perceived as a spectrum ranging from the most holistic form of provision at the top (as in the case of Pilots 1 and 9) and the most targeted forms of support at the bottom (as with Pilots 8 and 4).

These typologies of service provision are used throughout the report, particularly in order to compare the impact and effectiveness of different types of support on parents' outcomes (see Chapter 7).

3.3. Partnership working

For this report, a partnership denotes a formal or semi-formal relationship between two or more organisations for the purpose of strategic development or delivery of a specific set of activities. This section's main focus is the core partnership of the pilots (main delivery or management partners), whilst taking into consideration that many of the pilots also worked with wider partners in a more informal manner for information sharing and referrals. The section covers the size of the partnerships, the types of partners, the structure of the partnerships and how they work together, and learning points for effective partnership working. Outcomes and impacts of partnership working are addressed in Chapter 7.

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[22] In Pilot 4 there were two services provided to 5% or more families: counselling for parents or counselling for children. As detailed above, counselling for children has been grouped as 'child centred' support

Size of partnerships

The majority of the pilot sites had between four and six core partners, although two sites had over six partners and one had eleven partners. Perceived benefits of having a smaller partnership group included greater communication, knowledge and understanding of each partner organisation's expertise and culture. However, the size of the partnership did not appear to have a substantial impact on the effectiveness of the partnership working. For example, the largest partnership reported positive relationships, generated by having a management hub and then streams of related partners with nominated leads.

Forty per cent of the sites had a core partnership, which delivered the key services and also a wider partnership group consisting mainly of referral partners. Generally, the wider partnership organisations were invited to steering group meetings but not necessarily to the management or operational meetings. Wider partners provided an extended network which made and received referrals, promoted the pilot or provided specialist services. Examples of common wider partners included courts, solicitors, children's centres, and schools. However, in a few sites some extended partners had very little involvement after winning the bid or became redundant due to lack of attendance at steering group meetings or a decrease in the need for that particular organisation. Schools appeared to have had less of a role than expected in a few sites due to problems in engaging children and undertaking Cafcass applications. In one site a core partner became a wider partner when the lead organisation felt that they could deliver that service themselves. A further reason for partners to become less involved in the pilot was the project lead's lack of knowledge of the partner organisation's expertise and target group at the time of writing the bid and forming the partnership, resulting in the partner not being the right 'fit' for the pilot. However, only one partner organisation (a city council) formally left a partnership and this was due to internal structural changes. Redundant partners appeared predominantly in pilot sites where organisations had not previously worked together.

Types of partners

For the purpose of discussion, partner organisations have been categorised (See Table 3.4) by the service they predominately delivered for the pilot. Local authorities (LAs) and health organisation were also a type of partner, mainly providing lead strategic support. The table below shows the distribution of partners among the pilots.

Table 3.4 Types of partners and their roles

Pilot site	Emotional support	Practical advice	Child centred (inc parent programmes)	Local Authority/ Health Organisation	Total No of partners
Pilot 1	D	D	**Lead delivery partner** R	**Lead Partner** R	6
Pilot 2	D	**Lead delivery partner**	D	**Lead Partner**	4
Pilot 3		2xD	**Lead delivery partner**	**Lead Partner**	4
Pilot 4	**Lead delivery partner**	D 2xR		**Lead Partner**	6
Pilot 5	5xD	**Lead partner** 2xD	3xD		11[23]
Pilot 5		**Lead partner** D	2xD		4
Pilot 7	D	**Lead partner** 3xD	3xD	**Advisory role**	9
Pilot 8	D	**Lead partner** 2xD			4
Pilot 9	D	**Lead partner** 2xD	D		5
Pilot 10	**Lead partner**	4xD	D		6

D = Delivery partner. **R** = referral partner

The majority of partners across the pilot sites were delivery partners, the most common being advice organisations (19) which were mainly Citizens Advice (CAB) and counselling services (12). The least common were contact and domestic violence organisations. However, a number of pilot sites had contact organisations (solicitors and courts) as wider partners to whom they could make referrals. Additionally, some partner organisations provided more than one type of service.[24] For example, some organisations provided emotional and child/ young people's support. Alongside referral partners, other non-delivery organisations included local authorities or health organisations as advisors, budget holders or lead partners (see below).

Some pilot sites had multiple partner organisations delivering a particular service type (see Table 3.4). One site had five emotional support partners, three sites had more than two child centred delivery partners and eight sites had more than one advice partner. In a few of the sites with similar types of organisations, a partner organisation became less involved as other partners were seen to be able to take up their role. One specialist advice organisation had a decreased role as there was not a great demand for their service. Types of partner organisations felt to be missing from some partnerships included health, mediation, mental health and education organisations.

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[23] Please note that this pilot had a wide range of referral partners. The core delivery partners have been listed here however there was also an extensive number of referral organisations involved throughout the life of the pilot.
[24] Please see typology regarding narrow and wide range projects in Chapter 3.

Structure of partnerships: how they work together

Six pilot sites had a delivery organisation as the lead - the most common being counselling and advice organisations. There were no children/ young people's support services as lead organisations. In four sites the LA or a statutory health organisation was the lead partner, responsible for strategic thinking rather than operational management. Having the LA involved and especially as a lead partner was seen to add status and profile to the pilot project. Other staff recognised the potential to learn from the LA lead partners, who might have been involved in developing child poverty action plans and who had excellent networks and resources. In the sites where the LA was the lead partner, they nominated lead delivery partners (via a service level agreement) who took on operational management (see Table 3.5). In one site there was a shared leadership role, where the LA and lead delivery partner worked extremely closely, leading to both organisations learning from each other through joint training and development of a shared language. However, in another site, the LA lead partner was felt to be distant from the delivery partners because it was not delivering a service or engaging with service users and delivery staff.

Table 3.5 Numbers of lead partners, lead delivery partners and partners against 'type' of organisation

Type of partner against type of service	Emotional support	Advice	Child centred	LA/ Health org
Overall lead partner (where Project Manager sits)	1	5	0	4
Lead delivery Partner (where the lead partner does not deliver a service)	1	1	2	0
Core partners (delivery and referral)	10	20	12	2

Core partners and most of the wider partners attended regular monthly or bi-monthly partnership or steering group meetings where strategic discussions were held. The majority of the pilot sites also had monthly operational meetings with core partners. Where there was an LA lead and a nominated delivery lead, they had regular meetings and frequent communication. Many of the pilot sites had formal partnership or service level agreements between partners to ensure regular attendance at meetings and understanding of partners' roles.

Lead partner roles differed across sites and types of partner organisations. For example, LA leads generally took a strategic role with the lead delivery partner taking on operational management and communication with staff across partners. Project managers ranged from managers who sat inside a hub (virtual or real e.g. Pilot 5 or Pilot 2) while others sat inside their own organisation and communicated via regular meetings with the other partners. This illustrates the varying extent to which pilot sites worked as a 'whole' service or as separate partners working together at times for the pilot. For example, one pilot site reported that they did not have a clear central coordinator to manage the partnership, which led to challenges in forming a solid partnership. In a few sites staff were managed by their own organisation rather than the project lead, which reportedly led to self-interest and competition among the partners. One project manager explained that:

'*Managers were going back from partnership meetings but relaying different messages to staff. The only way to manage this is to have one person to communicate with everyone.*'

Staff in another site thought that it would have been helpful to have had all workers, not just senior members, meet together to develop a shared culture. In two pilots there were acknowledged benefits from having partner staff sitting in the lead partner's organisation where they learned about the cultures and expertise of each other. Having a core location where more than one partner was placed and having joint staff training was also viewed as helpful in producing effective team working and a shared language and culture. Two sites demonstrated a model where partners worked in pairs or streams with nominated leads, for example, a counselling stream with a core management hub/person. This was seen as effective in that complementary partners worked together to share resources and expertise and bid for funding together. A number of staff and project managers stated that it took time to understand what each partner brought to the partnership – their expertise and networks – but also what they did not deliver or whom they could not reach. This was often found to be challenging in the short time-frame of the pilot. Understanding partner organisations' strengths and weaknesses helped the project manager to know the potential of each service, see gaps in services (often leading to wider partners' involvement) and develop a shared referral and assessment system.

The majority of partner organisations had been delivering the service before the pilot and thus had established networks, protocols, local knowledge and services users. However, as part of the pilot project, some partner organisations (often counselling) had to deliver services to a target group they had never worked with before which could be challenging. Other partner organisations, such as those offering advice, had expertise with specific target groups but little experience of family separation work. Nevertheless, most project managers indicated levels of satisfaction with the majority of their partners:

'*It takes more time to get things done. There is a cost attached to giving time to a partnership in terms of a business model. However, if the pilot is successful, then it's worth it so clients get better outcomes and a better service.*' (Partner)

'*Partnerships can make best use of resources, avoid duplication, provide better routes for clients, be more strategic.*' (Project manager)

'*Joined up thinking is best for users. A partnership uses the same language, shares ideas and spreads the load.*' (Partner)

Table 3.6 Helpers and hinderers for effective partnership working from interviews with project managers and partners.

Helpers	Hinderers
Regular partnership and operational meetings	Change in project manager or partner lead
Nominated coordinator to organise partners' attendance at meetings and roles	Challenge of managing a partnership for the first time
Having formal partnership/ communication agreements with partners	Different cultures and sizes of organisations
Joint staff training	Inflexibility of some partners, especially national/ larger organisations
Having partners' staff sit inside other partner organisations	Lack of experience in making referrals
Establishing shared goals, protocols and clarity of purpose - helps to decrease competition and misunderstandings	Competition between partners over funding and providing services
Having some partners who have worked together before - understanding each others' ways of working	The recession – leading to financial cuts for some partners.
Space at meetings for practical issues as well as strategic issues.	Short time-frame of the pilot – it takes time to develop an effective partnership
Having a common referral form	Partners finding it challenging to work with a different target group or in the area of family separation
Documenting progress and evaluating targets	Underestimating in the initial budget the cost and time of partnership meetings
Having partners with complementary skills.	Lack of attendance at meetings
Involvement of LA (as advisors or partners) to add status/ profile to the pilot	Lack of clear monitoring and sharing of data amongst partners (sometimes due to a national organisation's protocol).
Sharing partners' networks to promote the service and make referrals	Not having the time to get to know other organisations before writing the bid
Involvement of wider partners to provide specialist services and make/ receive referrals	Challenge of sharing budgets
Involvement of partners in writing the bid – reflected their skills and created ownership	The pilot not being the priority for partners

3.4. Cost of Delivery

In support of the evaluation, each pilot area provided the evaluation team with a detailed breakdown of their set-up costs and their running costs for several 'live' quarters. Total costs were divided into staff costs, other running costs, capital costs, and overheads. The pilots were also asked to divide costs between fixed costs and variable costs as far as possible in order to allow for the estimation of the probable costs of any expansion of the pilots over time or scale. However, the fact that the pilots only ran for a short time made this distinction difficult for many of the areas. Full details of the costs are given in Annex C at the end of this report (see Chapter 7 for cost effectiveness analysis).

The cost estimates returned have been used to estimate a cost per family in receipt of services. These range across the pilots from a minimum figure of £820 to a maximum of £5,240. The average per family was £1,950. These figures are significantly higher than anticipated, the average at the planning stage being closer to £900. The reason for the difference is almost certainly due to the number of families entering the pilots, which was

around 50% of the expected number (see Chapter 4). The costs of running the pilots for just over one year was broadly fixed irrespective of the number of families (since, for instance, staff had to be recruited to meet the expected, rather than the achieved, number of families) and although costs might reduce over time if the number of families were to stay low, there was insufficient time for the pilots to react to the different level of demand.

The costs per family varied markedly from pilot area to pilot area. In part this is because the shortfall in the number of families varied across areas. For instance, the most expensive pilot (at £5,240 per family) only delivered services to a quarter of the expected number of families (see Chapter 4 for reasons of shortfall). Had the target number of families been met, the costs per family would have been just £1,300. However, a key explanation for much of the variation is that the costs differed according to the type and duration of service offered. In particular, costs were significantly higher in the pilots offering many services – an average of £3,400 – whereas the average in pilots offering fewer services was just £1,100. The two tables below illustrate some of the reasons for this.

The first table (Table 3.7) shows the percentages of services offered to parents. Families in group A (many services, higher cost per head) were more likely than those in group B (fewer services but lower cost) to get any of the services. More tellingly, 67 per cent of families in group A pilots received services of more than one type, compared with just 25 per cent from the group B pilots.

The second table (Table 3.8) gives figures on the approximate number of hours of service per family. Just five per cent of families in group A pilot areas received services of fewer than two hours' duration, and almost a half received more than ten hours of service. In contrast, over a third (37 per cent) of families in group B areas received services lasting fewer than two hours, and only a third received more than ten hours.

Taking these two, related, factors together, the fact that group A pilots delivered more services of longer duration to families at least partially explains why the cost per family was markedly higher in these areas. Whether the additional cost of group A services is justified is discussed in Section 7.5

Table 3.7 Service types, by area type

	Group A: Many services, higher cost per head	Group B: Fewer services, lower cost per head	Total
	%	%	%
Emotional	45	43	43
Practical	70	45	52
Child centred	80	39	52
Families receiving services of more than one type	67	25	38
Base: all families offered services	*374*	*854*	*1228*

Table 3.8 Area types, by hours of services received.

Row %	Under 2 hours	2 to 5 hours	6 to 10 hours	11-20 hours	21+ hours	Base
Group A: Many services, higher cost per head	5	28	27	24	24	*355*
Group B: Fewer services, lower cost per head	37	30	21	21	11	*898*
Total	28	30	22	22	15	*1253*

3.5.   Key message and learning points

- Approaches to pilot delivery fell into two broad groups: those delivering a wider set of services of longer duration to provide holistic and wide-ranging support, and those delivering fewer services, of lesser duration to provide more focused support to parents.

- Inevitably those pilots offering a wider menu of services to each family had a higher cost per head than those offering more targeted support. Costs per family ranged from a maximum figure of £5,240 to a minimum of £820.   In general these figures are significantly higher than anticipated, due to the lower number of families entering the pilots than planned at the outset.

- The majority of the pilot sites had between four and six partners, with some sites having a wider partnership group helping to make referrals and promote the service. Perceived benefits of a smaller partnership include greater communication, knowledge and understanding of each partner's expertise and culture. Wider partnerships had the advantage of providing a broader network of providers to make and receive referrals.

- In general the types of partners felt to be missing or having a lesser role than expected from partnerships included health, mediation, mental health and schools.

- Delivering services in one location could aid the referral process and encourage better communication and partnership working among staff from different services. However, delivering services via several locations was more suited to some areas, particularly rural areas, in order to reach those who would otherwise not seek out such support.

- Where the lead partner was a local authority, a delivery lead was nominated. The advantage of having a local authority lead was to increase the profile of the pilot, particularly in relation to influencing local policy. However, a disadvantage was the local authority was perceived as too distant from delivery.

Key success factors identified by partnership members included:

- Regular partnership and operational meetings where minutes were circulated to all partners and meetings were organised in advance

- Clear leadership: a leader who managed the partnership as a whole but also allowed all partners the opportunity to influence the work and direction of the partnership

- Shared values developed by learning about other partners' organisations through sharing locations or via joint training/ presentations

- Clarity of roles, goals, targets and referral systems

- Flexibility of partner organisations to share data, networks and training

- Informal relationships and a high level of trust and openness.

The main barriers to effective partnership working included:

- The inflexibility of some of the national partners to share data

- Different organisational cultures and languages

- Changes in key staff

- Competition between partners.

In conclusion, the majority of the sites had evidence of co-ordination, where the partners worked together to develop co-ownership and commitment to collaborative working and resource sharing.

4. Involving parents: outreach and referral

This chapter outlines the way in which parents first accessed the pilot services. This involves presenting how parents came to hear about the services and the process of assessment used by pilot sites to determine whether and what kind of a service might be offered.

4.1. How parents found out about services

During the course of the pilot, 3,254 families were referred and entered into the monitoring system, split across the ten pilot areas (although there was evidence that some areas did not record all clients in the monitoring system, see Annex A). The number of families recorded in each area ranged between 160 and 713, as detailed in Table 4.1 below.

Table 4.1: Families referred to pilots, by area

Set of services	No.	%
Group A: Wider set of services , higher cost per head	*1257*	*39*
Pilot 9	196	6
Pilot 1	160	5
Pilot 7	237	7
Pilot 10	206	6
Pilot 3	190	6
Pilot 2	268	8
Group B: Narrower set of services, lower cost per head	*1997*	*61*
Pilot 4	713	22
Pilot 5	593	18
Pilot 8	280	9
Pilot 6	411	13
Base: all families referred	*3254*	

Table 4.1 also shows that areas offering a wider set of service (at higher cost), in keeping with the more holistic and more intensive nature of their provision, involved noticeably lower numbers of families than those areas offering a narrower set of services.

One of the key challenges facing the newly formed partnerships was gaining referrals to their services. In many cases, the services themselves were new and unknown in their communities and in relevant professional circles. The success of the pilots in meeting their targets relied on effective strategies to promote the new services. However, overall the number of clients using the pilots was considerably lower than expected, as it took a longer time to set up the pilots and then services had to wind down provision earlier than anticipated. The factors behind the low client numbers are explored in detail in Chapter 5.

Strategies to recruit parents

Evidence from the monitoring data and survey shows that in the main parents heard about the pilot providers from someone helping them in a professional or advisory capacity. [25] This signposting came from a wide range of sources including GPs, mental health agencies, schools and children's services, legal professionals, social services and the CAB. This high proportion of referrals from professionals seems to confirm the effectiveness of the strategy adopted by many sites around networking and 'getting our name out there'. Pilots invested time and resources in networking with both partners and external organisations (such as schools, health visitors, social care and CAMHS) to raise the profile of their work and gain a reputation. Networking activities used included attending local fora or events on relevant issues, putting on events for personnel from external organisations and sending out information packs to local organisations or service providers. Staff from the majority of sites pointed to this element as key to their approach in promoting services: it was felt to have led to a raised profile of the partnership and consequently to have increased referrals:

> *'At the start we held six or seven sessions where we invited agencies in to an informal talk about who we are. It was quite successful. I also go to agencies and introduce us i.e. to social workers, police force.'* (Partner)

Particularly where these pilots were providing new services in new areas the need to raise their profile among existing services was seen by staff to be paramount.

> *'Initially we had no reputation… we had to build relationships with community gate keepers.'* (Project manager)

Table 4.2: How families first found out about pilot services

Source	Group A: Wider set of services/ higher cost	Group B: Narrower set of services/ lower cost	Total
	%	%	%
(Other) professional/advisor	38	37	37
School/Children's Centre	26	14	19
Word of mouth	9	12	10
GP or other health professional	9	7	8
Leaflet	5	6	6
Lawyer or other legal professional	2	9	6
Support group	2	3	3
Website	1	3	2
Poster/advertising	1	2	1
Other	8	8	8
Base: all families referred (monitoring data)	*975*	*1507*	*2482*

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[25] When reporting quantitatively on referral routes, the report draws mainly on the data from the monitoring system (rather than the survey data), as this provides close to 'census' information on the parents and includes all those referred, rather than a sub-set who were offered services post-assessment. The survey includes only parents offered services. However, where the survey provides additional information (rather than replicating the findings from the monitoring system), this is reported.

Indeed, the monitoring data showed that families were more likely have first heard about the service from someone helping them in a professional or advisory capacity than any other person or organisation (see Table 4.2). Over a third of families had done so via this route. As mentioned in Chapter 3, interviews with pilot staff showed that close partnership working with different service providers was often an effective way of increasing cross-referrals across organisations:

> '*Numbers of direct referrals from partners were high – partners did the advertising.*' (Project manager)

While numbers of clients accessing the pilots was lower than expected overall, the pilots were able to recruit a proportionately high number of hard-to-reach groups. As explored in Chapter 5, one fifth of clients were fathers, 20 per cent came from BME backgrounds and there was a high proportion (one fifth) of clients with a history of domestic violence. The most effective strategy to recruit these often 'hidden' target groups was to build links with existing service providers that already had good contacts with these groups. For example, pilots targeting BME families experiencing separation would employ staff and partners who either originated from or specialised in reaching these communities:

> '[Partner agency] *did really well – they were able to meet the cultural needs and language issues of some groups of the community - they wanted 15 families but got 50.*' (Project manager).

In addition to networking with other professionals, all sites also allocated some resources to advertising directly to potential service users. However, the monitoring data showed that only a small minority of parents found out about services via written materials or websites (Table 4.2): only six per cent of parents first found out by reading a leaflet and two per cent either via a website or a poster or other advertising. These relatively low proportions were confirmed via survey responses, which showed that only seven per cent of survey respondents said that they had read about it, while 88 per cent said someone else had told them about it (and five per cent could not remember).

The comparative ineffectiveness of promotional materials was borne out by comments from some pilot staff about the difficulties they experienced developing and disseminating advertising materials. However, some sites believed that even though advertising had led to only small numbers of new service users, this had been successful at drawing in new or hard-to-reach clients.

There were some key differences between areas offering a wider and narrower set of service as shown in Table 4.2: parents in areas offering a wider set of services were almost twice as likely to have found out about the pilots from someone at a children's centre or school (26 per cent compared with 14 per cent). In contrast, those families in areas offering a narrower set of services were more likely to have found out from a lawyer or by word of mouth. Survey data and interviews with project workers also confirmed that there was a greater focus on using informal contacts as a referral system in pilot sites offering a narrower set of services: 21 per cent of parents heard about the pilot services by word of mouth compared with six per cent of parents from areas offering a wider set of services.

> '*Word of mouth is a key way of people accessing [the service], or through outreach work with community centres.*' (Partner)

Almost invariably, families' first contact with pilot services was in person – either by telephone (56 per cent) or face-to-face (35 per cent). In a small proportion of cases, parents' first contact was in writing (eight per cent) or online (one per cent).

Table 4.3: Initial mode of contact by families with services

Mode	Total
	%
Telephone	56
In person	35
Writing	8
Online	1
Base: all families referred (monitoring data)	*2744*

Parents who reported in the survey that they made the initial contact with the pilots were asked which of them had decided to do this. It was said to be a joint decision in less than one in five cases (17 per cent), while in the clear majority of cases the decision had been made by only one person.

4.2. The assessment process

Of the 3,254 families referred to the pilots, 2,135 (71 per cent) were offered a full assessment of their needs. A further 12 per cent of families were given advice – or signposted – about where else they might go for further help. Of the families who were not assessed, in around half of cases the families themselves decided to go no further with the provider, and for the others the provider decided not to offer an assessment.

Table 4.4: Whether offered assessment

	%
Assessment offered	71
No assessment offered, but signposted on	12
No assessment, family's decision	10
No assessment, provider's decision	8
Base: all families referred (monitoring data)	*3024*

The survey showed that in two-thirds of cases (66 per cent), the initial assessment took place in the provider's offices. Otherwise, 14 per cent indicated that they had had the assessment in their own home (this included doing so by telephone) and 19 per cent elsewhere (which included in other service providers' offices or public buildings).

The assessment approaches used by the ten pilot sites were tailored to the size and characteristics of each partnership as well as to the specific issues of the local population and their focus on particular target groups. The main distinction between pilot areas is the extent to which they adopted a standardised approach across all partners or if the assessment process varied amongst service providers.

By the end of the pilot, many of the areas had adopted a common assessment tool or questionnaire used by the core partner services. This was most likely the case in those areas where partnerships worked very closely together either in one location (see Section

3.1) or with a central administrative hub. This allowed the partners to help decide what support the families needed and then refer them on to the most appropriate service provider based on a standard set of criteria. Often if a pilot site adopted this kind of approach there would be a threshold when the needs assessment was deemed necessary. Because most sites were offering a wide range of services with some being significantly more personal and intensive than others, staff would often make a *prima facia* judgment as to whether a full assessment was needed.

> *'We don't do a needs assessment when they come in or ring up if it is clear they are a separated family, but all they need is straightforward advice and signposting.'* (Partner)

The alternative approach to this, used only in a minority of cases by the end of the pilot, was to use a more decentralised assessment process. This was most often used in less structured partnerships and those operating across various locations. In this case, each partner was granted discretion in how they assessed new clients, often using their own existing assessment approaches, such as personal interviews, questionnaires or more informal conversations. Service providers could then choose either to offer a service or refer the families on to other partner organisations which conducted their own assessment processes.

This approach was seen to be successful by some sites as it allowed referrals to be made on the basis of personal knowledge of the clients' needs and knowledge of the other staff working in the partnership. It was most effective where partnership staff had invested sufficient time in getting to know one another so they were able to make judgements about where to send their clients.

> *'This was all about cross-referrals rather than a one-stop shop – so the worker would know the person they were referring on and so know what their needs were.'* (Project manager)

However, several sites had identified problems with this approach and moved to a more standardised approach by the end of the pilot*:*

> *'The initial plan was where referrals were individually assessed by each agency but we were getting inappropriate referrals from [one delivery partner]. So the family separations team became the central* point*.'* (Project manager)

4.3. Parents' experiences of the assessment process

Nearly all parents (94 per cent) felt that the providers understood their needs very or fairly well during the assessment process. However, as can be seen in Table 4.5, families in areas offering a wider set of services were noticeably more likely than those in areas offering a narrower set to think that the provider understood their needs 'very well' (86 per cent compared with 60 per cent). This resonates with the fact that parents in these areas were more likely to be assessed as to their particular needs, and offered a more tailored package of support.

Table 4.5: How well provider understood what help needed at end of assessment, by group

	Group A: Wider set of services, higher cost	Group B: Narrower set of services, lower cost	Total
	%	%	%
Very well	86	60	71
Fairly well	11	33	23
Not very well	2	4	3
Not at all well	0	2	1
Don't know	1	2	1
Base: all families	*126*	*166*	*292*

Even when the site employed a standard assessment tool, this was normally used as part of a wider conversation about life circumstances and reasons for accessing the service; only rarely did parents report finding the procedure unwelcoming or cold.

> '*They asked me questions about my children. They were not in-depth or nosy. It was all confidential, which makes you feel comfortable.'* (Mother)

However, parents were most likely to be dissatisfied if they had to go through several stages of assessment involving different members of staff. This was particularly an issue in partnerships which did not adopt a standardised assessment approach:

> '*I had an initial appointment with one person and then they allocated me to someone else. It was difficult as I opened up to one person and then was asked to see someone else…. Building rapport, but then you have to start again.*' (Mother)

A key success factor of engaging parents in services across areas appeared to lie in establishing good rapport from the start. Those who felt listened to and treated with respect were more likely to be willing to return and take up the different services offered to them.

> '*The first person we saw was [staff member]. She was amazing. She should have her own TV programme. She's the wisest person I've ever seen. I felt she really saved my life.*' (Mother)

4.4. Key messages and learning points

- One of the key challenges facing the newly formed pilots was gaining referrals, as services were often new in their communities. Most parents heard about the pilots from other professionals, therefore networking and awareness-raising with existing providers was the most effective method to reach parents. Only a small minority of parents found out about services after reading written material or looking at websites. However, those pilots that did advertise felt it had been successful in drawing in hard-to-reach clients.

- A total of 3,254 families were initially referred to the pilots and from this 2,135 (71 per cent) were offered a full assessment of their needs. The majority of parents were assessed in providers' offices (66 per cent), although a significant number were assessed either in their own home (14 per cent) or in other public locations (19 per cent).

- A key distinction between the pilots was between those which adopted a standardised or a non-standardised approach to assessment across all their partners. The former was helpful in order to refer parents on to the most appropriate type of support, whereas the latter was effective only when staff had invested sufficient time in understanding their partners to be able to make judgements about where best to send their clients. Given that by the end of the pilot many areas decided to adopt a common, standardised, assessment tool, this approach can be perceived as more effective in most circumstances.

- Parents were more likely to be dissatisfied if they had to go through several assessments with different members of staff. However, the majority of parents felt providers understood their needs very or fairly well (94 per cent). It was notable that families in areas offering a wider set of services (group A) were more likely to feel that providers understood their needs 'very well', than those receiving a narrower set of services from pilots in group B.

- Building rapport with parents was a critical success factor in staff being able to effectively engage parents in their services.

5. Number and characteristics of service users

5.1. Number of families offered services

Of the 2,135 parents who reached the assessment stage, 96 per cent were then offered some kind of service as a result of their assessment (Table 5.1 below).

Table 5.1 Outcome of assessment

	%
Services offered	96
No service but family signposted on	2
No service, family's decision	2
No service, provider's decision	0
Base: all families assessed	*2030[26]*

This indicates that the majority of the decision-making around whether families might be eligible for services appears to have taken place at the stage when the pilots decided whether or not to offer an assessment to a family.

Numbers of parents accessing the pilots

The number of clients receiving services from the pilots (2,053) was considerably lower than expected from the original project proposals (5,135[27] see Annex D). The majority of pilots had 50% of the expected number of service users[28] (see Section 3.4). Only two pilot sites met or exceeded their anticipated client numbers: pilot site 8 with 280 users and pilot site 7 with 237 referrals compared to the anticipated 100 (see Table 4.1). This indicates that the pilot sites were either over-ambitious in their initial estimates in project proposals or experienced a series of unforeseen challenges in recruiting clients.

As already noted, a key reason was that the set-up of the pilots in the initial phases took longer than anticipated. Developing new partnerships, referral systems and assessment mechanisms was a time-consuming process across all of the pilots, as was gaining the confidence of and building relationships with new partners:

> *'As a new service it took a while for the service to build up momentum and for GPs to become familiar with and establish faith in the service…Gaining the confidence of referrers was a challenge. Some GPs were a bit sceptical.'* (Project manager)

In addition, some partnerships experienced problems engaging specific target groups (such as non-resident fathers) which negatively affected client numbers. There could also be referral difficulties between partners (see Chapter 4) or differences in organisational culture: for example, several pilots reported that local Citizens Advice (CAB) services could not support both parents from a separated family, due to internal policies around

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[26] 2135 families reached assessment stage, however the base for Table 5.1. is 2030 due to missing cases in monitoring data.

[28] Note: due to staff changeover and other factors, two pilot sites (2 and 6 respectively) experienced difficulties from July 2010 onwards in completely the monitoring system accurately. Hence their final number of clients are likely to be higher than that recorded in the system.

confidentiality in the organisation. Another factor was that for many pilots, it took longer than anticipated to recruit families as parents were often reluctant to seek support around sensitive issues such as relationship difficulties. While over time, several pilots developed a range of recruitment methods, in particular outreach to service providers to increase inter-agency referrals (see Chapter 4); this did affect client numbers, especially in the early stages while approaches were being tested:

> '[Clients are] *often in crisis situations and so we needed to build up trust first. A lot of problems had been going on behind closed doors so we had to establish trust with them and our practitioners.'* (Project manager)

Several pilots highlighted the stigma for parents in seeking help for separation difficulties and also the time required to build up trust with families. Given this, in some circumstances it was challenging for front-line staff to identify at an early stage whether separation was an issue and if a client was, therefore, eligible for the pilot's services:

> *'Their staff may not have known that the parents were separating, so they were not included in our service. A lot of time parents don't want people to know that they are separating.'* (Project manager)

As noted above, decisions about service eligibility mainly occurred at the point when parents first contacted a service, prior to them receiving an assessment. If some did not disclose separation problems this could also impact on numbers of service users.

While the pilots were designed to have a relatively short life span of 18 months, it took most of them at least three to six months to set up the projects and recruit a steady flow of families. Furthermore, in the later months, when it was clear that funding would not be extended, many projects devised exit strategies and began to reduce service provision:

> *'By this time the project was gaining momentum... but just as the service was about to peak with increased referrals we had to announce that we could longer accept referrals.'* (Project manager)

Similarly, it was reported across the pilots that uncertainties around funding led to anxiety among staff and organisations, which impacted on client numbers:

> '*There was a serious reduction [in numbers] ... because of low morale … from September everyone was scrabbling for money and for jobs. With that level of internal focus we couldn't concentrate.'* (Project manager)

Given this, on average the pilots were only fully operational for between nine and 12 months, which had a significant impact on anticipated client numbers. Overall this suggests that:

- The majority of pilot sites were not successful in reaching their anticipated numbers of service users. A key factor was that the time-frame in which pilots were fully operational to recruit clients was less than expected.

- While several pilots did develop innovative strategies to recruit clients through new referral systems and partnership working (see Chapter 4), it took longer than expected to set-up the pilots and many began to wind down services earlier than intended.

5.2. Characteristics of families offered services

The monitoring system provides a comprehensive picture of the socio-economic profile and characteristics of families supported by the pilots.[29] Using that information, the key issues addressed in this section include:

• The demographics of families accessing the pilots;

• The stage in the separation process when families became involved with the pilots. This includes identifying how many families accessing the pilots were considering separation, newly separated, or had already been separated for longer periods of time, and how effective the help was which they received;

• The extent to which the pilots concentrated on economically disadvantaged families, as set out in their original aims;

• The circumstances and issues of concern for families, including contact and child support arrangements, job or housing insecurity and mental or physical health issues;

• Taking account of their circumstances and socio-demographic profile, the types of families offered services by the pilots.

5.2.1.   The demographics of families accessing the pilots

Parents involved in the assessment

At the assessment stage, the pilots were usually working with only one of the parents in the family. Well over half (60 per cent) of the assessments involved only the mother (usually the parent with care), and around one in five (21 per cent) involved only the father (typically the non-resident parent). This correlates with previous research which indicated that non-resident fathers are one of the hardest to reach groups of service users.[30] Areas offering a wider set of services were more likely to be dealing with only mothers than areas offering more focused services: the latter were more likely to be working with only fathers or with couples. Both parents were involved in the assessment in only 19 per cent of cases (Table 5.2). Similarly, both the telephone survey of parents and qualitative interviews found that it was usually the decision of one parent to approach the pilots, and that this was usually the mother, unless services specifically targeted fathers or couples (such as mediation or couple counselling). Even for couple-focused services such as mediation, a key challenge was encouraging both partners to engage:

> *'The key issue [with mediation] is getting one party to respond and agree to be involved… the key challenge is around people that don't want to change and in reaching and engaging them.'* (Project manager).

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[29] In this section, we rely on data from the monitoring system, given its ability to provide a profile of all families assessed. The survey included similar questions, as well as more data on the quality of the relationships and attitudes towards issues such as contact and maintenance. These are included in Chapter 6, where we report on the extent to which families' circumstances have improved as a result of the support services received.
[30] Corlyon et al. 2009. *Separated Families: How Mainstream Services Support Disadvantaged Children & their Non-Resident Parents.* Tavistock Institute of Human Relations for Big Lottery Fund & Fatherhood Institute.

Table 5.2 Parents involved in assessment, by area type

	Group A: Wider set of services, higher cost	Group B: Narrower set of services, lower cost	Total
	%	%	%
Only mother	70	54	60
Only father	17	24	21
Both parents	13	22	19
Base: all families assessed	*761*	*1390*	*2151*

For those families already separated at the assessment stage, 91 per cent of mothers assessed were the parents with care (PWCs), five per cent had shared care and only four per cent were non-resident parents (NRPs). Conversely, 80 per cent of the fathers assessed were non-resident, 13 per cent had care of the children and seven per cent had shared care (Table 5.3).[31]

Table 5.3 Care arrangements, by parent assessed

	Mother assessed	Father assessed	Total
	%	%	%
Mother is parent with care	91	80	88
Father is parent with care	4	13	7
Children in shared care	5	7	5
Base: all families assessed no longer living together	*1022*	*490*	*1368*

In the majority of cases it was more common for only the parent with care to attend the assessment (see Table 1 in Annex B). Having both parents present in only a minority of cases had implications both for the services that could appropriately be offered, and on the potential effectiveness of the pilots to address the needs of the families referred.

Other demographics of families

The majority of families had only one child (39 per cent) or two children (37 per cent). A third were larger families with three (16 per cent) or four or more children (seven per cent) (see Table 2 in Annex B). The vast majority of families supported by the pilots had young children, either under school age (45 per cent) or of primary school age (43 per cent). Only a minority (12 per cent) of families included only had secondary school age children (See Table 3 in Annex B).

The vast majority of parents were aged 26 and over (see Table 4 in Annex B). Only a small proportion were aged under 25 and these appeared mostly in the pilots which specifically sought to target young parents who were separating or already living apart.

In terms of ethnicity, the majority of parents using the pilots were white British (81% for mothers and 79 % for fathers. See Table 5 in Annex B). However, several pilots sought to

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[31] This is in line with previous studies. See, for example, Mooney et al. 2009. The Impact of Family breakdown on Children's Wellbeing. Thomas Coram Research Unit for Department for Children School and Families.

target minority BME groups, particularly where there were perceived to be high needs in the local area. When undertaking qualitative interviews with parents, it became clear that BME parents going through separation could experience particular needs and challenges, such as heightened barriers to accessing services and community stigma.

> One mother from an Asian background who experienced domestic violence before separating from her husband, described the difficulties she experienced in seeking help:
>
> > *'My own family was saying the same thing as my husband. It is the stigma and there are cultural issues. English women find it so much easier to find and get help… I just knew what was happening was wrong but I didn't know there were places to help. Women like me from other cultures – you don't think you are going to be heard.'*

A small minority of parents classified themselves as disabled (five per cent of mothers and four per cent of fathers. See Table 6 in Annex B). Only a very small proportion of parents were either refugees or seeking asylum (See Table 7 in Annex B).

5.2.2. Timing of families becoming involved with the pilots

Understanding the best point at which to help families in their separation process – to minimise any negative impacts on the parents or the children – is an important issue when considering the types of support that could be made available to families in the future.

There were gaps in the monitoring data around the time period since parents separated, but drawing on the available data, in 19 per cent of families assessed, the parents were still living together. Among those who had separated, the pilots had attracted both those who had separated very recently (eight per cent less than two months previously,) and those who had been separated for some time (12 per cent more than two years previously).

Table 5.4 Length of time since separation

	%
Still living together	19
Separated less than two months ago	8
Separated between two and six months ago	8
Separated between six months and a year ago	6
Separated between one and two years ago	7
Separated more than two years ago	12
Separated but don't know length of time since separation	41
Base: all families assessed	*1825*

While the pilots were originally designed to target recently separating parents, the qualitative interviews found that new issues and difficulties still arose for parents who had been separated for some time. This was particularly the case in relation to disagreements about contact arrangements. It could also take a long time (even a number of years) for some parents to realise that they needed help and seek support:

'I didn't realise that I needed help. With hindsight I would have used services sooner, but then wasn't ready to look for help. It was the depression this year that tipped the balance…it is hard realising that you need help.' (Resident mother).

This is supported by the survey data, which found that regardless of the length of separation, for virtually half (49 per cent) of parents interviewed the pilots were the first place that they had sought advice around their separation.

While in some cases parents reported a catalyst event that prompted a final separation, there was commonly a complex background of difficulties within a relationship that led to this point. Relationships could often fluctuate between periods of stability and multiple periods of separation:

'We separated nine months ago, but it was on and off for ages. It reached a point where it stopped. It was very messy.' (Non-resident father).

There were some differences in the routes that families used to approach the pilots according to the length of time they had been separated. Self-referral was slightly more common among families who were still together or had separated more recently. As the length of time since separation increased, the proportion of self-referrals dropped. The pattern was similar for referrals from advice or voluntary agencies, with the proportions dropping as length of time since separation increased. Conversely, referrals from children's centres or schools were more common for families who had been separated for longer as were referrals from solicitors or other legal routes (see Table 8 in Annex B).

Relationship status prior to and after separation

Of those cases where the parents were already living apart at the time they engaged with a pilot (81 per cent), only seven per cent involved parents who had never lived together. Fifty-five per cent were or had been married and 38 per cent cohabiting (See Table 9 in Annex B). By the time of the assessment, 29 per cent of mothers and 45 per cent of fathers were in a new relationship (See Table 10 in Annex B). In the qualitative interviews it emerged that new partners could often be a source of friction between separated parents, particularly in relation to contact issues.

One non-resident father, separated four years previously, had had a stable pattern of contact with his child. However, difficulties emerged with these arrangements when his former partner began a new relationship: '*She [ex-partner] said my son had a new dad and told me to back away. I felt it was unjust, so I got a solicitor.'* (Non-resident father)

5.2.3. The extent to which the pilots concentrated on economically disadvantaged families

Part of the evaluation sought to determine the extent to which the families targeted by the pilots could be viewed as economically disadvantaged at the time of assessment.[32] This was gauged using four measures collected by pilots as part of the monitoring system: whether either or both parents were on means-tested benefits; whether or not they were working; and their tenure and postcode both before and after separation (linked to administrative data on area deprivation indices. See Annex A for details on methodology).

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[32] Note that this may or may not reflect their economic circumstances prior to any breakup.

Mothers being offered services by the pilots were more likely to be worse off financially than the fathers: the majority of mothers (60 per cent) were on means-tested benefits, and only a third (33 per cent) were working 16 hours a week or more. Fathers were less likely to be on means-tested benefits (33 per cent) and the majority were working 16 hours a week or more (64 per cent). As discussed earlier the mothers using the pilots tended to be the parents with care (see Table 5.3), therefore the data suggests that child-caring responsibilities made it more likely that mothers would not work and would use benefits for financial support. If mothers were working or looking for work, this was generally part-time:

> *'I'm looking for work but it is a bit of a nightmare. Trying to find good hours is a problem so I can have the children... it has been very awkward and difficult not having work... I have no income at the moment.'* (Resident mother)

Similarly, the minority of fathers with care of the children also found they had to reduce their working hours or in some cases give up work:

> *'I'm self-employed as a taxi driver. Since looking after my son I've worked less hours, so I can take my son to* school *and be flexible.'* (Resident father).

However, while non-resident fathers were more likely to be financially stable, a sizable minority were disadvantaged: according to the monitoring data one fifth were unemployed, either looking for work (15 per cent) or not (five per cent) and five per cent were disabled. Similarly a number of fathers stated in the qualitative interviews that they had experienced redundancy due to the national economic downturn.

Table 5.5 Economic status of parents

Economic status	Mother	Father
	%	%
On means-tested benefit	60	33
Not on means-tested benefit	40	67
Working 16 hours a week or more	33	64
Working 1 to 15 hours a week	15	4
Unemployed and looking for work	9	15
Unemployed and not looking for work	12	5
Student	3	1
Looking after the family	22	3
Sick or disabled	5	5
Other	3	4
Base: all families offered services (monitoring data)	*1439*	*1068*

Before separating (or currently if still living together) 49 per cent of families were living in housing that they owned, 19 percent were privately renting and 27 per cent were living in social housing. Fewer parents were living somewhere that they owned at the point of assessment (41 per cent of mothers and 39 per cent of fathers) than prior to their separation. While mothers were just as likely to be in social housing as they had been prior to separation (26 per cent), fathers were less likely (18 per cent). Fathers were more likely than mothers to be staying with family or friends (13 per cent of fathers. See Table11 in Annex B). Using the postcodes of the families' homes prior to separation, it can be ascertained that the families assessed by the pilots were more likely to live in deprived areas than the general population (see Table 12 in Annex B).

Using the criteria of benefit status, employment status, tenure and postcode, it appeared that while a reasonable proportion of the parents using the pilots were disadvantaged and on low incomes (mothers especially), the pilots also helped a fair proportion of families where parents were working, not reliant on means-tested benefits and lived in privately owned housing in more affluent areas. However, an important factor to consider from the qualitative data was that while a number of families could not be considered economically disadvantaged, financial issues could still be very problematic after separation, due to factors such as debt, difficulties with housing and legal costs.

> One service provider from an advice agency described how complex financial difficulties were common for families with low incomes who owned their own homes:
>
> *'It was particularly complicated for those that jointly owned their house but were on low income. If the other parent was on a low income then they couldn't afford to keep on paying the mortgage and rent somewhere else also. Often the parent with care wanted to stay in the family home but their income was often not enough to cover things especially if they had not been working and were looking after the children. It could be easier to sell the house, but then the equity from the sale would make them not eligible for benefits. This was a hard choice for people - whether to scrape by and keep the house or sell it but then not be able to get any financial support. If they were on good terms with the other parent it makes these choices easier but if not that was very hard.'* (Partner)

Types of families accessing the pilots

In order to take account of the range of demographics and circumstances when reporting on the monitoring data, cluster analysis[33] has been used to group families into different types or profiles, using the monitoring data in order to understand the types of families who accessed the pilots and to explore which families received different services[34]. These family typologies were constructed using a wide range of monitoring variables[35]. Separate typologies were constructed if mothers and fathers came alone to the assessment, or if both parents attended together, as they frequently had different needs (Table 5.6).

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[33] Cluster analysis is a statistical approach to categorise individuals into groups of 'similar' people according to their responses to the survey questions.

34 Ideally,, these would have been used in the analysis of the relative effectiveness of different services and models of delivery. However, limited numbers of parents in the survey meant that this level of detail could not be replicated in the survey analysis. Rather, family characteristics are accounted for using regression models.

35 Whether living together or length of time since separation; Number of children; Age of parent; Whether parent in a new relationship; Status of previous relationship; Tenure prior to separation; Issues of domestic violence; Amount of contact; Employment status; Whether on means-tested benefit; Employability or job security concerns; Whether maintenance being paid; Housing concern; Physical and mental health concerns about parent; Physical and mental health concerns about children.

Table 5.6. Family typologies

Economically Disadvantaged:	
1) **High needs:** with many presenting problems and issues of concern	**Mother (M1) or Father (F1) only at assessment:** least likely to be working; has employability concerns; likely to be on means-tested benefits; usually no child maintenance; no contact with former partner (or with children for fathers); likely to have domestic violence, drug/ alcohol and/or housing concerns; most formerly cohabiting. **Couples both at assessment (C1):** high rates of domestic violence and/or drug alcohol concerns; tend to be younger parents; likely to be on means-tested benefit; likely to be mental health concerns
2) **Medium needs:** with some presenting problems and issues of concern	**Mother only at assessment (M2);** Unlikely to be in work; likely to be receiving means-tested benefit; many without child maintenance; have some contact with former partner; some housing concerns **Father only at assessment (F2):** less likely to be working; likely to have employability concerns; likely to be on means-tested benefit; most paying child maintenance; reasonably likely to have contact with children; high rates of physical or mental health concerns.
Not Economically Disadvantaged:	
3) **High needs:** with many presenting problems and issues of concern	**Mother (M3) or Father (F3) only at assessment:** Not likely to be getting child maintenance; Some domestic violence issues; likely to have housing concerns; higher than average concerns about mother's mental health; fairly likely to be working; reasonably likely to have contact with former partner (or children for fathers); no child maintenance; nearly all previously married
4) **Low needs:** with few presenting problems and issues of concern	**Mother (M4) only at assessment:** almost all in work; unlikely to be on means-tested benefit; likely to be getting child maintenance; have some contact with former partner (or children for fathers); some domestic violence issues (but less than other groups); few housing concerns; nearly all previously married **Father only at assessment (F4):** very likely to be working; not on means-tested benefit; likely to be paying child maintenance; reasonable amount of contact; few domestic violence and housing concerns; **Couples both at assessment (C4):** mother likely to be working and not on means-tested benefits; father likely to be working; quite likely to have maintenance; reasonable contact; not many domestic violence concerns

Further analysis showed what proportion of families in each of the above types, accessed which model of service - group A or group B. (See Table 13 in Annex B). Key findings include:

• Pilots in group A offering a wider set of services were more likely to work with economically disadvantaged parents, and those with a greater number of issues to resolve.

• A greater number of mothers who came to the assessment alone came with a wide range of problems, than did fathers or couples.

• Fathers were more likely to access pilots in group B offering a narrower set of services (70 per cent).

5.2.4. The circumstances and issues of concern for families

This section briefly covers the circumstances and concerns of families, which the pilots might have taken into account when assessing which services were most appropriate to meeting their needs. The findings provide baseline information against which change can be measured using the four-month follow up data (see Chapter 7).

Contact and maintenance arrangements at the point of assessment for separated parents

In a substantial minority of cases there was no regular contact either between the parents or between the non-resident parent and the children (Table 5.7). Given the strong service focus on mediation and counselling, this is a key issue and any changes which took place are explored in Chapter 7.

Table 5.7 Contact at point of assessment

	Between parents	Between NRP and children
	%	%
Daily	10	9
Not daily, but at least once a week or more	39	44
Once or twice a month	16	18
Less often	14	12
No contact	20	18
Base: all families offered services where parents have separated (monitoring data)	*1143*	*1158*

A significant number of parents in the qualitative interviews reported that they did not get on well with their former partner or that any contact was often limited or variable. In relation to contact with the children, a major area of concern for resident mothers was around lack of reliability and what they perceived as poor parenting from their former partner:

> *'He is unreliable and it has upset the children – he doesn't phone every night and is not around. He's very erratic – friendly one minute and then aggressive. It sends out mixed messages.'* (Resident mother).

In contrast, the most common problem for non-resident fathers was not having any, or sufficient, contact with the children.

One non-resident father described how he had had only very limited access to his nine month-old daughter since she was born. It was very important for him to be able to have regular contact with her on a one-to-one basis: '*She is beautiful – the best thing in my life… I want to be able to develop my own relationship with her… I want to bring her home and introduce her to my family.*'

Similarly, at the time of the assessment only just over a quarter (27 per cent) of separated parents had a child support arrangement in place that was working well. A significant proportion (60 per cent) had no arrangement at all, and the remainder had an arrangement which was seen by one of the parents as unsatisfactory (See Table 14 in Annex B).

Families' circumstances at the point of assessment

Within the monitoring system, pilot staff reported on what they perceived to be potential issues or risk factors for the families involved, such as domestic violence, ill-health, housing or employment problems, and drug or alcohol dependency. In some cases these issues were discussed directly with parents during an assessment but, because of their sensitive nature, in others the reports represent the perceptions of the pilot staff.[36]

The most common risk identified by the pilots was domestic violence. In a fifth (21 per cent) of the families offered services, there was a history of domestic violence and staff perceived this to be a risk in a further seven per cent of cases (See Table 15 in Annex B). Similarly, in the qualitative interviews a relatively high number of mothers reported having suffered domestic violence.

One interviewee was physically and emotionally abused by her ex-husband, and she miscarried her baby after a violent attack: *'For him he doesn't feel that it is wrong because he is married to me'*. When she became pregnant again, she decided to leave home and temporarily moved in with her brother. However, for safety and practical reasons she could not remain. She called the domestic violence helpline and was put in touch with the pilot, whose staff found her accommodation in a nearby hostel: *'I don't want to have contact with him. At first he kept calling me and harassing me. It's been better since I moved and he doesn't know where I am.'*

In a substantial minority of cases, staff had concerns over the mental health of members of the family, in particular that of the mothers and one or more of the children. While staff rated the mental health of only a small proportion of family members as being of 'great concern', the mental health of a quarter of mothers and children was rated as being of 'some concern' (see Table 16 in Annex B). One mother described her fluctuating mental state:

> *'My emotions are highs and lows. When I'm in a high I want to get on with life. When I'm low I think about giving up on house and life for 12 years. Got to keep positive… but emotionally it is very hard – I often sit and cry.'* (Resident mother)

The physical health of family members was less often a concern, and drug and alcohol issues were relatively rare, though slightly more prevalent among fathers.

Among concerns over the stability of the parents' circumstances, staff more often had concerns over a parent's housing than over his or her employment. Staff were concerned with the housing situation of over a quarter of mothers and one in five fathers (See Table 17 in Annex B). Where staff did have concerns about employment issues, these were more likely to be around parents' ability to find work than to keep a job they had.

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[36] Where staff felt unable to assess whether there was an issue, they have coded this as 'unknown'. In the analysis the 'unknowns' have been kept in the base and treated like the 'no concern/no risk' in order to be able to report on the proportion of all families offered services for whom something was a known issue or risk factor.

Employability was a concern for just under one in five parents, while job security was a concern for a small minority of mothers and fathers (See Table 18 in Annex B). However, from the follow-up qualitative interviews, job security and redundancy due to the recession became an increasing concern as the pilot progressed:

> *'I've recently been made redundant after seven and a half years. I'm not very happy about it. I would like to work again but have no qualifications or IT skills as I'm older. I'm 50 now.'* (Resident mother)

5.3. Key messages and learning points

• Of the 2,030 parents offered an assessment 1,944 (96 per cent) were then offered a service. This indicates that the majority of decision-making around whether parents were eligible for services appears to have taken place when the pilots decided whether or not to offer an assessment to a family, rather than after the assessment itself.

• The actual number of clients receiving services from the pilots was lower than expected from the original project proposals. The set-up process (such as developing new partnerships, setting up referral and assessment systems) across all the pilots took longer than anticipated. Some pilots experienced challenges in reaching particular target groups, and stigma around parents discussing their separation meant that it took longer to reach out to families and build trust. When the close of the pilots was announced many needed to stop taking on new clients. Therefore, on average the pilots were only in full operation for nine to twelve months, which had a significant impact on client numbers.

• In the majority of cases, the pilots were working with only one parent in the family, and this was most likely to be the mother (60 per cent), with only 21 per cent being fathers and only 19 per cent with both parents attending. Even for couple-focused services such as mediation, a key challenge was encouraging both parents to attend. The majority of mothers assessed (91 per cent) had care of the children, whereas most of the fathers were non-resident (80 per cent).

• While the pilots were originally designed to target recently separating parents, the evaluation found that they also attracted those who had been separated for some time as new issues and difficulties arose. This was particularly the case in relation to disagreements about contact arrangements. Relationships could often fluctuate between periods of stability and multiple periods of separation.

• Mothers being offered services by the pilots were more likely to be worse off financially than the fathers: the majority were out of work and/or on benefits mainly due to child-caring responsibilities. However, fathers with care of the children were also more likely to reduce their working hours or give up paid employment, and a sizable minority of fathers (20 per cent) were economically disadvantaged.

• Pilots in group A offering a wider set of services were more likely to work with economically disadvantaged parents, and those with a greater number of issues to resolve, and were more likely to work with mothers. Fathers were more likely to access pilots in group B offering a narrower set of services.

• While a reasonable proportion of parents using the pilots were disadvantaged and on low incomes, the pilots also helped a fair proportion of families where parents were working, not reliant on benefits and lived in privately owned housing in more affluent areas.

However, it was found that financial issues for more well-off families could still be very problematic after separation, due to debt, housing and legal costs.

- In a substantial minority of cases there was no regular contact either between parents or between the non-resident parent and their children. A major area for concern for mothers was around the reliability of their ex-partner or what they perceived as poor parenting. For fathers the most common difficulty was not having any or sufficient contact with the children.

- In terms of families' circumstances, the most common risk-factor identified was domestic violence, with a fifth of families experiencing this receiving services. The mental health of members of the family, particularly of mothers and children, was also a significant concern. Physical health was less of a concern and drug and alcohol issues were relatively rare. Staff more often had concerns over parents' housing than over their employment.

6. Delivering support to parents

This chapter focuses on the process of families' engagement with the pilots, looking at which services they sought and which they received, as well as their expectations and areas of satisfaction or dissatisfaction with provision. This is particularly useful for future planning of services for parents going through separation or relationship difficulties, in order to understand what support families need at which points in the separation process.

6.1. Services sought by parents

When asked in the survey what they were seeking when they first contacted the pilots, about a quarter of parents (23 per cent) had no clear idea what advice they wanted at this stage and thus were seeking 'general advice'. Using the service typologies developed in Chapter 3, we can ascertain that the highest proportion of parents (59 per cent) were seeking practical advice (including 'general advice'), and almost half of parents (47 per cent) were looking for support focused on their children (e.g. child counselling or contact). Only one in seven (14 per cent) were actively seeking emotional support such as counselling for themselves.

Table 6.1 Advice/support sought at referral

Type of advice/support sought	%[37]
Emotional Support Total:	**14**
Counselling for themselves/their (ex)-partner	14
Practical Support Total:	**59**
General advice[38]	23
Mediation/conflict resolution	14
Financial/debt advice	9
Housing advice	7
Legal/court advice	6
Benefits advice	3
Employment/childcare advice	1
Advice over domestic violence	1
Health/mental health advice	1
Child Centred Support Total:	**47**
Counselling for children	22
Help with contact arrangements	16
Parenting support	13
Educational support for children	1
Fathering support	1
Other issues	**6**
Did not know	2
Base: all parents (survey data)	*292*

The monitoring system also recorded what pilot sites saw as being the families' presenting issues at the assessment stage, which are rather different from the parental report in the survey (Table 6.2). However, this might be attributable to providers assessing the situation

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[37] Families might have been seeking advice/support on one or more issues, so percentages total more than 100.

[38] 'General advice' refers to the survey data, rather than the monitoring. This code was used if respondents' were unable to say or did not know exactly what advice or support they were seeking, but rather, that they contacted the provider for general help with their issues.

in light of the potential services available to families, whereas parents might not have considered the usefulness or availability of some services. As a result, the proportion of families reported as seeking counselling support is much higher from providers than from parents (30 per cent compared with 14 per cent).

Table 6.2 Advice/support sought at referral (providers' assessment)

Type of advice/ support	%[39]
Counselling for parents	30
Counselling for children	25
Mediation/conflict resolution	25
Contact arrangements	18
Benefits advice	18
Parenting support	17
Housing advice	16
Legal/court advice	14
Financial/debt advice	13
Dealing with domestic violence	8
Fathering support	7
Employment/childcare advice	4
Educational support for children	1
Other advice/support	6
Base: all families referred (monitoring data)	*3254*

Parents in the different family clusters (outlined in Section 5.2.3) were seeking quite different types of support, with major distinctions between (a) mothers versus fathers (b) those coming as a couple versus alone (c) those coming with many versus fewer issues (See Table 19 in Annex B for the full table). The key findings are:

• When both parents came to the pilots together for the assessment, large proportions (over 40 per cent) wanted conflict resolution, mediation and counselling (for both parents and children).

• When mothers with high needs came alone and presented with many issues, they were less likely than others to be seeking conflict resolution or mediation or to discuss contact arrangements. Their concerns were more about practical advice on finances, benefits and housing. They were also more likely than other parents to be asking for advice about how to deal with domestic violence.

• Those most likely to be seeking legal advice were parents (both mothers and fathers) who were less economically disadvantaged, but had a range of problems.

• Contact arrangements were most often an issue for fathers.

There were also some differences in the types of advice or support being sought by parents depending on how recently they had separated (Table 6.3):

• The proportion of families seeking mediation increased roughly in line with the length of time since they had separated, with 37 per cent of those who had separated one or two years previously seeking mediation compared with 26 per cent of those who had separated less than two months previously.

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[39] Families might have been seeking advice/support on one or more issues, so percentages total more than 100.

- Likewise, the longer the time since separation, the greater the proportion of families wanting help with contact issues (58 per cent of those who had been separated for more than two years compared with 36 per cent of those separated within the previous two months).

- Recently separated families were more likely than others to be looking for practical advice, for example around housing and benefits (42 per cent of those who had separated during the previous two months compared with 23 per cent of those already separated for more than two years).

Table 6.3 Advice or support sought by length of time since separation

Row percents		Mediation	Counselling	Contact/ parenting/ children's issues	Practical support	Legal advice	Other	*Base: all families assessed*
Still living together	%	24	56	25	41	19	10	339
Separated less than two months ago	%	26	53	36	42	17	20	149
Separated between two and six months ago	%	31	50	42	38	10	12	137
Separated between six months and a year ago	%	34	52	40	32	10	19	108
Separated between one and two years ago	%	37	57	49	24	11	16	124
Separated more than two years ago	%	32	52	58	23	13	10	208
Don't know length since separation	%	34	45	40	29	21	9	735
All families assessed	%	*25*	*50*	*37*	*30*	*14*	*11*	*2053*

6.2. Services offered and received by parents

This section discusses the services offered to families as a result of their assessment and the services they eventually received. The key points to take from the monitoring data are (a) the strong focus on counselling and mediation and (b) the very wide range of support offered across the ten pilot areas. More specifically:

- The most commonly received forms of support were arguably the most intensive ones: counselling, for either parent (one-to-one, 35 per cent) or children (25 per cent); and mediation or conflict resolution (23 per cent).

- Although families received these kinds of intensive services more commonly than practical advice, substantial minorities of families received the latter. For instance, 19 per cent of families received advice about benefits, 14 per cent about housing issues and 13 per cent received financial or debt advice.

Table 6.4 Services offered and received[40]

Type of service	% offered[41]	% received
One-to-one counselling for parents	38	35
Counselling/therapy for children	32	25
Mediation/conflict resolution	28	23
Benefits advice	21	19
Housing advice	18	14
Financial/debt advice	15	13
Contact support	15	12
Legal/court advice	15	18
One-to-one parenting support	15	19
Group counselling for parents	12	2
Dealing with domestic violence	7	6
Fathering support	7	6
Employment/childcare advice	4	4
Group parenting support	6	5
Social interaction with other separated families	4	5
Educational support for children	2	4
Base: all families offered services (monitoring data)	*2053*	*1415*

Below in Table 6.5 the services received have been condensed into the three service types introduced in Section 3.2 and presented in separate columns for the two types of pilot (A and B). This data highlights the stronger focus of pilots in group A on providing practical and child centred services, alongside the greater likelihood that parents would receive a wider range of services. Parents in group A were more likely to receive services which were practical (70 per cent did so compared with 45 per cent of parents in group B) or child centred (80 per cent did so compared with 39 per cent in group B).

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40 The monitoring data was used to report on the services received, as providers were expected to be able to report more accurately. Additionally, there is more data from each pilot than from the survey.
41 Families might have been offered/received one or more services, so percentages total more than 100.

Table 6.5 Service types, by area type

Type of service	Group A: Wider set of services, higher cost	Group B: Narrower set of services, lower cost	Total
	%	%	%
Emotional	45	43	43
Practical	70	45	52
Child centred	80	39	52
Base: all families offered services (monitoring data)	*374*	*854*	*1228*

Similarly, when analysing the number of hours that pilots spent with families, on average the pilots in group A spent considerably more time with parents than those in group B. In group A only five per cent of parents received a service lasting less than two hours, whereas in group B just over a third (37 per cent) received a very 'light touch' service. Conversely, 24 per cent of parents in group A received a very intensive service lasting 21 hours or more, compared with 11 per cent in group B. This is not surprising given the targeted, more holistic approach taken in by pilots the areas in group A. (This is explored further in Chapter 7).

As anticipated, families receiving practical advice services tended to be 'lighter touch', with the majority (60 per cent) having five hours or less of service. In contrast, those receiving emotional or child centred services had more intensive services, lasting six hours or more in the majority of cases.

Table 6.6 Area and service types, by hours of services received

Row %	Under 2 hours	2 to 5 hours	6 to 10 hours	11-20 hours	21+ hours	*Base*
Area types						
Group A: Many services, higher cost per head	5	28	27	24	24	*355*
Group B: Fewer services, lower cost per head	37	30	21	21	11	*898*
Total	28	30	22	22	15	*1253*
Service types						
Emotional	10	28	27	26	9	*462*
Practical	31	29	17	14	9	*598*
Child centred	13	26	27	23	10	*587*
Total	23	30	16	16	6	*1111*

Take-up and attendance

As shown above in Table 6.4, the proportion of families offered a service was similar to the proportion receiving it, which suggests high levels of take-up. The one service where take-up appeared to be lower was group counselling for parents. Conversely, more people attended one-to-one counselling or one-to-one parenting than were originally offered them.

Very few parents interviewed in the survey decided not to take up a service offered, though there was some evidence of parents not taking up services because their partner or ex-partner did not want to. This was particularly the case for advice around contact, counselling and mediation where nearly half of those not accepting it said it was the decision of their (ex-) partner.

With the exception of mediation, where three-quarters of parents attended together, very few services were attended simultaneously by both parents. Less than half of parents receiving support around contact issues attended with their former partner. Counselling was routinely attended by individual parents rather than by couples. It was more likely that both parents would engage with services in cases where only the father attended the initial assessment (36 per cent of cases). In only 21 per cent of cases where the mother was assessed alone did fathers then engage with the service.

6.3. Parents' experiences and views of support

Parents' expectations and experiences of the support are outlined below. Key elements of the services which the parents found helpful and barriers to accessing support are also explored.

6.3.1. Parents' expectations of support

Before attending their first session parents had various expectations from the services. For a few these were very low as they did not understand its purpose and thus were unsure about how it could help. Others were looking for someone to talk to who was objective, or for specific help, for example with their relationship or with debt problems.

> *'Thought we would go together to talk about the issues and resolve at least some of them.'* (Resident mother)

> *'We needed some help in sorting out the basic arrangements.'* (Resident mother)

> '*Talking to someone who is trained in psychology. My children are too young to talk to someone themselves. But I can get someone to understand what children are thinking and how to deal with it.'* (Resident mother)

Others, having reached crisis point, were looking for any form of help:

> *'I would have taken any help at the time because the 11 year-old, then 8 years old, had a breakdown.'* (Resident mother)

> *'I just wanted someone to listen to me. I didn't know where else to turn.'* (Resident mother)

> *'I was a total wreck - I needed help otherwise I would have strung myself up.'* (Resident father)

A few parents hoped that the service could help them reconcile their relationship:

> '*Hoped they'd refer us to (*counselling partner*) and we'd get back together.'*
> (Resident mother)

Parental views of the usefulness of support

The majority of parents surveyed (87 per cent of 292) said that they had found the services they had received as part of the pilot helpful. This included 58 per cent who found it 'very helpful' and a further 29 per cent who said it was 'quite helpful'.

> '*I felt very listened to on the phone (with domestic helpline). At that period my husband kept calling and harassing me, but they were always listening at the end of the phone. The project were very helpful….they supported me to apply for permanent status, and helped me apply for benefits for the baby until I was able to work again. They helped me settle down properly and managed to get me a place to stay at* (women's refuge).' (Resident mother).

> '*When we were talking about our problems she got us listening to each other and we never did that when we were talking on our own.'* (Mother attending with father).

Service elements, which were found particularly helpful included having an objective and confidential person to talk to and having a one-stop shop where they could access a range of help, such as advice and counselling in a timely manner. However, a few parents found that their issues were too complex or not suitable for the service:

> '*No one can do anything at the moment. If it goes to court then something can happen…(the service) is not good for trying to help someone who's not got access.'* (Non-resident father)

Table 6.7 Parents' assessment of helpfulness of types of services

Row%	Very helpful %	Quite helpful %	Not very helpful %	Not at all helpful %	Don't know %	*Base*
Practical advice	66	21	8	2	2	131
Emotional support	68	27	4	1	1	83
Services aimed at improving child outcomes	68	23	6	2	2	151

The most helpful service type was emotional support followed by services aimed at improving child outcomes (see Table 6.7 above). Fewer parents found mediation helpful, for reasons which included the partner not attending or actions not being put into place by the other parent:

> '*You need the co-operation of the other partner and she was unwilling.'* (Non-resident father)

Looking at the different types of support, the key elements which the parents found helpful are:

Type 1: emotional support

- Having someone confidential and objective to talk to
- Feeling heard
- Being given the opportunity to reflect and share thoughts
- Being provided with tools to deal with issues
- Being given communication strategies to be able to talk to the former partner about the children's contact and financial arrangements
- Having a designated member of staff for support
- Having individual space and time.

> '*When you have a child you don't always have time for yourself … I had time for myself in the counselling sessions.*' (Resident mother)

> '(The service) *encouraged me to think about my safety and to know my rights. They told me that my ex-partner is entitled to come in to the family home as he owns it. So they taught me to have a bag ready with my ID and clothes in case I needed to leave fast. If he ever got violent I would feel safer. They gave me the phone number of* (refuge- part of the pilot project). *It gave me time to think about the next stages.*' (Resident mother)

Type 2: practical support

- Staff who had knowledge of a wide range of issues such as housing, benefits, legal and contact arrangements
- Services which could make onward referrals to other appropriate services quickly if needed
- Staff who were willing to accompany parents to council or welfare appointments and help them complete forms
- Services able to deliver advice over the phone and via text.

> '*Without them we wouldn't have managed. They helped with the council applications for housing….They put me down as homeless and in band 2 rather than a single parent. Got me in the band I needed to be in.*' (Resident father who received temporary housing for himself and his son)

Type 3: child centred support

- Reflective space for a child to talk about their feelings with someone outside the family and school
- Learning key parenting strategies for communicating positively with the child
- Opportunity to gain support from other parents.

> '*It was great to have some other people who have been through what I've been through before. I'd been believing that I'm not a good mum – he messed with my mind. The other mums helped me to be able to see that I'm doing all right. It helped me feel more confident as a mum.*' (Resident mother)

'They helped my son. He had someone he could openly talk to and someone that knew what he was talking about without judging him. So yes, this was the main issue and now my son is doing well.' (Resident mother, son using service)

There was a variation between the views of parents who received a wider, more costly set of services and those who received a narrower set of services at lower cost. In particular, the former were considerably more likely to report that they thought the support was 'very helpful' (71 per cent compared with 48 per cent). Reasons included parents liking one-stop type services where they could access a range of services to suit their often complex needs when they had limited time to travel and research other services. One resident mother received both counselling and legal advice which helped convince her that she was making sensible decisions and built her confidence and knowledge about her rights regarding the family home which her former partner owned. Many mothers found services which offered domestic violence support and counselling extremely helpful in providing safe accommodation and an opportunity to reflect on their situation. One resident father gained practical advice and legal advice to gain funding for the renewal of his taxi licence (to be able to continue to work), child benefits, temporary housing, and furniture for his new home.

Those who had thought the services helpful overall were asked to reflect on whether the advice or help received was simply useful in their current circumstances, or whether it would be helpful for them in the longer term. Their views on the extent to which this was the case are presented in Table 6.8 below. It shows that overall more than half (56 per cent) thought that the help they had received would be useful in the longer term, while 40 per cent thought it had only been helpful to resolve current issues. Emotional support was thought to be the most helpful for the long term and practical advice was seen the least helpful long-term. However, a resident father explained how the advice service he accessed would be useful in the longer term as it had empowered him to understand legal and council procedures and language:

'*Now my life has been completely turned around. I picked up reasonability – thanks to this organization. Wouldn't know where I would be with out them.'*

At the follow-up interview he added:

'It (service) will help me in the future as I now know my rights. Eye opener to the benefit system…I've picked up some tips (and) stand up for myself now. I know what I am entitled to rather than just asking and being ignorant.'

Table 6.8. Whether help received would have longer term impact

Row %	Helpful for longer term %	Just helpful for current circumstances %	Don't know %	Base
Practical advice	58	38	4	115
Emotional support	69	26	5	78
Services aimed at improving child outcomes	62	33	5	136
Received services only at assessment	52	44	4	48
Wider set of services/higher cost(A)	60	36	4	117
Narrower set of services/ lower cost(B)	52	43	4	136
Total	56	40	4	253

Sixty per cent of the parents in the survey would have valued a continuation of the support role played by the pilots. The proportion was highest among parents who had received a wider set of services (67 per cent compared with 54 per cent receiving a narrower set). Parents who had received emotional support services were most likely to value continued support (75 per cent compared with, for example, 63 per cent of those getting practical advice), and were also most likely to have this support already in place (42 per cent). From the qualitative interviews, a number of parents expressed their sadness that the pilot service was ending as they had found it useful and wished to gain further support from the project. One resident mother explained that she had not yet finished her emotional support sessions when the project ended:

> *'I would have loved to have more sessions but the service closed before they had finished the sessions they had to do. I did not get to discuss things like how to talk about education or finances with my ex-partner.'* (Resident mother)

From the first round of qualitative interviews only four parents said they would not recommend the service, three were unsure and the rest said they would recommend the service to family and friends, with several having already done so.

> *'Really would recommend this to others. It was a very nice environment – you felt at home. It was very different to what I expected. They help you move on... It helped me a lot to feel better with my life.'* (Resident mother, domestic violence service user)

6.3.2. Parents' experiences of using the services

Qualitative data was collected on parents' satisfaction and experiences on a range of service elements.

Accessibility of the service

Scheduling of meetings. The majority of the parents who were interviewed found that the timing of the appointments with the service had been convenient, and those in employment or with childcare problems found it helpful if they could access a service in the evenings or at the weekend. The speed with which appointments were offered impressed many parents.

> '*Seen when I first walked in. Fantastic as I was in the right frame of mind.*'
> (Resident mother)

> '*It makes a real difference being called back quickly on the phone. It takes a lot of courage to pick up the phone or sign up for help. The worst thing is if you then have to wait for weeks to be seen.*' (Non-resident father)

The majority of parents interviewed thought that the scheduling of their first meeting with the service came at the right time, although a few wished that they had found out about the service (or that the service had existed) closer to the point of separation.

Location of service. Services were generally easy to find. Parents appreciated those located near public transport links or with inexpensive car parking. Parents with young children valued home visits. One pilot site opened up counselling services in various rural areas, which enabled parents to access local services rather than having to travel into the city, thus saving them time and money.

The pilot sites which were based predominately in one location were positively received by parents as they enabled a range of services to be accessed quickly and easily. Parents also liked services which could be flexible in the delivery of the support, for example by providing advice by text or telephone, accompanying them on visits or arranging meetings in places which suited the client.

Pilot site staff

Across the sites, the majority of parents who were interviewed felt that the staff listened to them, and they particularly valued meeting the same member of staff each time as this allowed the development of an open relationship. Staff attributes which parents viewed positively included being non-judgemental, friendly, a good listener, objective, professional, sympathetic, trustworthy and compassionate.

> '*The counsellor who came to the house was wonderful. Amazing. He was a really nice man, a family man, sympathetic, sensible, very professional and very compassionate. It's a very difficult situation for him to come in to a home where the woman is vulnerable.*' (Resident mother)

> '*It's very helpful to talk to the same person every week so you don't have to go over it again.*' (Resident mother)

> *'They have been really good and understanding. I was nervous at first and didn't speak for a few sessions. But it was ok to not talk at first. It has been ok and they are non-judgemental.'* (Resident mother)

In the few cases where dissatisfaction with staff did occur it was because the staff member was seen as abrupt, giving unhelpful advice, lacking information or had replaced the original contact.

Barriers to parents using the service and learning points

Barriers to using the service fall under four themes; financial, practical, awareness of the service and anxiety.

Financial. The greatest barrier to using the services was potential cost. Most parents felt if the service had not been free it would have prevented them from using it.

> *'The fact that this was free was a significant factor because one of our issues is finances. Other services we've used cost about £60 a session, which is a lot at a time like this.'* (Resident mother)

Practical. Lack of flexibility in location, opening times, re-scheduling appointments and service delivery were other factors potentially affecting parents' use of the pilots.

Awareness of the service. A number of parents identified lack of prior information as a possible reason why they might not have used the service. In interviews, some parents were very confused about whether services they attended had been part of the pilot project. More branding and promotion might have been feasible if projects had had a longer setting-up period.

Anxiety. Many parents, not only those in the process of separating, are reluctant to access what are generally seen as 'helping' services. Pre-conceptions about what the service does, its typical client base (for example, middle-class families for counselling) and confidentiality alongside embarrassment and the perceived stigma of being seen as weak by admitting to needing help all act as deterrents to using this type of services. Many parents described there being a stigma in admitting to, and talking about relationship difficulties. Additionally the fear of not being taken seriously and of social services becoming involved was especially prevalent in cases of domestic violence.

> *'Fear of the whole system. Are people going to believe you? What will happen to your children*?' (Resident mother).

> '*I don't want to get involved with social services. They run your life.'* (Resident mother)

For many parents it also took considerable time (even years) for them to realise that they needed help, and they only approached services in crisis points:

> *'It takes a lot to recognise yourself that you may need help. I only went for help because things got really bad.'* (Resident Mother)

6.4. Key messages and learning points

Services sought and received by parents

• When first seeking support, the highest proportion of parents (49 per cent) needed practical advice, 39 per cent were seeking support focused on their children, and only 12 per cent were actively seeking emotional support such as counselling for themselves. It was notable that almost a quarter (23 per cent) of parents had no clear idea what support they wanted or was available.

• When parents approached a pilot together they were more likely to be seeking conflict resolution, mediation or counselling. The primary concerns of mothers with high needs attending alone were practical advice on finances and housing or domestic violence. Fathers approaching the pilots alone were more likely to be seeking help with contact arrangements.

• Recently separated families were more likely to be looking for practical advice around housing and benefits. The longer the time since the separation, the greater the proportion of families wanting help with contact issues or seeking mediation.

• The most commonly received forms of support were arguably the most intensive ones: counselling for parents (35 per cent) or their children (25 per cent) and mediation and conflict resolution (23 per cent).

Experiences of services

• The majority of parents surveyed (87 per cent of 292) said that they had found the services they had received helpful. A minority felt that their problems were too complex or not suitable for the service.

• Having a range of services available in one location was particularly helpful to parents, to enable them to access support in a timely manner. Having a prompt first appointment was important, alongside flexibility in delivery (face-to-face, text or phone). Parents who received the wider set of services (group A) were considerably more likely to find the support 'very helpful', than those who received the narrower set of services (group B) (71 per cent compared with 48 per cent).

• The most helpful type of service for parents was emotional support: parents particularly appreciated having an objective and confidential person listen to their concerns, having the opportunity to reflect, alongside being given tools to deal with emotional issues.

• Parents found services aimed at improving child outcomes helpful in providing a reflective space for their child to talk about feelings with someone not connected to the family or school. The opportunity to learn about parenting strategies to improve communication with their children was also appreciated.

• In terms of practical support services, it was particularly helpful for parents having staff with knowledge of a broader range of issues related to their separation (such as housing, benefits, legal and contact arrangements), who were willing to make fast-tracked referrals into other services, accompany parents to appointments and help them complete forms.

• Fewer parents found mediation helpful, due to their ex-partner not attending or cooperating, and hence actions not being followed through by the other parent.

• Just over half (56 per cent) of survey respondents considered that the help they received as part of the pilot would be helpful in the longer term. Emotional support was perceived to be the most helpful for parents in the longer term. A high proportion of parents (60 per cent), and particularly those receiving a wider set of services or emotional support, would have valued the continuation of the pilots,

• The key barriers which could prevent parents from using services were: financial (cost of services, travel and childcare); practical (located too far away, inflexible opening hours, delivery methods); awareness of services (not knowing where and what help was available); and anxiety (the stigma and embarrassment of asking for help, issues around confidentiality and concealing involvement from a former partner).

7. Impact and outcomes

A central purpose of this evaluation was to assess the relative effectiveness of different services and different models of delivery in supporting separated and separating parents to deal with the issues they presented with. The evaluation did not include a comparison group of non-pilot families, so the 'added value' of the pilots cannot be directly estimated. However, tracking families over time, albeit limited, enabled the study to explore whether some types of services are associated with greater improvements for separating families than others.

Even though there was no way of directly measuring impact, the study sought to assess the extent to which any observed improvements in circumstances were attributable to the pilot by using the self-reports of parents themselves. The survey asked for parents' perceptions of change over time (between the assessment process and the survey interview) and the extent to which they attributed such change in 'a large part' to involvement in the pilot – for the analysis this has tentatively been regarded as 'impact'. There is a danger in relying on self-reported impacts to test whether or not a programme has worked, because with well-liked programmes there is a tendency for beneficiaries to over-attribute positive change that they experience to the help they have received. For this reason we do not suggest that the self-reports of impact presented in this chapter be treated as anything more than indicative of the likely pattern and magnitude of genuine impacts. (Further details of the methodology used to collect and analyse data are provided in Annex A).

This chapter primarily explores the outcomes reported by parents in relation to changes to their circumstances, their family relationships, and to their health and wellbeing. The chapter will also examine outcomes in relation to partnership working and new approaches to service delivery from the qualitative data, alongside analysis of the comparative cost effectiveness of the pilots.

7.1.   Impact on families' circumstances and stability

The main outcomes on families' circumstances and stability collected from the monitoring and survey data include: overall financial circumstances, maintenance arrangements, receipt of benefits, employment status, job security, employability, stability and suitability of current housing and domestic violence (see Table 20 in Annex B).

As can be seen in Table 7.1 below, almost all parents surveyed (90 per cent) thought that at the time they were assessed they could be doing better financially (on a four-point scale with 'living comfortably' at one end and 'finding it very difficult' at the other end, ten per cent felt they were living comfortably). However, only ten per cent of parents indicated that their financial circumstances had improved as a result of the help they had received from the pilots. The proportions were even lower for those who believed that the pilot had been a key factor in improving their arrangements for maintenance payments.

Table 7.1 Changes in circumstances and stability

	Improvement possible at assessment stage %	Improvement reported at follow-up %	Pilot seen as key factor in improvement %
Financial circumstances	90	29	10
Maintenance arrangements in place (and not living together)	37	32	4
Receiving all benefits entitled to	15	[56]	[23]
Base: all families with services			
Financial circumstances	*292*	*263*	*263*
Maintenance arrangements in place (and not living together)	*292*	*109*	*109*
Receiving all benefits entitled to	*292*	*43*	*43*

The monitoring data only provided limited evidence on the impact on parents' financial circumstances. Table 7.2 reflects the findings reported above, that at the four-month follow-up stage maintenance arrangements improved for around a third of families (although as shown in Table 7.1 this was not linked with the pilot services). This was partly due to arrangements being set up in the interim period, as well as existing arrangements being made more effective (which includes those that at baseline were coded as 'not working well'). Of those families who, at the assessment stage, had either no arrangements in place or an arrangement that was not working well, a third (33 per cent) had an effective arrangement working well after four months.

Table 7.2 Change between baseline and four-month follow-up on the payment of maintenance

	Baseline %	Follow-up %
In place and working well	28	44
In place and not working well	14	5
No arrangements	58	51
Base: all families with services (excluding couples still together)	*406*	*406*
Percentage improvement (%)		**33**
Base: those without an arrangement working well at baseline		*291*

Further analysis was conducted on whether particular types and levels of service were associated with improvements in families' financial circumstances (See Tables 21 and 22 in Annex B). The analysis showed that the provision of practical services and a wider set of services (at a higher cost) were both significantly more likely to lead to improved financial circumstances. However, these differences were no longer significant after having controlled for any differences in family circumstances at the assessment stage (which could explain the differences identified at the follow-up stage). This means that there is no evidence to suggest that particular types of support are more likely to improve families' financial circumstances.

As indicated above (and see Table 20 in Annex B), evidence on these outcomes was mainly collected via the monitoring data, although one item of the survey also explored changes in parents' employment status. The monitoring data shows that in aggregate terms, the proportion of mothers and fathers entering paid employment over the four-month period was relatively low (Table 7.3). Indeed, mothers were slightly less likely to be working full-time, although this was compensated for by an increased chance of working part-time. Overall, though, there was a more noticeable fall in the proportion of mothers and fathers about whom the pilots were concerned in terms of their employability. This included a nine percentage point decrease in the proportion of mothers whose employability was a concern – from 33 per cent to 24 per cent (Table 7.3). Among those parents who, at assessment, were not working, 17 per cent of mothers and 23 per cent of fathers entered employment over the four-month period. Furthermore, for 44 per cent of mothers and 35 per cent of fathers for whom employability had been a baseline concern, it was no longer a concern at the follow-up[42].

Table 7.3 Change between baseline and four-month follow-up on parent's employment status and employability

	Mothers		Fathers	
	Baseline	Follow-up	Baseline	Follow-up
	%	%	%	%
Working full time (16+ hours)	35	32	65	69
Working part time (1 to 15 hours)	13	17	4	4
Unemployed and looking for work	10	16	13	14
Unemployed and not looking for work	12	8	5	3
Student	3	4	2	2
Looking after family	20	16	3	2
Sick/disabled	6	6	6	6
Other	2	1	3	1
Base: all families with services	*623*	*623*	*368*	*368*
Percentage improvement		**17**		**23**
Base: those not in work at baseline		*306*		*107*
Employability...	%	%	%	%
Of great concern	8	6	7	5
Of some concern	25	18	21	18
Of no concern	43	52	39	51
Not applicable as already in work	25	24	33	27
Base: all families with services	*475*	*475*	*311*	*311*
Percentage improvement		**44**		**35**
Base: those of concern at baseline		*154*		*89*

The survey explored the extent to which parents attributed any changes in their employment status to the pilot. It showed that only three per cent of those who identified an improvement in their employment status said that the pilot played an important role. This suggests that parents saw little impact of the services they received on their chances of finding employment.

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[42] The study also collected data on providers' concerns about the job security of employed parents. However, the number of parents about whom they were concerned was too small to report here.

No significant associations were identified between the types and levels of services provided and improvements in families' employment status or employability (See Table 23 in Annex B).

Monitoring data (see Table 7.4) indicated a noticeable improvement in both mothers' and fathers' housing stability between assessment and follow-up, although this was highest for mothers (from 41 per cent whose housing stability was of great/some concern to 28 per cent). Among parents about whom pilots were concerned about their housing at the assessment stage, 43 per cent of mothers and 37 per cent of fathers were no longer a concern four months later. Similar improvements were identified via the survey of parents – 45 per cent of parents identified housing arrangement as an area of concern at the assessment stage. Of these, 28 per cent said that they had improved at the follow-up stage – however, only six per cent of those who identified housing as a concern said that the improvements were to a large part due to support received as part of the pilot. This once again suggests that improvements identified are often the results of changes brought about by parents themselves and not directly linked to the support services received.

Table 7.4 Change between baseline and four-month follow-up on housing stability

	Mothers		Fathers	
	Baseline	Follow-up	Baseline	Follow-up
	%	%	%	%
Of great concern	17	8	8	5
Of some concern	24	20	32	27
Of no concern	59	72	60	68
Base: all families with services	*479*	*479*	*283*	*283*
Percentage improvement		**43**		**37**
Base: those of concern at baseline		*196*		*114*

At the assessment stage the proportion of families in which there was known to be domestic violence was 26 per cent and staff recorded concerns about a further nine per cent of families. Table 7.5 shows that this percentage did not change significantly between baseline and follow-up, because cases where improvement was seen were largely replaced by new cases. The latter group were almost certainly cases of domestic violence that came to the attention of the pilot staff after the initial assessment. For those families known from the very early stages to be at risk, the pilot staff felt that the circumstances had improved in 18 per cent of cases four months later.

Table 7.5: Change between baseline and four-month follow-up on domestic violence concerns

	Baseline	Follow-up
	%	%
History of violence	26	27
Perceived risk of violence	9	6
No perceived risk	65	67
Base: all families with services	*745*	*745*
Percentage improvement (%)		**18**
Base: those with history or perceived risk at baseline		*258*

Further analysis exploring any links between the types and levels of services provided and improvements in families' stability suggested that providing a wider and more costly set of services (group A) was associated with improvements in stable housing arrangements – however, this was not a statistically significant association. Otherwise, there was no noticeable difference related to the different types and levels of services provided across the pilots (see Table 24 in Annex B).

Family case-study: Improved housing and financial stability.
The story of a resident father and his 7 year-old son.

The father had always worked as a self-employed taxi driver; however he had been homeless for many years after his separation, sleeping on sofas and at times on the street, before getting in touch with the pilot project,. He found it impossible to live with his ex-partner whose life was very chaotic and 'an absolute nightmare'. She had five other children, left him with a debt of £12,000 from her gambling habit, and she become involved in a series of unstable relationships. The father first sought help from a local solicitor when the mother began a new relationship and stopped him seeing his son. He was then beaten up by this new partner in revenge for getting the solicitor to arrange shared parental care.

Social services and the police were concerned about the mother's new partner whom they felt posed a significant risk to the children, so the interviewee's 7-year old son was taken into care. Custody was transferred to the father and social services put him in touch with the child poverty pilot for support. The father felt that his son changed dramatically since he left his Mum's place eight months earlier – his son now appeared happier, more playful and was gaining confidence. At the time the son was living with his Mum he had severe eczema and asthma – a week after living with Dad they were gone.

The father felt that the pilot helped him and his son considerably during this difficult period, particularly in terms of improving his housing situation and securing a stable home for himself and his son:

> 'They had the information on how to improve our lives … they found us temporary accommodation - a 2 bedroom house. Lovely. My boy loves it… They listened to our needs to help us in life. [Tearful] … I didn't know where to go. She pointed me in right direction and told me what I was entitled for. She helped me get food parcels and furniture … Fantastic. Should be available to people who really need it. … I used to work seven days a week and 12 hours a day and I slept on others' sofas. I did my washing at launderette - it was a way of life. I was waiting for a house from the council….Now my life has been completely turned around … Wouldn't know where I would be without them.'

The pilot also helped him resolve his financial difficulties and debts, including payment for his taxi licence so he could continue to work and also arranging child benefit payments.

> 'I had to knock my hours right down due to son moving in so I was getting into financial difficulties [to pay for taxi licence and MOT]. So they got me government funding to pay for it. Brilliant. [This] enabled me to carry on working and bring money in. I don't know how I would have been able to cope ... I also had difficulties with child benefits … then I saw the welfare rights lady and in a couple of calls it was done! So now I have got child benefits … They have given us a life … They have helped me pay my debt off - they organised a debt adviser to talk to me about it. I now have an easy payment - I pay a little bit until I'm on my feet again.'

7.2.   Impact on families' relationships

Table 7.6 summarises the outcomes measured on relationships between parents, and between parents and their children, evaluated as part of this study, and the sources of this data. It shows that most of the data relating to these outcomes were collected via the survey, as parents were best placed to make a judgement on these outcomes.

Table 7.6 Data collected on the impact on relationships

Impact on:	Monitoring data	Survey data
Contact between children and non-resident parents	Yes	Yes
Satisfaction with contact between children and non-resident parents	No	Yes
Contact between parents	Yes	No
Perception of how well doing as a parent	No	Yes
Relationship with ex-partner	No	Yes
Ease of discussing issues about children with ex-partner	No	Yes
Financial issues being seen as a source of tension	No	Yes

Even though the survey generated most of the data relating to these outcomes, some relevant information was collected as part of the monitoring data on whether separating parents were in contact and whether children were in contact with their non-resident parent, at assessment and follow-up (see Table 7.7). At the assessment stage, in over half of separated families there was at least weekly contact. However, in one in seven separated families, there was no contact between parents (14 per cent) or between children and non-resident parents (15 per cent). Similar proportions had less than monthly contact.

In aggregate terms, there was very little change in the proportions of families having frequent or infrequent contact by the follow-up stage. However, looking at families with less than daily contact at the assessment stage, in one in five (20 per cent) there was an increase in the frequency of contact between parents and in one in seven (14 per cent) there was an increase in frequency between children and non-resident parents.[43]

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[43] In other words, at the follow-up stage, families were coded as higher up the frequency of contact scale than they had been at baseline.

Table 7.7 Change between baseline and four-month follow-up on contact between parents and between children and non-resident parent

	Between parents		Between children and non-resident parent	
	Baseline	Follow-up	Baseline	Follow-up
	%	%	%	%
Daily	8	8	9	9
Not daily; at least once per week or more	48	48	50	53
Once or twice a month	18	17	17	18
Less often	12	14	10	10
None	15	14	14	10
Base: all families with services (excluding those living together)	*469*	*469*	*472*	*472*
Percentage improvement		**20**		**14**
Base: those not in daily contact at baseline		*434*		*431*

As indicated above, the survey contained several items exploring the impact of the pilot on relationships between parents and between parents and their children. Table 7.8 shows the different measures of relationship quality included in the survey. As with the measures on circumstances and stability, the survey asked parents about family relationships at the point of assessment and at the point of the interview, in order to measure the amount of change over time. The most concrete relationship measure was the frequency of contact between children and non-resident parents. Other measures were based on what parents felt about family relationships. For most questions, parents were asked to provide a rating on a four-point scale (for example, 'very friendly' to 'not at all friendly'; 'very happy' to 'not at all happy', etc).

At the point of assessment, the vast majority of parents rated their relationship with their (ex)partner and their ability to discuss important issues with them as less than 'very friendly' or 'very easy' (94 per cent and 88 per cent respectively thought that it could 'potentially improve'). The situation in terms of both actual and perceived quality of contact was somewhat different, with around six in ten parents in a situation that could potentially improve over time or with support – that is children had less than daily contact and parents were not 'very happy' with the quality of the contact. However, this was largely due to the fact that a proportion of families were not separated or had a shared care agreement at the time they were assessed for services, rather than high proportions of separated families being happy with the quality of contact at that point. Two thirds (65 per cent) of parents felt they were doing less than 'very well' as a parent at the point of assessment, and financial issues were a source of tension for four in ten families (40 per cent).

At least a third of parents reported that at the follow-up stage there had been improvements in the family relationships on all measures except the frequency of contact between children and non-resident parents (where it improved only for one in five families). The biggest improvements were in parents' happiness with the quality of the contact between children and non-resident parents and about how they felt they were doing as a parent (43 per cent of families reported improvement). Furthermore, the support provided by the pilot was seen for most of the outcomes as a key factor by around half of the parents who identified an improvement. For instance, of the 65 per cent of

families who thought that their quality of contact 'could improve' at the assessment stage, 21 per cent said that it had improved because of the help they received.

In contrast, fewer parents credited the pilot with playing a key role in bringing about a positive outcome in relation to the frequency of contact or finance as a source of tension. Thus, only seven per cent of parents credited the pilot with having helped them to increase contact between children and the non-resident parent, and six per cent to have helped them to discuss finances with their (ex) partner.

Table 7.8 Changes in relationship quality and contact

	Improvement possible at assessment stage %	Improvement reported at follow-up %	Pilot seen as key factor in improvement %
Frequency of contact between children and non-resident parent	60	20	7
Happiness with quality of contact	65	43	21
How well doing as a parent	65	43	22
Friendliness with (ex)partner	94	33	12
Ability to discuss things with (ex)partner	88	32	13
Whether financial issues a source of tension with (ex)partner	40	32	6
Base: all families with services			
Frequency of contact between children and non-resident parent	*292*	*174*	*174*
Happiness with quality of contact	*292*	*191*	*191*
How well doing as a parent	*292*	*190*	*190*
Friendliness with (ex)partner	*292*	*275*	*275*
Ability to discuss things with (ex)partner	*292*	*257*	*257*
Whether financial issues a source of tension with (ex-)partner	*292*	*116*	*116*

Further analysis of the impact of particular types and levels of service on outcomes around family relationships, showed that even though services focusing on parents' emotional well-being and on children's outcomes were associated with higher levels of improvements than services just focusing on practical issues (See Table 25 in Annex B), these differences were not statistically significant. In contrast, a more focused set of services (at lower cost) were significantly more likely to lead to improvements in relationships between ex-partners ('friendliness with (ex) partner') than a wider set of services provided at higher cost. This could be related to a particular focus on mediation within particular pilots (See Chapter 6).

Family case-study: Improved relationships between parents
Story of a resident mother and her four children

The mother had four children, boys aged 6, 10, 14 and an older daughter aged 19. She had been living in the marital home (owned) for 20 years and had a part-time job. The trigger for the separation (three months before the interview) was a brief affair of the husband, but it seems it was also linked to a mental breakdown connected to her husbands' bipolar disorder.

In her view all the children were quite happy and normal even though the younger two fought and squabbled a bit, but '*it's normal sibling rivalry'*. The boys saw their father a lot and overall, they got on well together, although the daughter and her father '*don't always see eye-to-eye*'. The mother thought the situation might improve if her husband moved to live nearer to them. At the moment his visits had to be pre-arranged, so she was not happy with the contact arrangements. '[*The children] can't just turn up'*, she explains, *'and then leave when they feel like it'*. On the other hand, their father came and stayed as much as he wanted, which could be disruptive and upsetting, especially for the daughter.

The mother had never used any local services before. But a friend recommended the child poverty pilot service as soon the mother realised that she and her husband needed some help with boundaries and financial arrangements. They then received mediation sessions.

> '*[We] had finances looked at and got temporary arrangements in place about who's paying which bills. This was the session that got us talking. By the time we'd finished we'd discussed everything between us. It made us focus on what we had to decide and forced us to look at things that we'd have avoided looking at otherwise'.*

The first month they were separated the couple found it difficult to communicate. However, the mediation sessions enabled them to start talking through and resolving some practical issues, which improved their relationship: '*The first month was very difficult because no-one really knew what was going on. But we've got some sort of pattern going now … Now we can talk to each other'*. Similarly, at the time of the sudden split the children were all very upset, but since their parents had worked out some issues, the children also seemed better: '*mostly because their life has continued as normal'* and *'issues were resolved'*.

The mother also got general financial advice from a social welfare agency and was referred to counselling: '*It was very useful, telling me about things I hadn't even thought about, like how to get a reduction in council tax'*. She found it particularly helpful being able to access a number of different services from one place: '*Having just the one phone number for a range of services helps a lot.*' Her overall experience of the pilot was very positive:

> '*The fact that it was free was a great bonus, so that helped. But I would have paid: if it hadn't cost too much I would have gone because it wouldn't be as expensive as a solicitor.'*

7.3.   Impact on families' health and well-being

Table 7.9 summarises the data collected as part the survey and monitoring relating to health and well-being outcomes. It shows that monitoring data was collected on all items with the exception of children's behaviour, while survey data related to most of the outcomes except parental drug or alcohol problems and children's well-being.

Table 7.9 Data collected on the impact on health and well-being

Impact on:	Monitoring data	Survey data
Parental health	Yes	Yes
Parental well-being	Yes	Yes
Parental drug or alcohol problems	Yes	No
Children's health	Yes	Yes
Children's well-being	Yes	No
Children's behaviour	No	Yes

As part of the monitoring system, pilots were asked to record if they had concerns over parents' and children's health and well-being, as well as if they had concerns over parents' drug and/or alcohol abuse (Table 7.10). It showed that pilots were particularly concerned about families' mental health, recording it as of great or some concern for around four in ten family members (47 per cent of mothers; 35 per cent of fathers; 47 per cent of children). In aggregate terms, there was a noticeable improvement in family members' well-being over the four-month period. For instance, the proportion of mothers about whom the pilots were concerned fell from 46 per cent to 33 per cent. Looking at those about whom the pilots were concerned at the assessment stage, over four in ten (45 per cent of mothers; 43 per cent of fathers; 44 per cent of children) were no longer of concern at the follow-up stage[44].

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[44] Some parents moved from the 'no concern' to 'some or great concern' at follow-up. Much of this is probably due to later identification by the pilots of pre-existing problems.

Table 7.10 Change between baseline and four-month follow-up on health and well-being

	Mother		Father		Children	
	Baseline	Follow-up	Baseline	Follow-up	Baseline	Follow-up
Physical health	%	%	%	%	%	%
Of great concern	5	3	3	2	3	2
Of some concern	15	12	13	12	14	9
Of no concern	80	85	84	85	84	90
Base: all families with services	*464*	*464*	*274*	*274*	*543*	*543*
Percentage improvement		**42**		**[34]**		**54**
Base: of concern at baseline		*91*		*44*		*89*
Mental health	%	%	%	%	%	%
Of great concern	7	4	5	5	8	2
Of some concern	40	29	30	23	39	30
Of no concern	54	67	65	72	53	68
Base: all families with services	*455*	*455*	*258*	*258*	*564*	*564*
Percentage improvement		**45**		**43**		**44**
Base: of concern at baseline		*211*		*90*		*266*
Drug/alcohol concerns	%	%	%	%		
Yes, some issues	8	7	20	17	-	-
No known issues	92	93	80	83	-	-
Base: all families with services	*446*	*446*	*259*	*259*	*-*	*-*
Percentage improvement		**[39]**		**[28]**	**-**	**-**
Base: issues at baseline		*36*		*58*	*-*	*-*

The survey asked parents to rate their and their children's health on a five point scale from 'excellent' to 'poor'. It also contained a measure of the parents' well-being, for which they were asked to place themselves on the appropriate rung of a ladder (with ten representing 'the best possible life' and zero representing 'the worst possible life'). Children's socio-emotional well-being was measured by asking parents to judge several aspects of their children's behaviour (including, for example, getting on with people, concentration, etc)[45].

The analysis suggested that the pilot had had the greatest impact on children's socio-emotional well-being and on parents' well-being between assessment and interview (Table 7.11). Very few parents rated their own health and well-being at the assessment stage as being at the highest level, and around three quarters reported that at least one of their children had health that was not 'excellent' or behaviour that 'could improve'.

By the time of the interview, around seven in ten parents reported improvements in their own well-being and in their children's behaviour (see Table 7.11). Of course, these are both areas of expected natural change, especially for those who were on the verge of, or in

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[45] These are all standard measures used in other surveys.

the process of, separation at the point of assessment.   To what extent did parents think that the pilots had supported such changes? Table 7.11 shows that four in ten (41 per cent) of parents who indicated that their children's behaviour 'could improve' at the assessment stage said that it had in fact improved as a result of support received as part of the pilot. Likewise, 33 per cent of parents said that they felt better about their life as a direct result of the pilots. These represent the largest self-perceived impacts identified as part of the survey, and suggest that improving parent and child well-being is the area where the pilots were particularly effective in the short term. The effect on overall health was more modest.

Table 7.11: Changes in health and well-being

	Improvement possible at assessment stage %	Improvement reported at follow-up %	Pilot seen as key factor in improvement %
Parent health	85	37	14
Parent well-being	100	73	33
Child health (1+ child could potentially improve)	71	34	14
Child behaviour (1+ child could potentially improve)	74	70	41
Base: all families with services			
Parent health	*292*	*249*	*249*
Parent well-being	*292*	*292*	*292*
Child health (1+ child could potentially improve)	*292*	*208*	*208*
Child behaviour (1+ child could potentially improve)	*292*	*217*	*217*

In the next part of this chapter, we turn to the question of whether some types of services are better at generating improvement than others, using the service and pilot area groupings introduced in earlier chapters. In order to measure the relative effectiveness of different services, we need to take account of the fact that there may well be differences in the profile of families using each service type. This would be the case, particularly, in areas where bespoke packages of support were offered, rather than areas where there is a more standard intervention or set of interventions offered to all parents. In Tables 7.12 and 7.13 we show the percentage of parents who report improvements in outcomes split between the groups (the 'observed' figures). We also show the levels of improvement between service types after having taken account of the profile of the families using each service type (the 'regression adjusted' figures). This allows us to report on (a) improvements in outcomes among the actual populations receiving each type of support and (b) the relative effectiveness of different types of services controlling for differences in the populations. These latter findings are those of key interest when considering how best to target and provide different types of services.

Table 7.12 highlights the importance of practical support services in improving families' health and well-being. Parental health and well-being showed the most improvement for those offered services specifically aimed at improving those outcomes (those services we grouped as 'emotional support'). But, all else being equal, parents showed almost the same level of improvement when offered practical support services. In contrast, the 'added value' of child centred services on parental health and well-being was markedly lower.

Conversely, the greatest improvements in child health and behaviour were associated with services that were child centred, rather than those focussing on emotional support for parents. However, once again, practical support services seemed to be as effective in improving child outcomes as child centred ones. For instance, among families receiving child centred services, 70 per cent of parents reported improvements in children's behaviour and 75 per cent among families receiving practical support. In contrast, only 51 per cent of families receiving services providing emotional support reported such an outcome. These findings highlight the way practical support for families, as well as specific child centred interventions, are able to impact positively on children's health and behaviour.

Table 7.12 Improvements in well-being attributed to pilots, by services received

	Type 1: Emotional support	Type 2: Practical support	Type 3: Child centred support	Total
	% improved	% improved	% improved	% improved
Parent health				
Observed	46	45*	34	37
Regression adjusted	*40*	*44*	*28*	*37*
Parent well-being				
Observed	81*	79*	74	73
Regression adjusted	*76*	*72*	*70*	*73*
Child health (1+ child with problem)				
Observed	31	38	41*	34
Regression adjusted	*19*	*27*	*43**	*34*
Child behaviour (1+ child with problem)				
Observed	66	78*	75*	70
Regression adjusted	*51*	*75**	*70*	*70*
Bases:				
Parental health	*74*	*109*	*132*	*249*
Ladder score	*83*	*131*	*151*	*292*
Child problem count (any child)	*58*	*95*	*129*	*217*
Child health (any child)	*55*	*92*	*119*	*208*

Table 7.13 below shows that the provision of wider and more costly services was associated with higher levels of improvement for all four health-related outcomes. In particular, such provision was associated with a significant improvement in children's health.

Table 7.13: Improvements in health and well-being attributed to pilots, by services received

	Group A: Wider set of services, higher cost	Group B: Narrower set of services, lower cost	Total
	% improved	% improved	% improved
Parent health			
Observed	42	33	37
Regression adjusted	*39*	*35*	*37*
Parent well-being			
Observed	78	68	73
Regression adjusted	*76*	*70*	*73*
Child health (1+ child with problem)			
Observed	44*	26*	34
Regression adjusted	*41**	*28**	*34*
Child behaviour (1+ child with problem)			
Observed	72	68	70
Regression adjusted	*72*	*69*	*70*
Bases:			
Parent health	*111*	*138*	*249*
Parent well-being	*128*	*164*	*292*
Child health (any child)	*98*	*110*	*208*
Children's behaviour	*97*	*120*	*217*

Family case-study: Improved well-being
The story of a resident mother and her 5 year-old twin boys

The twin boys lived with their mother most days. Her husband moved away from the family almost a year before the interview but he was still calling the flat his property. The flat he lived in was in the same block, '*which doesn't help'* and was, in fact, very difficult. The twins' behaviour was more challenging before the separation. '*We used to have arguments'*, explains the mother, '*and he used to mess with their minds. My ex-husband would get abusive … The older twin used to get angry and would hit me sometimes'*. They had settled a lot since the Dad moved out, although the mother had little support as her family no longer spoke to her because of the stigma of her separating from her husband. She was planning to arrange better contact with their father, so they saw him even more often, but the children wanted to spend more time with her.

While she was living with her husband the mother experienced domestic abuse, which continued even after the separation. He was bullying and abused her psychologically by blaming her for not being a good mother – he reported her to social services and their GP, claiming that she was not looking after the children properly: '*I lost my confidence ... you start questioning yourself and maybe even believing you have done something wrong.'* Making decisions together was difficult as well. The mother was new in this country, and a lot of things were not familiar to her. She lacked confidence and became even more unsure of herself after her husband's abuse: '*Even if we were deciding something together, he would put me down and make me think I couldn't decide'*.

Social services closed her alleged abuse case and referred her to the child poverty pilot. She then received support from a solicitor who put a court order in place to make her husband leave the property and helped in applying for a divorce. A family support worker made regular visits to her home, to provide emotional support, advice on parenting, worked with her children to help them settle and improve their behaviour. She was also referred to a domestic violence charity, a parenting group and she received counselling. For the first time the mother felt she was listened to and didn't have to 'prove herself' as the services understood about domestic abuse cases – even those that involved psychological rather than physical abuse. Her confidence started to improve, her belief in herself and also her well-being:

'I found it so helpful with [the service] … [The worker] *helped me calm down. I felt that someone had heard me and was listening. It made me feel that I'm not a crazy person and that I've been heard here'* … [The worker] *referred me to the parenting group. It was great to have some other people who had been through what I've been through before. I'd been believing that I'm not a good mum … I'd been put down so much before. It wasn't only helping me with parenting skills – they gave you more support than that – they helped you discover yourself as well.'*

Using techniques such as drawing and pictures, the support worker from the pilot also helped improve her son's behaviour. He became less angry, was more settled and happier in himself.

7.4. Impact of the pilot on local partnerships and delivery

Interviews with project managers across the ten pilot areas suggested that the pilot had, in several cases, brought about positive impacts on local partnerships and the delivery of services to separating families. Such positive impacts were particularly apparent in those areas in which several service providers had chosen to establish new links and had put in place mechanisms such as common referral or assessment systems. It was also facilitated by regular meetings to share learning, raise and resolve issues and agree any shared mechanisms. Such shared working was more likely in those areas which delivered many services in one location.

In terms of partnership working, the main positive impacts identified related to:

• Closer partnership working between providers

• Establishing links with other services

• More effective referrals between services

• Learning from other services

As regards the delivery of services, the main positive impact related to:

• Providing a more holistic service to families.

These positive outcomes were often inter-related – closer partnership working between providers enabled services to improve their referral mechanisms, to learn from each other and also to provide a more holistic service to families. As noted above, this was facilitated by regular meetings between providers – these helped to overcome any barriers and also

to develop new relationships between service staff. One project manager explained, for example, how regular meetings had improved referrals between services:

> 'Staff have developed their knowledge of other services. We've been able to get together and meet regularly and understand what each of us offers to families. It also helps people not to make unwanted referrals to us – we usually get a lot of referrals for legal advice which we don't offer.' (Project manager).

In other cases, partnerships had helped to develop new links between services which had not worked together previously. This enabled them to refer families to each other and to reach service users they may not have reached previously. One area, which had organised its pilot around contacting separating families in GP surgeries, had found, for example, that the partnership had raised GPs' awareness of the services available locally:

> 'Many GPs were previously not aware of the diverse range of services available to patients. We have encouraged GPs to engage more with external professional partners.' (Project manager).

Closer partnership working was also said to have helped services to learn from each other. In some cases, this involved learning to understand different working cultures or terminologies used by different services. In other cases, services shared particular approaches in working with vulnerable young people, keeping records or using resources for keeping in touch with families.

Overall, though, the most important impact was that increased partnership working between providers benefited families as it gave them access to a more holistic service. As noted in Chapter 3, this was facilitated by provision of services in one particular location, but also worked well when service providers had close relationships and clear referral mechanisms with each other. This meant that families were not 'lost' in the system and that they could get access to the services best suited to their needs in a timely fashion. The following example, illustrates how such close partnership working could benefit families.

> 'The way the team fits into the borough and our use of a multi-agency approach all works very well. As an example, we had one family referred to us that was separating in which there was domestic violence. We provided support to the mother and X provided support to the children; X (advice organisation) provided the housing by moving mother and children to a safer house. Mum was referred to the employability team where she's training and returning to a job in childcare. All the elements come together.' (Project manager)

Finally, establishing a close partnership meant that services learnt to work together to meet the needs of families rather than competing with each other.

> 'There is a much greater sense of working for clients, whereas in the past [the attitude was]: "They are our clients"!' (Project manager)

7.5.   Relative costs of pilot services provided

The evidence of this chapter suggests that the pilot services helped to improve the circumstances and well-being of separating parents and their children. Furthermore, there is evidence that suggests that the pilots offering a wider set of services at a higher cost (group A) generated somewhat better well-being outcomes than the group B pilots (fewer services, lower cost). To establish whether these benefits justify their cost, the evidence on impacts has to be assessed in parallel with the costs associated with service delivery. As noted in Section 3.4 the average cost of services per family was £1,950; however, this rose to £3,400 for provision of a wider set of services (group A), while it was only £1,100 per family for the provision of a narrower (group B) set of services – a difference of £2,300. (Please see Annex C for details on methodology for the cost analysis).

The evidence reported in this section (based on perceived impacts by parents) suggests that the intervention of the pilots improved a wide range of outcomes:

• at the upper end, well-being was improved for as many as 30 to 40 per cent of parents and children, and

• at the lower end, frequency of contact between children and non-resident parents improved for about seven per cent of families.

These figures suggest that to improve the well-being of a single parent the pilots had to invest around £6,000 (on the grounds that three parents have to receive services to generate well-being improvements for just one of them). The cost for each improved contact arrangement was considerably higher, at around £28,000 (that is, giving services to 14 parents generated a positive improvement on contact for one of them), although this may over-estimate the cost as contact arrangements might have improved beyond the evaluation period of this project. Most other outcomes resulted in a cost per improvement between these two figures (i.e. £6,000 and £28,000).

It is, however, important to look at the overall effect of the pilot on parents' outcomes. Thus, over 60 per cent of parents reported that the pilot had significantly helped improve at least one aspect of their life. This means that, on average, it appears to cost around £3,000 to generate a reasonably rapid improvement in the lives of separating parents and their families.

Section 3.4 showed that the costs per family were higher than anticipated for the pilots, largely because of the smaller than expected number of families taking up the services on offer. If throughput of parents could be increased without a significant increase in costs, then the cost per family experiencing an improvement would be consequently less – perhaps as low as £1,500 per improvement.

A secondary question is whether the additional benefits of the group A pilots merit their additional cost. From the evidence reported in this chapter, it appears that they generate slightly better outcomes than group B services across a range of measures, but particularly around well-being outcomes. The size of difference varies from outcome to outcome but is typically around 10 percentage points. That is, around 10 per cent of parents who use a group A service rather than a group B service have a better outcome as a result. The pattern and size of differences is confirmed by parental self-reports of impact – for instance, whereas 38 per cent of parents using group A pilots reported an improvement in

well-being that they attributed to being substantially helped by the services, just 28 per cent of those using group B pilots gave a similar assessment. In general, parents report the group B pilots to have been helpful, but not as helpful as those in group A.

However, as noted above, the cost per family of a pilot in group A was £2,300 greater than one in group B. What this suggests is that every additional family experiencing improvement because of the added benefit of a group A pilot came at a cost of around £23,000.

7.6.   Key messages and learning points

Impact on families' circumstances and stability

- Ten per cent of all parents surveyed indicated that their financial circumstances had improved as a result of the help they had received from the pilots. Parents receiving a wider set of services at higher cost (group A) were significantly more likely to have improved financial circumstances. Only three per cent of those who identified an improvement in their employment status attributed any changes to the pilot.

- However, monitoring data indicated a noticeable improvement in both mothers' and fathers' housing stability. Among parents for whom pilots recorded a concern about their housing at the assessment stage, 43 and 37 per cent of mothers and fathers respectively were no longer of concern to the pilot staff four months later.

- The proportion of families whom pilot staff identified as generating a concern about domestic violence at the assessment stage did not change significantly between the base-line and follow-up. This was almost certainly because cases where improvement was seen were largely replaced by new cases where domestic violence was disclosed.

Impact on families' relationships

- Looking at families with less than daily contact at the assessment stage, in one in five cases (20 per cent) there had been an increase in the frequency of contact between parents and between children and non-resident parents.

- At least a third of parents reported that at the follow-up stage there had been improvements in the family relationships on all measures except the frequency of contact between children and non-resident parents (where it improved for one in five families). The biggest improvements were in parents' happiness with the quality of the contact and about how they felt they were doing as a parent.

Impact on families' health and well-being

- At the assessment stage, monitoring data indicated that pilots were particularly concerned over families' mental health. In aggregate terms, there was a noticeable improvement in family members' well-being over the four-month period.

- Analysis suggested that the pilot had the greatest impact on children's socio-emotional well-being and on parents' well-being. Around seven in ten parents surveyed reported improvements in their own well-being and in their children's behaviour.   Similarly, improving parent and child well-being is the area where the pilots were particularly effective in the short-term.

- Parental health and well-being showed the most improvement for those offered services specifically aimed at improving those outcomes (grouped as 'emotional support'). Additionally, the greatest improvements in child health and behaviour were associated with services that were child centred, rather than those focusing on emotional support for parents.

- The provision of the wider set of services at higher cost (group A pilots), was associated with higher levels of improvement for all four health-related outcomes.

Impact of the pilot on local partnerships and delivery

- The main positive impacts identified in relation to partnership working included establishing links with other services, closer working between providers, more effective referrals between services and learning from and about other services.

- As regards delivery of services, the main positive impacts included providing a more holistic service for families, which meant that families were not 'lost in the system' and that they could access the services best suited to their needs in a timely fashion.

Relative costs of pilot services provided

- Across the pilots the costs per family ranged from £5,240 to £820. Overall, these costs were higher than anticipated due to lower client numbers.

- On average it appears to cost around £3,000 per head to generate a reasonably rapid improvement in the lives of separating parents and their families. However, the cost per family in group A pilots was £2,300 greater than in group B.

- Around 10 per cent of parents who use a group A pilot rather than a group B pilot had better outcomes as a result: this suggests that every additional family experiencing improvement using the group A pilot came at a cost of £23,000.

8. Conclusions and Recommendations

The Child Poverty Pilots were established with the aim of testing how best to co-ordinate local services for separating and recently separated parents and their children in order that access to financial, practical, legal and emotional help was speeded up and parental conflict and the negative impact of separation on children's outcomes were both minimised. The funding period for the pilots ran from October 2009 to March 2011.

A major issue for projects, which impacted on how much they were able to achieve, was the brevity of the time in which they were required to establish partnerships, set up their pilot projects and deliver services to families. Successful partnership working typically requires a substantial amount of time, especially when the partner agencies have not previously worked together. Issues such as commitment to the partnership and acceptance of others' services and styles of delivery need to be resolved. Achieving this at the same time as establishing a new service proved challenging for many of the pilot projects. Moreover, the projects themselves frequently took longer than had been anticipated to be fully operational and well advertised. This impacted negatively on the number of families who were provided with services, especially in the first few months. Added to that was the fact that, as the end date for funding approached, projects were not able to take on new clients, especially those needing an intervention which was spread over several weeks. The result was that, although projects were funded for 18 months, they were actually delivering services for a much shorter period and, consequently, fewer families than anticipated were able to access services. This, in turn, increased the unit cost of projects per family as there was insufficient time for projects to make any cost-saving adjustments. If such interventions were to be provided in the future, they should be allocated a longer period of time in which to establish themselves before being required to prove their worth.

In terms of effective partnership working, this was influenced less by the sector (statutory of voluntary) from which organisations came or by which organisation led the project and more by factors such as partners' shared values, trust and open relationships, clarity of roles and targets, and clear leadership from project managers. Coping with different organisational cultures and language and competition among partners were the factors which hindered partnerships' effectiveness.

Although the pilots were established in order to help separating or recently separated parents, they were accessed also by those who had lived apart for some time. If separation is seen as a process rather than event, then it is inevitable that new problems will arise as family circumstances and attitudes change over time. Although some parents presented with intractable problems, predominantly over contact with children, in many cases pilots were able to help these families, thus reducing costs which might have been incurred if cases had progressed through a more adversarial route. This suggests the need for services of this type for all separated families with children, irrespective of the time since the parental relationship ended.

A further issue in respect of the target group lies in the definition of 'disadvantaged' parents. These pilot services were accessed by several parents who might not meet a conventional description of disadvantaged – being owner occupiers and in employment.

But where employment is low-paid and there are family debts the ending of the relationship can easily send one or both parents into a state of poverty. While there are sound economic reasons for not providing a free or reduced-rate service for better-off parents, a possibly wider interpretation of what constitutes – or could lead to – disadvantage might be useful.

The majority of parents accessed a pilot alone rather than as a couple and mothers were far more likely than fathers to attend. However, the fact that over a fifth of service users were fathers is a not inconsiderable achievement in view of the reluctance of men to use services of this kind.

The need for practical support such as conflict resolution and financial or housing advice was the predominant initial reason for using pilot services, although a substantial number of mothers sought help in dealing with domestic violence, indicating a continuing need for voluntary sector services addressing this issue. A continuing fear of social services' involvement could deter parents from seeking help in the statutory sector.

However, the services which parents most valued were those providing emotional support, such as counselling. Even those parents who had not actively sought this type of help found it the most beneficial in the short-term as well as potentially so in the longer term. Satisfaction with mediation was impaired by the not uncommon problem of one partner refusing to attend or attending and refusing to co-operate. This suggests that in terms of successfully meeting the needs of some separating and separated parents, those services providing them with individual support or advice might be more effective than those which depend on parents' mutual co-operation.

Parents reported overall satisfaction with the process in respect of timing, location and staff. Significantly, in view of the aim of the initiative, they also appreciated the ability of pilots to refer them quickly to other services when necessary. In terms of their delivery there appeared to be very little that the pilots could have done differently to meet their users' needs. In cases where a parent could not be helped there was recognition by him/her that the blame lay not with the service but with the circumstances.

In terms of meeting the overall aims, the pilots appeared to have been as successful as they could have been, given the time constraints of both their implementation and this evaluation. The evaluation findings suggest that, for substantial proportions of the families, their circumstances and well-being improved in the period between the providers' initial assessment and follow-up. While some of these improvements would be attributable to natural change over time, parental reports suggest that the pilots played a significant role, particularly around improving family relationships and parent and child well-being. The smaller impacts on other outcomes, especially the contact and financial outcomes, may be in part attributable to the fact that the outcomes were measured after only a few months from take-up of the service. A longer-term study might have found a different pattern.

Evidence on the relative effectiveness of different services suggests that the service aims correlated reasonably well with outcomes: emotional support for parents was effective at improving parental well-being, and services focusing on children were effective at improving child health and behaviour. This highlights the need for providers to ensure that they can offer a wide range of services and recognise the needs of individual families if the full benefits of those services are to be realised. Being able to provide a combination of

practical, emotional and child centred support may lead to better outcomes than providing only one of these.

Parental preference was for those pilots where a wide, rather than a limited, range of services could be accessed, on the grounds that the more holistic pilots offered them a greater choice of services, the ability to move seamlessly from one service to another, or to access services of different types simultaneously, as well as more time with a member of staff. In the absence of a comparator group it was not possible to measure the extent to which this also meant that access to services was speeded up for separating families, although it did mean that their access to such services was facilitated.

Furthermore, the parents in pilot areas offering a wider range of services had better outcomes on the whole than parents in pilot areas which offered a narrow range. However, these pilots were associated with a considerably higher cost per family than those which offered fewer services (£3,400 compared with £1,100) principally because the time spent with each family was so much greater. Without a longitudinal study which would identify whether the greater investment brought longer-term advantages in terms of positive parent/parent and parent/child relationships, a reduction in poverty for separated families and better outcomes for children, it is not possible to determine whether these pilots were more successful in bringing sustained improvements than those which offered fewer services but cost less.

Consequently, potential future funding of such interventions would need to weigh the advantages of investing a relatively large sum of money in services for which, at present, there is evidence only of client satisfaction and short-term benefits.   However, given that the pilots were only delivering for a short time and their potential could not be fully realised within this period, the outcomes achieved were promising. A number of important lessons around service delivery can be usefully drawn when planning future provision (see below).

8.1. Key Messages and learning points

	Overall Learning Points: What worked well
Model of delivery	• Pilots providing a wider more holistic set of services (group A) were more effective than those delivering a narrower set of services (group B) • Parents had better experiences of the former model and this approach led to better outcomes, especially parents' financial circumstances, health and well-being. • A holistic one-stop shop service made it easier for parents to access and navigate support available, and not get lost in a system of multiple providers. • This avoided parents contacting different providers themselves, and the stress of repeatedly explaining problems to different staff or being inappropriately referred. • However, pilots offering a wider set of services had a higher cost (see below).
Location of delivery	• Delivering services from one location could aid the referrals and encourage communication and partnership working among staff from different services. • Delivering services via several locations may be more suited to some areas (such as rural areas) to provide easier access to hard-to-reach parents

Partnership working	• Perceived benefits of a smaller partnership included greater communication and understanding of other partners' expertise and culture; wider partnerships had the advantage of providing a broader network to make and receive referrals.
	• The advantage of having a local authority as the lead was to increase the profile of the pilot; the disadvantage was being perceived as too distant from delivery.
	• Effective partnership working was aided by:
	  - Involvement of partners in writing the bid, creating joint ownership
	  - Clear roles: having a nominated coordinator to manage the pilot; partners with complementary skills; putting formal partnership agreements in place
	  - Cohesive working: joint staff training; staff located in partners' organisations establishing shared goals, protocols and systems e.g. to share information
	  - Communication: regular partnership and operational meetings; space for practical as well as strategic issues e.g. to jointly discuss family cases

Recruitment of families	• Most parents heard about the pilots from professionals, hence networking with existing providers and wider stakeholders was most effective to reach parents. • It was therefore important to allocate sufficient time (3-6 months) for new pilots to become established: to build new partnerships, systems and for networking. • While client numbers overall were low, the pilots recruited a high proportion of hard-to-reach groups through engaging wider referral organisations: one fifth were fathers; 20 per cent were BME and one fifth were domestic violence cases.

Referral process	• Developing quality inter-personal relationships between staff led to better and more timely referrals, through increased understanding of what different services can and cannot provide to parents.
	• Having a single point of contact and referral was most effective, by:
	  - providing multiple services in one geographic location
	  - having a central administrative 'hub' as a single point of contact for parents to manage their referrals
	  - having a single key case-worker to guide parents through multiple services

Assessment process	• 3,254 parents were referred to the pilots, and 2,135 were then assessed. • Having a common standardised assessment process across services was helpful to refer parents on to the most appropriate type of support. • Parents using pilots that offered a wider set of services (group A) were more likely to feel that providers understood their needs 'very well'. • Staff knowledge of separation was beneficial: parents did not disclose their separation immediately and more problems arose as relationships fluctuated.

	• Building rapport and trust with parents was a critical factor in staff being able to effectively engage parents in their services.
Numbers & characteristics of families	• Of the 2,135 families offered an assessment 1,944 (96 per cent) were then offered a service. • Client numbers were considerably (50%) lower than expected: the process to set up pilots took longer and the pilots had to wind down earlier than anticipated. Most were only in full operation for 9 to 12 months which affected client numbers. • The pilots were mainly working with only one parent and this was more likely to have been the mother. It was challenging getting couples to engage.
Services sought and received	• A quarter of parents did not know what support they wanted or was available. • When parents approached a pilot together they were more likely to be seeking conflict resolution, mediation or counselling. • The primary concern for mothers with high needs attending alone was practical advice on finances and housing or domestic violence. • Fathers approaching the pilots alone were likely to be seeking help with contact. • Recently separated families were more likely to be looking for practical advice around housing and benefits. The longer the time since separation, the greater the proportion of families wanting help with contact issues or mediation.
Delivering support	• Parents valued having an objective and confidential person to talk to about their relationship difficulties: emotional support was the most helpful type of service for parents. Mediation was less helpful due to their ex-partner not cooperating. • Staff with knowledge of a wide range of issues, such as housing, emotional support, benefits, legal and contact issues were most useful to parents. • Flexibility in staff contacting parents: in scheduling meetings, contact by phone or text, making home visits, or accompanying parents to appointments. • Long-term contact with a single case-worker: if new separation difficulties emerged, it was important for parents to be able to re-contact the same worker. • Barriers which could prevent parents from using services were: financial (cost of services, travel and childcare); practical (located too far away; inflexible opening hours); lack of awareness of services; and anxiety (stigma in asking for help).
Impact & outcomes of the pilot	• Ten per cent of parents reported improved financial circumstances as a result of the pilots, with greater outcomes in pilots offering a wider set of services (group A) • Mothers' and fathers' housing stability noticeably improved: 43 and 37 per cent respectively were no longer concerned about housing at follow-up. • Proportions of domestic violence cases did not change, as any cases where improvement was seen were largely replaced by newly disclosed cases. • In one in five cases where there was less than daily contact, there was improved frequency in parental contact or between non-resident parents and their children. • At least a third of parents reported an improvement in family relationships. • The pilots had the greatest impact on children's and parents' socio-emotional well-being: seven in ten parents reported improvements in well-being. • The provision of a wider set of services at a higher cost (group A) was associated with higher levels of improvement on all health outcome measures.
Relative costs of pilots	• Across the pilots the costs per family ranged from £5,240 to £820. Overall, these costs were higher than anticipated due to lower client numbers. • On average it appears to cost around £3,000 per head to generate a reasonably rapid improvement in the lives of separating parents and their families. • However, the cost per family in group A pilots was £2,300 greater than in group B. • Around 10 per cent of parents who used a group A service rather than a group B had better outcomes as a result: this suggests that every additional family experiencing improvement using the group A pilot came at a cost of £23,000.

9. Annexes

9.1. Annex A: Methodology

Using a mixed methods approach, an evaluation was designed which explored both process and, as far as possible, impacts, in the pilot sites. The overall design consisted of a series of discrete but inter-related work-packages to provide an overall assessment of the pilots and to draw out any implications of the type of model(s) and costs should such a service be rolled out nationally.

Qualitative data focused on:

- Interviews with project managers and partners in each pilot at two key points in time, namely the beginning of the study, in order to establish what they intended to deliver and how, and at the end of the study period to explore the extent to which pilots met their aims, and identify what helped and what hindered them.

- Interviews with parents who had used the services, identified and selected from the monitoring system. The first interviews took place soon after parents initially accessed services, and where possible these were followed up 3 months later. The original intention was to leave a longer time period between the two interviews but this had to be reduced because of the shortened period available for data collection (see below). The aim of the interviews was to gain in-depth information from parents about the process of separation and any factors in their lives that helped or hindered them in resolving issues around the children and finance.

Quantitative data came from the pilots and from a survey of parents:

- Monitoring information on the participating families and the services they received was collected by the pilot sites and forwarded on a regular basis to the research team. This provided data on the reach of pilots and any identifiable early outcomes.

- A telephone survey was carried out with parents after their engagement with the pilots. This provided information on parents' perceptions of the services, child well-being, and other early outcomes around family circumstances and stability, family relationships and health and wellbeing.

- Data on performance and cost provided by the pilots was used for a quantitative assessment of the relative cost-effectiveness of the pilots.

Collection of data from parents

At their first appointment with one of the services provided by the pilots, parents were informed about the research, provided with an explanatory letter from DCSF and the research information sheet. The opt-out procedure was intended to alleviate the burden on pilot providers by ensuring that it was the research team that undertook the process of informed consent with parents. However in practice the procedure was not always straightforward as providers were sometimes (especially in the early stages) drawn into answering questions about the research, rather than referring parents to the information sheet which, as well as explaining the research, carried details of the researcher to be contacted if further explanation was needed. In total 593 families were recorded in the

monitoring data system as having opted out of the research at the assessment stage, and a number opted out of the telephone survey and qualitative interviews at a later stage (see below).

The monitoring system

The monitoring system was designed to provide the evaluation with:

- Data on all families supported by the pilots in each area, and on the services offered;

- Evidence on the effectiveness of the pilots to support families, by looking at their changes in circumstances over a four-month period and provider perspectives on the subsequent outcomes for families;

- A sample of families willing to be approached to take part in the telephone survey and qualitative interviews.

At the initial meeting providers collected a range of information about parents (the baseline monitoring data) which was then stored in a bespoke spreadsheet and forwarded electronically to the research team at the end of each month. This process continued until the end of March 2011. Where possible, the same information (the follow up monitoring data) was collected by re-contacting the families offered services four months after their assessment. The purpose was to:

- Complete information about the services they received and whether these were completed;

- Update information on demographics, current circumstances and the families' issues/risks.

Data was collected on parents as they were first referred to the pilots, then more in-depth information was collected from those parents that were offered and assessment or then offered a service. The monitoring data included information on *all* parents accessing one of the pilot projects but only the contact details of parents who had not chosen to opt out were forwarded to the researchers. These provided the sample for the telephone survey and for the qualitative interviews.

Some pilot sites experienced challenges in collecting the monitoring data, particularly due to staff changeover, technical difficulties and issues with partners not completing the monitoring data. There were three pilot sites in particular where this was an issue, and therefore the numbers of families using services in these pilots is likely to have been higher than that captured in the system.

	Total number of familes referred to pilots	Total number of families offered an assessment	Total number of families offered a service	Number of service-users families followed up after 4-months
Monitoring Data Collected from Parents	3,254	2,135	1,944	529[46]

Telephone survey

A quantitative telephone survey was conducted with parents four months after their assessment. The purposes of the telephone interview were:

• To gather evidence on parents' experiences of the different pilots/models of delivery (to inform the process evaluation);

• To measure the short-term impact of different pilots/models of delivery on parents and children;

• To gather evidence on parents' perceptions of the effects that the support had had on themselves and their children;

• And, in order to provide the necessary context, collect background information on the families and the services they received.

Parents who had been offered support by a pilot were initially contacted by letter, explaining the survey and indicating that a researcher would be in touch by telephone in order to conduct a brief interview, or arrange a time to do so. This initial contact took place at the beginning of October 2010, due to fieldwork being delayed following the general election. A pilot survey was conducted later in October with 37 parents in order to test the questionnaire. Following this the telephone survey was conducted in two tranches: from November to December 2010 with 127 parents and from January to mid-March 2011 with 128 parents. Interviews were conducted by telephone by experienced interviewers from TNS-BMRB and lasted approximately 30 to 40 minutes. A total of 292 interviews with parents were achieved in the survey.

Qualitative interviews with parents

Qualitative interviews with a small sample of parents were carried out in order to add depth to the quantitative information gathered on outcomes and to obtain parental perceptions of the process. The interviews explored:

• Reasons for engaging with the pilot and their expectations;

• Use of other similar services (previously or currently);

• Parents' views of the process and their levels of satisfaction on issues such as: referral; timing; accessibility; staff;

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[46] Data on services taken up was completed at the four-month follow-up stage for 1415 families.

- Changes: in living circumstances; finances; and parents' relationships with each other and with their child(ren);

- Any factors in their lives which helped or hindered them in resolving issues;

- Their main causes of parents' anxiety.

The original intention was to interview a sample of 10 parents from each pilot site as soon as possible after their assessment interview. However, the delays to the interviewing period (see below) meant that these could not begin until November 2010, by which time some families had completed their engagement with services. The delay also meant that follow-up interviews had to be undertaken only three months later (and not six months, as planned), thus limiting the extent to which longer-term changes might be identified.

Contact was initially made by telephone. Parents who were willing to take part in the interview, lasting about an hour, were given the choice to do so by phone or in person, with the majority choosing the former. In some cases the interview took place immediately but in most cases an appointment was made for a later date. In total 75 initial parent interviews were carried out in the first round, with an even spread across the pilot sites. These consisted of 47 mothers (all resident parents except for one interviewee) and 28 fathers (mainly non-resident parents except for five fathers who had care of the children). Of these, 14 mothers and 12 fathers were subsequently re-interviewed (total 26 parents).

Qualitative interviews with pilot staff

Qualitative interviews were carried out at the beginning and end of the study period with project managers (in person, providing an opportunity for site visits, an important factor in understanding location) and with the main actor(s) in each strategic partner organisation (on the telephone, by appointment). The aim of these interviews was to gain an initial overview of each pilot, alongside employing a Theory of Change logic map to explore the context in which projects were working, the rationale for each intervention, and what they expected to achieve by way of outputs, outcomes and impacts in the shorter and longer term. The interviews also provided a baseline against which ultimate progress could be measured and the extent of partnership shared vision and cohesion.

These interviews were repeated in March and April 2011. The purpose of the follow-up interviews was to explore what happened over the course of the pilots, especially in respect of partnership working, and to measure progress achieved against the anticipated outputs, outcomes and impacts.

A total of 51 individuals across the 10 pilot sites were interviewed at the onset of the study. Of these 45 were successfully interviewed at the end. A major reason for the slight shortfall in the second round was that by then the projects' funding was coming to an end and some partner agencies were no longer engaged with service provision for this initiative.

	Number 1st round interviews	Number 2nd round interviews	Total Qualitative Interviews
Qualitative Interviews with Project Managers	10	10	**20**
Qualitative Interviews with Delivery Partners	41	35	**76**

Measuring Economic Disadvantage

Part of the evaluation sought to determine the extent to which the families targeted by the pilots could be viewed as economically disadvantaged at the time of assessment.[47]   This was gauged using four measures collected by pilots as part of the monitoring system: whether either or both parents were on means-tested benefits; whether or not they were working; and their tenure and postcode both before and after separation (linked to administrative data on area deprivation indices).

Ideally a comparison population would have been used to test whether the pilots were targeting the more economically disadvantaged families in their area. However, there are no regionally available figures on the eligible population and it is not possible to identify an appropriate comparison group of parents at risk of separation at a national level. Hence the question of whether the pilots attracted families who were economically disadvantaged has been taken as an absolute question: that is, what proportion of families using the pilots fitted these criteria.

Outcome measures

Because of the wide-ranging nature of both the services being offered by the pilot providers and the difficulties that can arise when parents are considering or dealing with the effects of separation, information was collected about a wide range of family circumstances which could possibly be improved by the pilot support. In the monitoring system, these were kept, as far as possible, as objective measures which providers could record without detailed probing of the parents. In contrast, in both the survey and the qualitative interviews, parents were asked both objective measures about their circumstances and subjective measures about how they were feeling, or experiencing, issues around their relationships or separation.

Some of the outcomes measured were around families' living circumstances – finances, housing, employment, and so on. The focus of interest was the extent to which the pilots helped families to sort out changes in circumstances which arise from separation, or might be taken into account when considering separation:

Circumstances and stability

- Financial circumstances (survey and qualitative interviews)
- Payment of child support (monitoring and survey)
- Benefit receipt (survey)
- Employment (monitoring, survey and qualitative interviews)

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[47] Note that this may or may not reflect their economic circumstances prior to any breakup.

- Job security (monitoring)
- Employability (monitoring)
- Housing (monitoring, survey and qualitative interviews)
- Domestic violence issues (monitoring)

Other measures were around how families operated after separation, or negotiated difficulties in order to remain together. The focus of interest was the extent to which the pilots helped families to have constructive and healthy relationships, both between themselves and between themselves and their children:

Relationship between the parents, and between parents and their children

- Amount of contact between children and non-resident parents (monitoring, survey and qualitative interviews)
- Amount and quality of contact between parents (monitoring
- Satisfaction with quality of contact between child and non-resident parent (survey and qualitative interviews)
- Perception about how well doing as a parent (survey)
- Friendliness with ex-partner (survey and qualitative interviews)
- Discussion of issues about children with (ex-)partner (survey and qualitative interviews)
- Financial issues as a source of tension (survey)

Finally, the evaluation included an assessment of the extent to which the pilots' services had an effect on parents' and children's overall well-being – that is, the extent to which they minimised any negative impacts of relationship difficulties or separation on families' well-being:

Health and well-being

- Parental health (monitoring, survey and qualitative interviews)
- Parental well-being (monitoring, survey and qualitative interviews)
- Parental drug or alcohol problems (monitoring)
- Children's health (monitoring, survey and qualitative interviews)
- Children's well-being (monitoring and qualitative interviews)
- Children's behaviour (survey and qualitative interviews)

In the monitoring system, data was collected on families' circumstances at the point when they were assessed by the pilots (the 'baseline data')[48]. The same information about the families was then collected four months after the assessment (the 'follow up data'). In this way, the degree of improvement in families' circumstances could be assessed across a range of measures. In the survey, parents were interviewed at least four months after they received an assessment[49]. Where families reported that their circumstances had changed on a particular outcome measure, they were asked the extent to which the pilot services had played a role: for instance, how often children had contact with their non-resident parent (if relevant) at the time that the family was assessed by the pilot, then about how often they had contact some time later. This allowed the research team to measure in what proportion of families the children had more contact with their non-resident parents

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[48] In the monitoring system, the baseline data were collected at the point of assessment; in the survey, parents were asked retrospectively about their circumstances at the point they had been assessed.
[49] However, while ideally parents were interviewed four months after assessment for the survey, in reality due to limitations described around low numbers for the survey, parents were interviewed from between 4-6 months after receiving an assessment.

than before. In the survey data, it was known whether parents perceived any increase in contact to be attributable to the support of the pilot.

Issues affecting data collection

Two main factors affected the extent to which the collection of data from parents proceeded as originally intended. The first was the General Election which took place in May 2010. During the period of time from when an election is announced until after the election is held – now referred to as 'the pre-election period' (previously 'purda') – the principle of avoiding active engagement on politically sensitive matters to Government-funded research projects. In the case of this research, the implication was that planned contact with the public – that is, contact with service providers and, crucially, families – had to cease although the collection of monitoring data could continue. Furthermore, the ensuing uncertainty over the Government to be formed, followed by the new Coalition Government's priorities for family policy, led to this time period of suspension of work extending to mid-October. The beginning of data collection through the survey and qualitative interviews with parents had been planned for this time. The time delay to these two elements meant that a) many families were being contacted for the first-round qualitative interviews when their involvement with services had ended, and not when it had only recently begun; b) the (qualitative) case study element of the study had to be abandoned as there was insufficient time remaining to identify and contact families for interview; and c) the follow-up period between both qualitative and quantitative interviews had to be shortened. The original plan was to follow up families about six months after their assessment, but most families were followed up within a shorter period. As a result, one in five (21 per cent) of families included in the follow-up data in the monitoring system were still receiving services. In the survey data, the proportion was a third (33 per cent). These were disproportionately the parents receiving services such as counselling rather than those receiving practical advice services. Consequently it has not been possible to measure reported effectiveness of the services in the medium- to long-term: the evaluation can report only on the short-term effectiveness of the pilots.

The second factor was the number of parents involved, and this was influenced by several issues, including those given above, which effectively reduced the time available for making contact. These were:

- Pilots began to offer services later than had been anticipated and in many cases take-up was lower than anticipated. This affected the collection of monitoring data, on which the subsequent elements of the study depended.

- In some pilot sites a relatively high proportion of families chose to opt out of involvement in the evaluation.

- In contacting families, addresses and telephone numbers given by parents to the service providers were used. Many of the phone numbers proved to be dead or incorrect and service providers were unable to supply ones which were up-to-date.

- As is common with studies of this type which deal with sensitive issues, many parents chose to opt out of the study at a later stage by not answering the telephone, setting up appointments which they did not keep or requesting to defer an interview to a later date.

As result, the numbers involved in all elements of the evaluation, particularly the survey, were considerably lower than had been anticipated.

9.2. Annex B: Tables

Table 1. Parents involved in assessment , by residency arrangement				
	Mother is PWC	Father is PWC	Shared care	Total
	%	%	%	%
Only mother	67	32	57	60
Only father	19	58	16	21
Both parents	14	10	26	19
Base: all families assessed (monitoring data)	*1263*	*99*	*238*	*2151*

Table 2. Number of children in family	
	%
1	39
2	37
3	16
4 or more	7
Base: all families offered services (monitoring data)	*1796*

Table 3. Age of youngest child	
Age	**%**
Under 3	26
3 to 4	19
5 to 7	21
8 to 11	22
12 to 14	8
15 to 18	4
Base: all families offered services	*1736*

Table 4. Age of parents		
	Mother	**Father**
	%	%
Under 16	Less than 1 per cent	0
16 to 17	Less than 1 per cent	Less than 1 per cent
18 to 25	12	11
26 to 35	39	32
36 to 45	40	42
46 to 55	8	14
56 or over	1	1
Base: all families offered services (monitoring data)	*1501*	*1010*

Table 5. Ethnicity of parents	Mother	Father
	%	%
White British	81	79
White Irish	Less than 1	1
Other White	3	3
Mixed White/Black Caribbean	1	1
Mixed White/Black African	Less than 1	Less than 1
Mixed White/Asian	Less than 1	Less than 1
Other mixed	Less than 1	Less than 1
Asian/Asian British Indian	2	2
Asian/Asian British Pakistani	3	4
Asian/Asian British Bangladeshi	1	1
Other Asian	1	1
Black/Black British Caribbean	1	3
Black/Black British African	2	2
Other Black	1	1
Chinese	Less than 1	0
Other	2	2
Not given	1	1
Base: all families offered services (monitoring data)	*1595*	*1199*

Table 6. Parents' disability	Mother	Father
	%	%
Disabled	5	4
Not	95	96
Base: all families offered services (monitoring data)	*1460*	*1072*

Table 7. Asylum seeking	%
One or more parents asylum seeking	1
Neither parent asylum seeking	99
Base: all families offered services (monitoring data)	*1944*

Table 8. Referral route by length of time since separation								
Row %	Self-referral	Advice/ voluntary agency	Legal route	Health route	Children centre/ education route	Other statutory route	Other route	*Base: all families assessed*
Still living together	35	22	2	3	13	15	10	333
Separated less than 2 months ago	34	12	6	1	16	19	12	144
between 2 and 6 months ago	24	16	7	4	17	21	11	134
...between 6 months and 1 year ago	25	13	10	4	25	14	10	105
...between 1 and 2 years ago	28	8	12	1	27	15	9	123
...more than 2 years ago	22	7	10	5	28	16	11	209
Don't know length since separation	27	28	8	4	8	16	8	713
All families assessed	*28*	*20*	*7*	*4*	*17*	*15*	*9*	*1761*

Table 9. Relationship status prior to breakup	
	%
Married	55
Cohabiting	38
Never lived together	7
Base: all families assessed where parents have separated (monitoring data)	*1149*

Table 10. Whether parents in new relationships at point of assessment

	Mothers	Fathers
	%	%
In new relationship	29	45
Not	71	55
Base: all families assessed where parents have separated (monitoring data)	*1037*	*803*

Table 11. Tenure of parents

	Prior to separation/ current if living together	Mother's current tenure	Father's current tenure
	%	%	%
Private owned	49	41	39
Private rented	19	25	27
Council/Housing Association	27	26	18
Temporary accommodation	Less than 1	2	2
Living with friends/family	3	6	13
Other	1	1	2
Base: all families offered services (monitoring data)	*1036*	*693*	*559*

Table 12. Area of Deprivation, address prior to separation

Living in...	%
Most deprived quintile	28
Quintile 2	24
Quintile 3	22
Quintile 4	15
Least deprived quintile	10
Base: all families assessed (monitoring data)	*1396*

Table 13. Family clusters, by area type	Group A: Wider set of services, higher cost	Group B: Narrower set of services, lower cost	Total
	%	%	%
Mothers only at assessment			
M1: Economically disadvantaged, high needs	14	15	14
M2: Economically disadvantaged, medium needs	39	34	36
M3: Not economically disadvantaged, high needs	18	13	15
M4: Not economically disadvantaged, low needs	30	38	34
Base: all families where only mothers at assessment (monitoring data)	*491*	*589*	*1080*
Fathers only at assessment			
F1: Economically disadvantaged, high needs	25	9	13
F2: Economically disadvantaged, medium needs	21	14	16
F3: Not economically disadvantaged, high needs	17	11	12
F4: Not economically disadvantaged, low needs	37	66	58
Base: all families where only fathers at assessment (monitoring data)	*113*	*274*	*387*
Couples at assessment			
C1: Economically disadvantaged, high needs	32	26	28
C2: Not economically disadvantaged, low needs	68	74	72
Base: all couples assessed (monitoring data)	*88*	*233*	*321*

Table 14. Maintenance arrangements at point of assessment	
	%
In place and working well	27
In place and not working well	13
No arrangements	60
Base: all families offered services where parents have separated (monitoring data)	*936*

Table 15. Domestic violence	
	%
History of violence	21
Perceived risk of violence	7
No perceived risk	46
Unknown	26
Base: all families offered services (monitoring data)	*1944*

Table 16. Health concerns at time of assessment	Mother	Father	Any of children
	%	%	%
Mental health concerns			
Of great concern	5	3	6
Of some concern	25	16	25
Of no concern	44	51	42
Unknown	26	30	27
Physical health concerns			
Of great concern	3	3	1
Of some concern	11	7	8
Of no concern	60	60	61
Unknown	26	31	30
Drug/alcohol issues			
Yes	3	8	n/a
No	63	55	n/a
Unknown	34	37	n/a
Base: all families offered services (monitoring data)	*1504*	*761*	*1944*

Table 17. Housing stability at time of assessment		
	Mother	Father
	%	%
Of great concern	11	6
Of some concern	15	14
Of no concern	45	45
Unknown	30	35
Base: all families offered services (monitoring data)	*1504*	*761*

Table 18. Employment concerns at time of assessment		
	Mother	Father
	%	%
Employability		
Of great concern	5	5
Of some concern	14	12
Of no concern	29	28
Not applicable as already in work	21	23
Unknown	31	32
Job security		
Of great concern	2	2
Of some concern	4	6
Of no concern	30	35
Not applicable as not in work	34	22
Unknown	31	35
Base: all families offered services (monitoring data)	*1504*	*761*

Table 19. Family clusters, by service type				
Row %	Type 1: Emotional	Type 2: Practical	Type 3: Child centred	*Base*
Mothers only at assessment				
M1: Economically disadvantaged, high needs	39	65	65	*88*
M2: Economically disadvantaged, medium needs	46	61	59	*216*
M3: Not economically disadvantaged, high needs	45	67	42	*97*
M4: Not economically disadvantaged, low needs	38	38	63	*237*
Fathers only at assessment				
F1: Economically disadvantaged, high needs	[55]	[85]	[75]	*20*
F2: Economically disadvantaged, medium needs	[57]	[66]	[57]	*35*
F3: Not economically disadvantaged, high needs	[32]	[82]	[59]	*22*
F4: Not economically disadvantaged, low needs	21	77	28	*151*
Couples at assessment				
C1: Economically disadvantaged, high needs	[60]	[51]	[58]	*43*
C2: Not economically disadvantaged, low needs	59	43	32	*140*

Table 20. Data collected on families' circumstances and stability		
Impact on families	Monitoring data	Survey data
Overall financial circumstances	No	Yes
Maintenance arrangements	Yes	Yes
Receipt of benefits	No	Yes
Employment status	Yes	Yes
Job security	Yes	No
Employability	Yes	No
Stability of housing	Yes	No
Suitability of current housing	No	Yes
Domestic violence issues	Yes	No

Table 21. Improvements in circumstances/stability attributed to pilots, by services received				
	Type 1: Emotional	Type 2: Practical	Type 3: Child centred	Total
	% improved	% improved	% improved	% improved
How well doing financially				
Observed	26	39*	29	29
Regression adjusted	*25*	*36*	*24*	*29*
Whether maintenance arrangement in place (and not living together)				
Observed	[31]	[27]	35	32
Regression adjusted	*[32]*	*[24]*	*41*	*32*
Whether receiving all benefits entitled to				
Observed	[71]	[65]	[45]	[56]
Regression adjusted	-	-	-	-
Entered paid work				
Observed	[14]	10	11	11
Regression adjusted	-	-	-	-
Suitable housing arrangement				
Observed	[29]	30	31	28
Regression adjusted	*[28]*	*25*	*31*	*28*
Bases:				
How well doing financially	*73*	*123*	*140*	*263*
Whether maintenance arrangement in place (and not living together)	*29*	*48*	*63*	*109*
Whether receiving all benefits entitled to	*14*	*23*	*20*	*43*
Entered paid work	*35*	*67*	*71*	*120*
Stable housing arrangement	*28*	*60*	*65*	*132*

Table 22. Improvements in circumstances/stability attributed to pilots, by services received			
	Group A: Wider set of services, higher cost	**Group B: Narrower set of services, lower cost**	**Total**
	% improved	**% improved**	**% improved**
How well doing financially			
Observed	37*	23*	29
Regression adjusted	*32*	*26*	*29*
Whether maintenance arrangement in place (and not living together)			
Observed	30	35	32
Regression adjusted	*34*	*30*	*32*
Whether receiving all benefits entitled to			
Observed	[47]	62	56
Regression adjusted	*-*	*-*	*-*
Entered paid work			
Observed	[8]	[14]	11
Regression adjusted	*-*	*-*	*-*
Suitable housing arrangement			
Observed	35	22	28
Regression adjusted	*30*	*26*	*28*
Bases:			
How well doing financially	*117*	*146*	*263*
Whether maintenance in place	*54*	*55*	*109*
Whether receiving all benefits entitled to	*17*	*26*	*43*
Entered paid work	*63*	*57*	*120*
Stable housing	*63*	*69*	*132*

Table 23. Change between baseline and four-month follow-up on parents' employment status and employability				
	Mothers		Fathers	
	Baseline	Follow-up	Baseline	Follow-up
	%	%	%	%
Working full time (16+ hours)	35	32	65	69
Working part time (1 to 15 hours)	13	17	4	4
Unemployed and looking for work	10	16	13	14
Unemployed and not looking for work	12	8	5	3
Student	3	4	2	2
Looking after family	20	16	3	2
Sick/disabled	6	6	6	6
Other	2	1	3	1
Base: all families with services	*623*	*623*	*368*	*368*
Percentage improvement		**17**		**23**
Base: those not in work at baseline		*306*		*107*
Employability...	%	%	%	%
Of great concern	8	6	7	5
Of some concern	25	18	21	18
Of no concern	43	52	39	51
Not applicable as already in work	25	24	33	27
Base: all families with services	*475*	*475*	*311*	*311*
Percentage improvement		**44**		**35**
Base: those of concern at baseline		*154*		*89*

Table 24. Improvements in circumstances/stability attributed to pilots, by services received				
	Type 1: Emotional	Type 2: Practical	Type 3: Child centred	Total
	% improved	% improved	% improved	% improved
How well doing financially				
Observed	26	39*	29	29
Regression adjusted	*25*	*36*	*24*	*29*
Whether maintenance arrangement in place (and not living together)				
Observed	[31]	[27]	35	32
Regression adjusted	*[32]*	*[24]*	*41*	*32*
Whether receiving all benefits entitled to				
Observed	[71]	[65]	[45]	[56]
Regression adjusted	-	-	-	-
Entered paid work				
Observed	[14]	10	11	11
Regression adjusted	-	-	-	-
Suitable housing arrangement				
Observed	[29]	30	31	28
Regression adjusted	*[28]*	*25*	*31*	*28*
Bases:				
How well doing financially	*73*	*123*	*140*	*263*
Whether maintenance arrangement in place (and not living together)	*29*	*48*	*63*	*109*
Whether receiving all benefits entitled to	*14*	*23*	*20*	*43*
Entered paid work	*35*	*67*	*71*	*120*
Stable housing arrangement	*28*	*60*	*65*	*132*

Table 25. Improvements in relationships attributed to pilots, by services received	Type 1: Emotional	Type 2: Practical	Type 3: Child centred	Total
	% improved	% improved	% improved	% improved
Frequency of contact between children and non-resident parent				
Observed	[22]	17	23	20
Regression adjusted	*[24]*	*13*	*24*	*20*
Happiness with quality of contact				
Observed	44	46	47	43
Regression adjusted	*45*	*41*	*43*	*43*
How well doing as a parent				
Observed	52	44	45	43
Regression adjusted	*55*	*38*	*40*	*43*
Friendliness with (ex-)partner				
Observed	39	29	32	33
Regression adjusted	37	28	33	33
Ability to discuss things with (ex-)partner				
Observed	42*	31	31	32
Regression adjusted	*41*	*25*	*34*	*32*
Whether financial issues a source of tension with (ex-)partner				
Observed	[21]	29	25*	32
Regression adjusted	*[36]*	*39*	*33*	*32*
Bases:				
Contact between NRP and child(ren)	*36*	*75*	*103*	*174*
Quality of contact	*50*	*82*	*114*	*191*
Relationship between respondent and child	*60*	*82*	*103*	*190*
Friendliness with ex	*75*	*123*	*145*	*275*
Ability to discuss things with ex	*67*	*120*	*140*	*257*
Financial issues a source of tension	*33*	*58*	*69*	*116*

9.3.   Annex C: The costs of the pilots

Section 3.4 of our report sets out the estimated average cost per family of the pilot services. How that cost breaks down is described in this short annex.

The pilots were asked to provide data on the costs of their services divided by quarter (for up to four quarters), and with set-up costs reported on separately. The costs were divided into four main categories:

- staff costs (salary plus NI plus pension);

- other project running costs (such as printing/advertising, services purchased from other providers; telephone charges etc.);

- capital equipment (such as IT equipment, furniture)

- overhead or core costs.

In addition the pilots were asked to split each component of cost into two:

- Fixed costs: that is the costs that do not vary with substantial increases or decreases in the number of families receiving services

- Variable costs: costs that do vary as the number of families significantly increases or decreases.

Inevitably this distinction between fixed and variable costs was somewhat difficult for pilot staff to provide, because the short period of each pilot meant that most costs were necessarily fixed irrespective of the number of families accessing services. Providing the costs involved pilot staff estimating what the costs would be under a (largely fictitious) scenario.

The data on costs provided by the pilots differed quite substantially from pilot to pilot and drawing inferences from it about the costs of similar services in the future is somewhat difficult and may potentially be misleading. A number of areas did not, for instance, provide set-up costs, probably because these costs were subsumed within the first quarter of live running. Nevertheless, we have calculated approximate averages for the cost elements across the pilots and present them here as indicative of the scale and distribution of the costs of the services offered.

Overall costs

Adding across all the costs provided by the pilots, and allowing for the fact that not all quarters of cost data were asked for, we estimate that the cost of setting up and delivering services to the 2,053 families going through the pilots was just over £4m (at £4,003,350, or £1,950 per family).

Costs by component

The £4m divided into the four main components of cost broadly as follows:

Staff costs   66%

Other project costs 13%

Capital equipment   1%

Overheads   20%

These percentages varied from pilot to pilot but in almost all areas the staff costs were the largest component of the total (and almost always over 50%). In just one area 'other project costs' were higher than staff costs, but this was because the 'other project costs' covered the costs of buying services from other providers which, in this pilot, was a significant element of the service delivery.

Fixed and variable costs

Taking the average across all the pilots, project staff estimated that around 50% of the costs were fixed and 50% variable.

This gives some means of estimating what the average cost per family might be under a scenario where significantly more families accessed services than in fact did so. If, for instance, the pilots had been able to offer services to 5,000 families rather than 2,053, the costs would have been £2m in fixed costs and £4.9m in variable costs: giving an overall total of £6.9m, and an average per family of £1,380.

Whether this is an accurate reflection of costs as the services are rolled out to more families is, however, debateable. Certainly the budget for the pilots was just £4.5m, and the pilots appeared at the planning stage to have, between them, capacity to take on around 5,000 families overall. So it seems that pilots had planned on offering services at around £900 per family. Arguably all we can safely conclude is that under a model where agencies are running at closer to full capacity than was the case during the pilot, the cost per family would reduce from the pilot's £1,950 to somewhere between £900 and £1,400.

9.4. Annex D: Estimated numbers of services users per pilot (2009)

Below is the table of the numbers of service users that were estimated per pilot at the start of the initiative in Aug 2009. The table has been taken from the *Invitation to Tender* document (2009)[50], and the pilot names have been anonymised.

Pilot Site	Estimated no. of families to reach	Funding	Estimated cost per family	Start Date
Pilot Site 1	350	£450,000	1,286	Dec
Pilot Site 2	700	£450,000	643	Jan
Pilot site 3	400	£502,000	1,256	Nov
Pilot Site 4	500	£457,000	914	Oct
Pilot Site 5	1000	£425,000	426	Jan
Pilot Site 6	950	£472,000	497	Oct
Pilot Site 7	100	£370,991	3,710	Feb
Pilot Site 8	285	£431,000	1,514	Dec
Pilot Site 9	450	£500,000	1,113	Oct
Pilot site 10	400	£523,000	1,308	Jan

[50] Invitation to Tender: Child Poverty Pilots, Delivering Improved Services for Separating Parents. (2009) Department for Children Schools and Families: London