Department for Education

Safe Families for Children

Evaluation report

July 2017

Michael Little, Georgina Warner and Vicky Baker – Dartington Social Research Unit

Children's Social Care Innovation Programme Evaluation Report 56

Contents

List of figures

List of tables

Acknowledgements

This report has been prepared by members of the Dartington Social Research Unit (DSRU): Michael Little, Georgina Warner and Vicky Baker, with support from Natasha Mokhtar, Clare Austin, Daniel Ellis, Claire Hanlon, Brooke Kesic, Maggie McDowell, Hazel Price, Jill Swindells, Nicola Turner, Dominic Willmott and Laura Whybra. We received support in the design phase of the research from David Farrington and Ian Sinclair. We are grateful to Robert Goodman for permission for us to innovate in the delivery of SDQ. The Centre for Social Policy at DSRU undertook the ethics approval process, and one of the Centre fellows, Roger Bullock, provided helpful comments in the drafting process. We received legal advice from Rupert Hughes, Richard White, Wendy Rose and Judith Masson. The views expressed in the report are our own and are not necessarily supported by our advisors. Judy Sebba at the Rees Centre and Richard White at the Department for Education helped us to fit the study into the broader Innovation Fund evaluation process. The work could not have been completed without the willingness of the Safe Families team and their volunteers to open themselves to rigorous evaluation, and to integrate research data collection into their standard referral processes. With particular thanks to Keith Danby, Mark Buchanan, Kat Osborn, Natalie Riddle and Safe Families trustee, Janet Walker, who provided helpful comments on earlier drafts of this report.

Executive Summary

Safe Families for Children originated in Chicago, Illinois, in 2003, an innovation of the Christian charity: Lydia Homes. It provides vulnerable families with 3 types of family support: respite for the children to live away from home for short periods; friendship for the main carer, usually the birth mother; and resources to help make the family home a healthy environment for children. All 3 family supports are provided by volunteers recruited from the Christian church. The programme has spread to several U.S. states.

In 2013, businessman and philanthropist Peter Vardy, and the CEO of the Vardy Foundation, Keith Danby, started a charity with the aim of bringing Safe Families to the majority of English local authorities, starting in the North-East of England.

Safe Families was introduced to Dartington Social Research Unit (DSRU) in 2014, leading to rapid analysis of its potential. It was claimed that the U.S. model of Safe Families diverted children away from state sponsored foster and residential care. The previous evidence for this claim is mixed and difficult to verify, given the differences between U.S. and English child welfare systems. Early evidence from the programme in England suggested that it had the potential to support many vulnerable families at low cost, including a significant proportion of those children that were on the edge of the care system. This early evidence also found that:

- the programme did not evangelise on behalf of the Christian church
- the initial transfer of the programme from the U.S. to the North-East of England had realised a steady stream of volunteers
- the programme fitted well with local government's need to forge new relationships between public services and civil society
- the real benefit to local authorities would be in the potential to reduce the flow of children into foster and residential care
- the programme was scalable.

Using the support from the Department for Education's Innovation Fund, DSRU and Safe Families collaborated to develop and scale the programme. Five innovations emerged from this work. First, the programme would focus on 2 categories of children: those in need of what local authorities call 'early help' (Category 1) and those on the edge of care (Category 2). The goals were to reach 15% of the children aged 0-10 years of age coming into care and to reduce the overall flow into care by 10% in each user authority. Second, the effectiveness of the programme would be boosted by it arriving just in time to stem the crisis that led carers to seek support from local children's services and not, as typically happens, several weeks later. Third, using the classic Rogers' scale strategy, it was planned to introduce the programme to 16% (n=24) of the 150 English local

authorities within 12 months, using evidence and user recommendation to pull in the other 84% of authorities. Fourth, in line with DSRU's traditions, it was decided to subject the intervention to rigorous evaluation, to estimate impact on flows of children into care; birth parent outcomes; child outcomes; volunteer and user satisfaction. Armed with rigorous evaluation, we were able to trial a new financial model for introducing innovation at scale, called a Public Social Partnership (PSP). Fifth, we introduced seminars on the management of system dynamics to help participating local authorities reap the full benefits of children diverted from the care system.

This report, which covers the period January 2015 to March 2016 seeks to answer 3 primary and 2 secondary research questions:

- does Safe Families divert the flow of children into foster and residential care by 10%?
- is there any evidence of increased stress on birth parents or other primary carers whose children are supported by Safe Families?
- is there any evidence of impairment to the well-being of children supported by Safe Families?
- does Safe Families reach needy families in a timely manner?
- is the programme scaling in line with the Rogers' strategy described above?

Methodology

The team from DSRU used a mixed methods approach. This included scrutiny of administrative records on 569 children in need and on the edge of care, in 20 local authorities. Of these 569, 91 children from 83 families met the Safe Families referral criteria as seeking Category 2 help. Previous years' administrative data provided a comparison. Additional bespoke data was assembled on behalf of several local authorities on request. Interviews were held with 15 birth parents and volunteers and 10 local authority staff. Five seminars with Safe Families staff were held. A randomized control trial was implemented with 26 of the 91 children to evaluate the project's impact on children on the edge of care, but there were insufficient cases for findings to be more than indicative. For those families, 3 scales were completed: Strengths and Difficulties Questionnaire (SDQ); the Hospital Anxiety and Depression Scale (HADS), focused on parent's stress and depression; and the Interpersonal Support Evaluation List (ISEL), focused on the amount of support available to carers.

Findings

Safe Families provided support to 192 families, comprising 480 children in families designated as Category 1: early help or family support cases. Although these children were not deemed to be ‘on the edge of care’, Safe Families support nevertheless included the provision of 218 nights of respite care across this group of children

There were fewer children in Category 2 (edge of care) referred than initally anticipated. In total during the period of the evaluation, 83 families with such children were referred. Of these, 40 families comprising 91 children received support from Safe Families

When the evaluation team looked at a cohort of children entering care under Section 20 of the Children Act 1989, 15% had a profile that was suitable for the type of help that Safe Families provided. The legal grounds for using Safe Families as an alternative to Section 20 was established during the evaluation period. However, the potential to divert children from care is not being realised evenly across all user local authorities. Many children identified by Safe Families as ‘edge of care’ were not those likely to have gone into care had they not been involved in the project. Rather, they were those needing early help. The uneven, and slower than anticipated, application of Safe Families to children on the edge of care can likely be attributed to 3 causes:

- the time it takes local authorities and practitioners to build up confidence in an untested innovation
- the difficulty of matching the innovation to the right families, and in a timely way
- a nervousness on the part of some Safe Families staff in managing more serious cases. The time taken to match families meeting eligibility criteria to Safe Families volunteers reduced markedly in the evaluation phase but, in most cases, remains too long to effectively respond to the stress experienced by the primary carer

DSRU offered advice to all user local authorities on managing system dynamics, so they could fully reap the benefits of any children diverted from foster or residential care by Safe Families. This advice was taken up by less than half of the local authorities and, as far as can be gauged, not yet applied in any.

The RCT has not been able to provide strong evidence on the impact of the innovation due to the low numbers of families with children on the edge of care who received support from Safe Families during the evaluation period. Of the 83 families referred for such support, only 26 met the criteria for entry into the RCT and were willing to participate in the study. Of the 26 families, 13 families were randomised to receive support from Safe Families and 13 allocated to the comparison group. Unfortunately, findings from this size of trial can only be viewed as indicative.

However, whilst acknowledging the above limitation, the evaluation found that , no children in the intervention group entered care in the 6 month follow up period, (2 from the control group entered care and one was placed under a Special Guardianship Order). This suggests that Safe Families can divert cases away from the social care system. Data from the parental stress rating scales, SDQs, and inerviews suggest that Safe Families volunteers can provide suitable support; that no harm had resulted to children, and the stress levels of carers had not increased as a result of the innovation. The focus on child protection was strong, and continued to improve. Carers and children supported by Safe Families as an alternative to coming into care appeared to be satisfied, although numbers were too low to draw any reliable findings.

Safe Families has been successful at scaling the innovation, and in getting it embedded in 20 (14%) of the 150 English local authorities within a 12 month period. All 20 local authorities committed funds for Safe Families before evaluation results for the Public Social Partnership were available. As predicted by the initial scale strategy, consumer satisfaction among the 20 users is creating pull from other groups of local authorities, and Safe Families is extending the programme to 3 new local authorities on the South Coast and is exploring 2 new regions to start in the 2017/18 financial year.[1]

As welcome as this expansion may be, there is much unsupported need within the 3 regions covered by Safe Families meaning that local authorities not yet signed up in those regions could benefit from the innovation, and more children within existing user authorities could be diverted from care, justifying expanding the use of the innovation by those authorities.

Remarkably, and unusually for volunteer-based innovations, Safe Families has stimulated a steady flow of people from the community willing to give their time to do what others have been paid for, and satisfaction levels among volunteers remains strong.

Lessons learned for stakeholders

Although limited in scope, this evaluation indicates important learning for several stakeholders in the fight to improve the lives of children in need in the U.K.

[1] At the time of writing (January 2017) Safe Families expected to be providing services in 29 local authorities with over 3300 volunteers, and to deliver double the volume of service in 2017 compared with 2016.

Learning for Safe Families

- The future of Safe Families depends on its ability to continue to support more children who otherwise would have been drawn into the foster care system.
- Priority should be given to expanding existing hubs of Safe Families activity over developing new hubs.
- The success of Safe Families, like any innovation for children on the edge of care, will depend on effective matching between support offered to families and the needs of those families.
- Momentum behind existing efforts to apply learning about volunteer recruitment to non-Christian and non-faith groups should increase.

Learning for Local Authorities

- It is tempting to treat children in the different sub-systems of children's services as homogenous, by virtue of their label, such as child in care or child in need of protection. Services can be much better differentiated if these groups are disaggregated by pattern of need.
- There is an alarming loss of knowledge about system dynamics; the management of numbers of children in care, and the consequences of effective innovation on those numbers. Knowledge accumulated in the last decades of the last century will aid progress.
- Civil society contains huge tapped and untapped resrouces for families in need. Many children who are exposed to risks that may impair their health or development are not known to the public system. Evidence suggests that those formally designated as 'children in need' are likely only a small proportion of this total (DSRU, forthcoming). The experience of Safe Families suggests that there are many people in civil society ready to volunteer for unpaid roles that have traditionally been paid for by public systems.

Learning for Government

- There is a growing, and understandable, concern about the rising rates of children in care, expressed, for example, by the President of the ADCS and the President of the Family Division of the High Court. Central government can back innovation in this area by sharing risks taken by public systems and charitable start-ups.

- Much evidence regarding children in care is alarmingly out of date, and there is limited evidence about impact on outcomes. As an intrusive and costly intervention in family life, there is an ethical imperative to determine its effect.
- There is a loss of knowledge about the origins and aspirations of the Children Act, 1989, which represents the primary legal statement about the relationship between state and family. There is a danger of narrow concerns about child protection crowding out broader legal and ethical questions about child and family rights.

Learning for Research

- Despite low numbers, this evaluation shows that it is possible to mount a randomised control trial of children coming into state care. Highly disadvantaged children deserve high quality evidence about the impact of interventions supported by the state.
- There is a continued need for innovation in data collection, in the context of high family stress. The apps developed for this evaluation were largely unsuccessful but this should not deter future innovation.
- There is a balance to be found between aspiring to the highest standards of scientific excellence and finding practical solutions to the complex processes of public systems.
- While priority should be given to understanding the impact of alternatives to interventions like foster and residential care, there is much to learn about effective practice for families in need of what is called ‘early help’ or ‘family support’.

Recommendations

The initial scale up of Safe Families between January 2015 and March 2016 demonstrates from the feedback from families, the potential to alter the way in which local authorities respond to children on the edge of care, forging a new relationship between public systems and civil society, and providing a model for other reforms. However, as with all start-ups, there remains much to learn, and challenges to be overcome before the potential of the innovation can be fully realised. Based on the evaluation results, DSRU recommends:

- while Safe Families can play a useful role offering support for families whose children are not at risk of being accommodated in foster care, providing what local

authorities call ‘early help’, according to the feedback from the families involved, the primary benefit of Safe Families comes from its provision of an alternative for about 15% of children who each year come into foster or residential care. The promise lies in the potential benefits to children and families by exposing them to greater community support and less system involvement, and to the easing pressure on hard-pressed local authority budgets.

- if the first recommendation is accepted, we estimate that each year there would be as many as 708 children on the edge of care in the 3 regions covered by Safe Families and within the 20 early adopter local authorities. Two-thirds of these 708 children could be successfully diverted from foster or residential care. Extending Safe Families to 90% of local authorities in the existing 3 hub areas (meaning the innovation would serve 47 local authorities in total) could see it divert 1,533 children from care annually. We therefore recommend that Safe Families favour consolidation in existing local authorities, and extending into new local authorities within existing regions, over the development of new regions. These 2 options need not be mutually exclusive, it is a matter of balance.
- however, none of this potential can be realised unless Safe Families and user local authorities collaborate to ensure a good and timely match between the innovation and the families that can benefit from the innovation (those whose reaction to a crisis means that their younger children are at risk of a short period of accommodation in care). We recommend finding a lasting solution to this challenge.
- the potential for local authorities to translate reductions in the flow of children into care into reduced numbers in care at any one time (or a reduction in overall bed nights) cannot be realised without them paying more attention to the management of system dynamics (engaging local people and experts to choose a number that is right for local conditions; managing stock and flow; analysing the consequences of decisions at one point in the system for another). Through the contact between the evaluation team and local authority project participants, DSRU staff have been struck by the loss of knowledge about system dynamics within local authorities. We recommend that local authorities using Safe Families are given more access to training and tools to manage foster and residential care numbers to a level that is comfortable for elected members, the executive and senior practitioners.
- there are early suggestions that Safe Families does no harm for the children it supports, the primary threshold for any innovation. However, the numbers in the trial are too low to indicate this with any confidence, or the overall impact of Safe Families on the stress levels of the primary carers - the catalyst for seeking support from children’s services - or on the well-being of children. We therefore recommend that the evaluation continue in as many user local authorities as

possible. Mistakes were made by DSRU in the initial trial, and these need to be rectified in any future evaluation.

- no innovation should stand still. Others, in time, will build on Safe Families success and create new models. We recommend Safe Families undertakes a series of small experiments, varying the core model: for example, extending the programme to older adolescents, or trying to recruit volunteers from sources outside the Christian church. If successful, such adaptations should be rolled out more widely.

Aims

The evaluation sought to answer 3 primary and 2 secondary questions. The primary questions were of most interest to local authorities, and formed part of all the PSP agreements:

1. Does Safe Families divert the flow of children into foster and residential care by 10%?
2. Is there any evidence of increased stress on carers whose children are supported by Safe Families?
3. Is there any evidence of impairment to the well-being of children supported by Safe Families?

The secondary research questions concerned the conditions to be satisfied if Safe Families was to achieve impact at scale:

1. Does Safe Families reach needy families in a timely manner?
2. Is the programme scaling in line with the Rogers' strategy described above?

Background

Safe Families for Children originated in Chicago, Illinois, the brainchild of David Anderson, the Chief Executive of Lydia Homes, a major provider of child welfare services in the city. A lot of claims have been made for Safe Families in the United States, primarily focusing on its ability to support at home children who otherwise would have gone into state care. These claims, which may or may not be true, are being rigorously evaluated in the U.S. as well as England.

The idea is that Safe Families offers 3 types of volunteers. There are host families who will take the children into their homes to stay for short periods; family friends who offer support (they are friends not therapists), and resource friends, who will offer or find goods or support that disadvantaged families need, such as a stair-gate or help clearing the garden. Many programmes - Homestart for example - offer one of these inputs. Safe Families is unique in offering all 3.

Lydia Homes is a Christian based Non-Governmental Organisation. Anderson finds volunteers from the Christian Church. As they like to say in Safe Families, 'finding the volunteers is straightforward because we know where they are on a Sunday morning'.

Established in 2003, Safe Families is now operating in over 40 sites across the United States. However, just as there have been few reliable studies of the efficacy of placement of children in foster or residential care, there is no well-founded research about the impact of Safe Families on child outcomes. The Juvenile Protection Association in Chicago, Illinois undertook a good descriptive study in 2009. They found that children stayed with host families for extensive periods (an average of 53 days). There was some indication that the rate of children removed into what is called 'protective custody' - state care in England - was lower than for families getting support from child protection services - what we would think of as early help in England (8% for Safe Families, 16% for child protection services). However, these differences, and potential implied cost benefits and savings to public systems, cannot be reliably attributed to the intervention. A low cost, randomised control trial, facing many of the same challenges encountered in the DSRU evaluation, is being undertaken by a team led by Mark Testa at the University of North Carolina: Chapel Hill.

In 2013, the Vardy Foundation invested £2m to translate the programme for use in the England, focusing attention on local authorities in North-East England. In contrast to work in the U.S., the work focused more on children supported at home by children's services under the banner of early help, although many still took advantage of the respite offered by host families.

Legal, Administrative and Fiscal Context

Public perceptions of children in care have progressed since Dickensian times, when they were thought of as orphaned children rescued from the street. In fact there are hardly any orphans. In 1968 and again in 1986, Jean Packman provided a helpful typology of children in care comprising victims - of neglect and abuse; volunteers - whose parents find they are temporarily unable to cope and have no back up; and villains - whose behaviour is beyond what parents, and sometimes schools, can deal with. Unfortunately, this has never been replicated. In this context, it is the children who are volunteered into care who are the one's best suited to an innovation like Safe Families.

The majority of children coming into care (or being looked after) are separated under a voluntary arrangement between the primary carer and the local authority. The children are not separated by compulsion: they are accommodated with foster parents or, in a minority of cases, in a residential home. The primary carer can ask for their children to come back to the family home at any time, and a social worker can only object by going to court and asking magistrate or judge to intervene with an order.

These voluntary arrangements have long been a part of the English and Welsh system of supporting children away from home (they are less common abroad, and do not apply in the U.S. context). Arrangements were clarified in the ground-breaking framework legislation of the Children Act, 1989, which re-defined the relationship between the state and family. Section 20 of the 1989 Act covers these voluntary arrangements. Three-fifths of looked after children in England are under Section 20, and three-fifths of them are 10 years of age or less. Most stay for short-periods of time, with most back at home within a matter of weeks[2].

Prior to legislation in 1963, it was not possible for local authorities to take actions designed to prevent children coming into foster or residential care. Gradually, this changed and the 1989 legislation enshrined much higher levels of family support for what were called 'children in need'. Most of this provision was covered under Section 17 of the Act and, consistent with the rest of the legislation, this extended to all needs, including disability for example. At the beginning of this century, government began to take a census of the number of children who local authorities considered to be in need, a list that soon mushroomed to about a third of a million at any one time. In the last decade, this family support aimed at helping children to remain at home with their primary carers is often referred to as 'early help'.

[2] Although three-fifths of children coming into care do so under Section 20 of the 1989 legislation, less than a third of children in care on any single day come under the same legal status, because stays of children entering under voluntary arrangements are short, so many children are in and out quickly, whereas the snapshot comprises more children who stay for long periods, the majority of whom are covered by care orders sanctioned by the courts.

The good intentions of the 1989 Act have, to some extent, been undermined by a failure to protect a small number of children from gross maltreatment, resulting in greater government scrutiny, a more stringent inspection and regulatory approach and much higher levels of bureaucracy, as picked up in the Munro Review of 2011. Many researchers (e.g. Brown, 2010) have noted the risk averse climate in which children's services leaders and practitioners are working which might have been expected to lead to cautious responses to the innovation involved in this project.

The idea, then, that an unpaid, untrained volunteer, albeit one who has been vetted using procedures modelled on those used by local authorities to assess foster parents, could support children who otherwise would come into care under Section 20 of the Children Act 1989 is unsurprisingly challenging for some. Indeed, officials in 4 local authorities raised questions about the legal status of children diverted from care. One local authority involved in the evaluation took the view that, although supported by Safe Families, the cases should still be captured under Section 20 and, as such, counted under local authority statistical returns, which stood against one of the primary aims of the innovation.

The matter was considered by legal experts supporting DSRU, legal experts brought in by Safe Families for Children, and also by officials and lawyers at the Department for Education, which appointed 2 Directors of Children's Services to look into the matter in more depth.

It was concluded that, once hosting was agreed by the parent and Safe Families for Category 2: Edge of Care, support would be sanctioned under Section 17 of the Children Act, 1989, with the designation 'children in need'. Where a parent seeks, of their own volition, to place their child in foster care under Section 20 of the legislation, they may be persuaded of the merits of Safe Families - including the host family option. In such an instance, the support is covered under Section 17 of the 1989 legislation. Most of the 20 local authorities use this interpretation, but a handful take the view that, if a family meets the Section 20 threshold, then Safe Families cannot be considered as an option. Given the complexities and extensive scrutiny, Safe Families appointed national expert Wendy Rose to oversee a panel to continually improve already strong child protection procedures. DSRU's view is summarised in Appendix 1.

Safe Families finds itself at the fulcrum of competing forces in children's services. On the one hand, government and the inspectorate, hold local authorities and individual practitioners to account for failures to protect children (Brown, 2010). On the other hand, the President of the Association of the Directors of Children's Services and the President of the Family Division of the High Court are concerned by the high numbers of children in care. Or, to take another dimension, budgets for children's services including schools continue to be severely cut, with the Director of one LA involved in the evaluation claiming there would be no resource for early help and family support by 2020. In this

context, the idea of testing the efficacy of the help available within civil society has become pressing.

The Innovation Process

In 2014, Sir Peter Vardy and Keith Danby, Chair and CEO of the Vardy Foundation, approached DSRU for help in evaluating the U.K. version of the programme. Our initial due diligence highlighted:

- the potential of the programme to help public systems forge a better relationship with civil society
- the possible benefits to child outcomes and local authority finances of using the programme to divert children away from foster care.

DSRU scrutinised the religious component of the programme and found it to be restricted to volunteer and staff recruitment, and not in any way evangelical in the sense of proselytising Christianity to birth parents or children. We also found appropriate child protection processes in place.

The due diligence also drew attention to:

- the potential benefits of shifting the emphasis from early help to edge of care. It was clear that the U.S. version of Safe Families was aimed at families with greater levels of need, a higher proportion of whom were in danger of having their children placed in foster care. The child welfare systems in the U.S. and England are different, but there was clearly an opportunity for Safe Families to divert many more children away from the care system in England
- the need to get help to families at the moment of crisis, not several weeks later. Our initial analysis showed that it could take local authorities between 3 and 6 weeks to refer families to Safe Families, which in some cases could then take another 3 weeks to decide whether their intervention was appropriate. We knew from the earlier evidence that proximity of intervention to the moment of crisis would bear heavily on outcomes for parents and children
- the value of a strategy to scale the innovation across the England. Sir Peter Vardy and Keith Danby both had huge expertise in scaling business propositions, but not in scaling interventions for children within public systems. They could see the opportunity to build an army of volunteers ready to help children across the England, but not the means to achieve the end
- the need for rigorous evaluation to reliably estimate economic benefits and ensure that no children are disadvantaged. A strong evaluation had the potential to test

both the innovation and the orthodoxy, and to establish the basic ethic that public interventions first do no harm.

In the summer of 2014, an opportunity to take the work of Safe Families forward was presented in the form of the Department for Education Innovation Fund. Safe Families and DSRU collaborated in producing a bid to the Fund to scale and evaluate the programme. DSRU methods were used to bring together stakeholders - Safe Families staff, potential public system commissioners, volunteers and users - to examine available data, understand barriers to impact at scale, and then devise innovations to get around those barriers. We were aided in the process by the support of the Spring Consortium, which had been appointed by the Department for Education to assist applicants, with help on business planning proving particularly useful.

A revised model of Safe Families emerged, as it is set out in the application to the Department for Education in the autumn of 2014 (available on request). The Innovation Fund awarded Safe Families £2.4m, sufficient to implement the innovations, scale and evaluate the programme. A significant limitation of the funding was that money had to be spent in the 2015-16 financial year.

Five Innovations

The process of innovation just described meant that the Safe Families programme delivered after support from the Department for Education Innovation Fund award differed from that being operated in the North-East of England in 5 important respects. First, after modelling flows of children into local authority care across England, we estimated that around 15% of children being placed in foster care each year could safely be supported by Safe Families volunteers, and that two-thirds of those children would not subsequently require support from children's services, with a net reduction of in-flow into foster care of 10% a year in each participating local authority at steady state. This was consistent with the Department for Education Innovation Fund's goals to ease pressure on social workers and reduce the flow of children into care.

It was therefore planned to encourage local authorities to use Safe Families for 2 types of case: Category 1: early help or family support cases (in other words continuing the model delivered in the North-East of England); and Category 2: Edge of Care' cases.

Category 2: Edge of Care cases were defined as children aged 10 years or under; whose primary carer was making a request for voluntary accommodation under Section 20 of

the Children Act, 1989; and where there were no serious child protection concerns or obvious threats to the host family or other volunteers[3].

At steady state, it was estimated that Safe Families would support 75 families (and approximately 160 children) in each local authority each year, covering both Category 1 and Category 2. In order to ensure good implementation quality, it was agreed to support 25 families in year 1, 40 families in year 2, arriving at steady state of 75 families in year 3.

Second, analysis of Safe Families work in the North-East showed that getting the intervention to families as quickly as possible after the precipitating crisis would be a critical contributor to a successful outcome. This included being responsive to families who sought help from children's services departments out of office hours.

This innovation is referred to as 'just in time'. It avoids the typical pattern whereby children's services assess cases for several days before referring on to a voluntary organisation, who prolongs the assessment process further. An app was built to sit on social workers' desktop computers, or on their phones or tablets, which the social worker used for 2 or 3 minutes per case. It ascertained whether there was a match between the referral and the threshold criteria (both Category 1 and Category 2) for Safe Families. If there was a match, and the mother or other primary carer agreed, the app sent an email directly to the Safe Families social worker who visited within 2 working days.

Third, to have significant impact on the lives of children in the England, Safe Families required a scale strategy. The approach taken was based on Rogers' (1962) diffusion theory . If Safe Families could successfully implement its programme in 16% (N=24) of the 150 English local authorities, a natural pull would be generated among successive groupings for the 84% of later adopters.

Because volunteer recruitment crossed local authority boundaries, it was decided to operate in hubs comprising 4 to 10 local authorities. In addition to the North-East (potentially 12 local authorities), it was proposed to establish Safe Families hubs in Merseyside (potentially 7 local authorities); Greater Manchester (10); East Midlands (9); and West Midlands (14).

Fourth, because the evidence for the effectiveness of Safe Families had fallen short of the standard used by DSRU's Investing in Children what works repository, widely used by English and Scottish local authorities, it was necessary to find a way of getting local authorities to test the programme before making a longer term commitment.

---

[3] The wording on the app - described in the following page - encourages local authority social workers to refer cases 'on the trajectory towards accommodation'. There may be a gap between this wording and the Category 2 definition, and this may have contributed to the referral of cases below the intended threshold.

The solution adopted was a Public Social Partnership between Safe Families, each participating local authority, an independent investor and DSRU, operating as the independent arbiter. Sometimes known as ‘try before you buy’, the PSP allowed local authorities to try Safe Families for a period of up to 12 months without payment. Costs were covered by an independent investor. During the trial period, a rigorous evaluation established whether the programme achieved what each of the parties to the PSP wanted it to achieve. If the results were positive, the local authority bought the programme for a subsequent 2-year period.

The regular commissioning rules are suspended during the period of the PSP to allow for the innovation to be tested, but resume at the end of the PSP contract.

Fifth, while it was anticipated that Safe Families had the potential to reduce the flow of children into care by 10%, it was known that the resultant empty foster beds would only be filled by other needy children. In other DSRU studies (forthcoming), we estimate that for every child in care, there are another 6 with exactly the same profile not in care. Much of the variance in the numbers of children in care from one local authority to another is not explained by need. Most of the differences are explained by system factors; some by the explicit decisions of system leaders and practitioners; some by the dynamics that occur as a result of complex processes, like connecting needy children with a range of high-end supports.

DSRU has long experience of helping local authorities to manage system dynamics, usually with the objective of reducing numbers: the same process can be used to increase numbers.

It was decided to offer each participating local authority a seminar on how to manage system dynamics supported by local data. The idea was that, with the right advice, local authorities would take the necessary steps to translate gains made thanks to Safe Families into actual reductions in the number of children in care.

Methodology

A mixed method approach was used. This included scrutiny of administrative records on 569 children in need or on the edge of care held by 20 local authorities and Safe Families, and regular checking in with the Safe Families project management system covering volunteer and family recruitment, matching of families and volunteers. We also undertook qualitative interviews with 15 birth parents and volunteers and 10 local authority staff, in order to understand their satisfaction with the programme, and also to get suggestions for improvement. We held 5 seminars of Safe Families staff and interviewed local authority staff to get feedback on DSRU-led innovations such as the PSP. Some additional bespoke data was assembled on behalf of some of the participating local authorities. Ethical approval for the study was given by the DSRU Ethics Committee run by Centre for Social Policy fellows[4], and additional scrutiny was given by a handful of the participating local authorities.

At the core of the evaluation was a randomised control trial of 26 Category 2 cases. Families referred to the programme by local authority teams were screened using the app described above, or by a paper-based approach applying the same criteria. This identified whether the family matched the criteria for Category 2: Edge of Care provision; asked the main carer for permission for a Safe Families caseworker to visit the family home, and sent an email to the local Safe Families office to begin the referral process. Safe Families committed to conducting a home visit to all families entered by the app within 2 working days of receiving the email. A separate procedure was operated for emergency cases allowing for eligibility to be assessed outside of the home.

On visiting the family, in addition to undertaking their own assessment, it was planned for the Safe Families caseworker to hand parents a tablet that contained a second app. This comprised a procedure for giving consent to participation, and a series of questions relating to 3 scales: the Strengths and Difficulties Questionnaire (SDQ),[5] focused on children's well-being, including mental health; the Hospital Anxiety and Depression Scale (HADS), focused on parents' stress and depression; and the Interpersonal Support Evaluation List (ISEL), focused on the amount of support available to carers.

If the case was considered a match by the Safe Families caseworker, the app sent a message to the DSRU team that conducted a statistical procedure which randomly assigned each case to either an intervention group, to receive Safe Families support; or a control group to receive services as usual from the local authority.

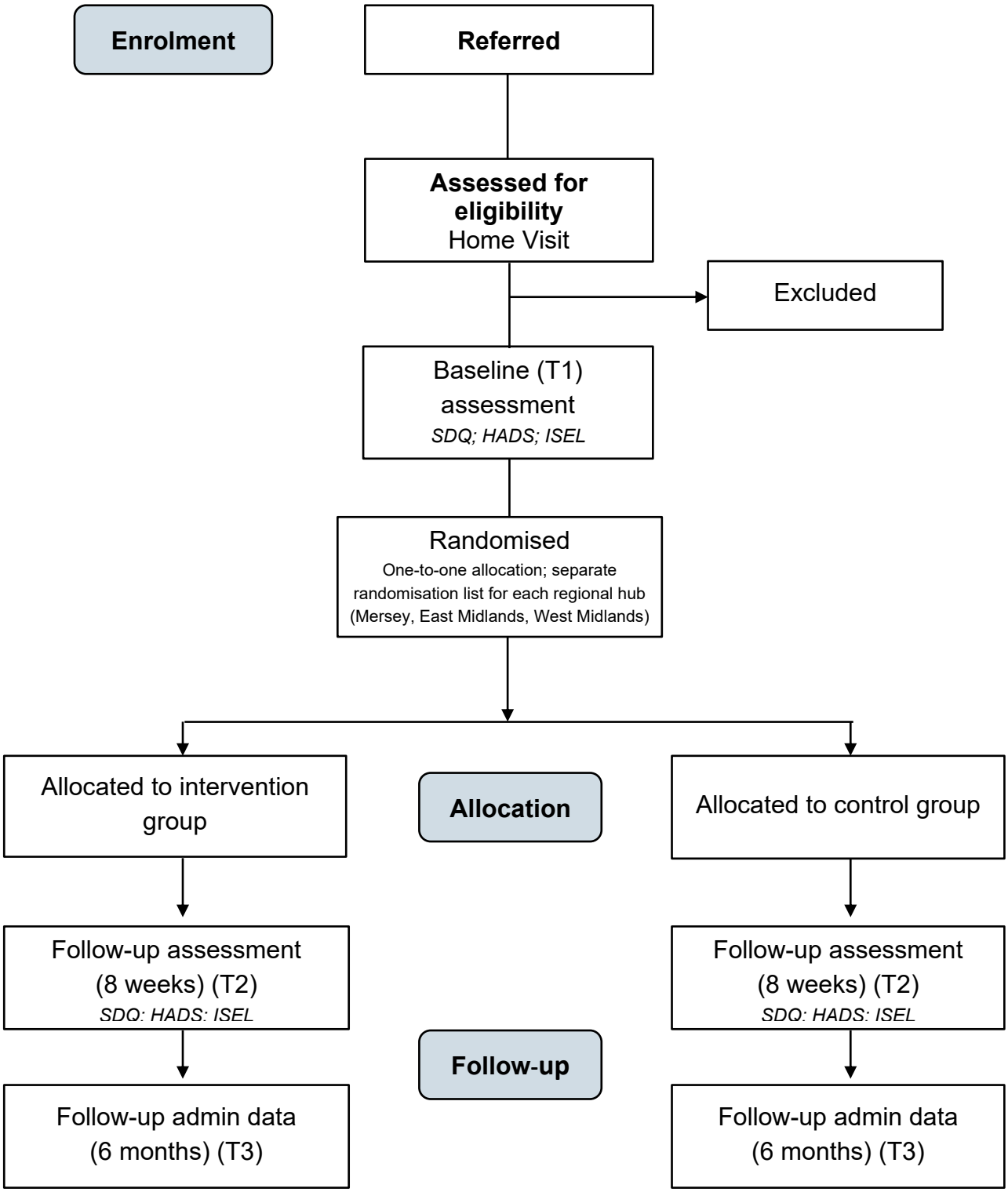
---

[4] http://centreforsocialpolicy.org

[5] We are grateful to Robert Goodman, the primary author of SDQ, for giving DSRU permission to use the measure as part of an app. As part of the arrangement, DSRU will report on the strengths and weaknesses of using the measure as part of app technology.

The statistical procedure involved a computer-generated randomisation sequence designed to provide user local authorities with a balance of cases in intervention and control groups over a 12 month period. Figure 1 summarises the randomisation arrangements.

Figure 1: Randomisation Arrangements



In addition, data were collected from administrative records at referral 6 months later, and directly from primary care givers, using the same app used by Safe Families caseworkers on a phone or tablet (these data were collected at referral and 8 weeks later).

The randomised control trial addressed the 3 primary research questions. We hypothesised a successful outcome, and a reason for local authorities to continue commissioning Safe Families, against the 3 questions:

1. Does Safe Families divert the flow of children into foster and residential care by 10%? Success would mean: (i) Safe Families supported sufficient children from Category 2 in each user local authority; (ii) the majority of children in the control group went into care under Section 20, indicating that Safe Families was targeting and reaching the right children; (iii) less than a third of the children supported by Safe Families under Category 2 later came into foster or residential care.
2. Is there any evidence of increased stress on carers whose children are supported by Safe Families? Success would mean the stress levels of mothers receiving Safe Families not deteriorating (that is, no harm) and, ideally, improving compared to the control group. We selected parental stress as an indicator because continued high levels of anxiety would likely lead to repeated calls on children's services for support.
3. Is there any evidence of impairment to the well-being of children supported by Safe Families? Success would mean no deterioration (that is, no harm) to children from families receiving the intervention, and ideally an improvement in well-being and mental health.

Based on Safe Families capacity post-award of the Department for Education Innovation Fund grant, it was estimated that up to 360 families could be served in a 12-month evaluation period (April 2015-April 2016). It was calculated that such a sample would provide sufficient power to detect a between-group effect size of d=0.35: in plain terms, a strong indication of the success or failure of the programme. It was also planned to extend the trial to new areas, thus boosting the power of the evaluation over time.

Findings

The results are reported in 3 sections. The first deals with a description of the take-up of Safe Families across 20 local authorities during the 15 month evaluation period. We move on to consider the effectiveness of the 5 innovations, and the secondary research questions. This is followed with a summary of results from the randomised controlled trial covering the primary research questions.

Local Authority Take Up of Safe Families

As might be expected, while the take up of Safe Families provision has been extensive it was still slower than anticipated at the planning stage, particularly with respect to families with children on the edge of care. Just over 15% of referrals of families (83) came under Category 2: Edge of Care in the financial year 2015/16, whilst for Category 1 (support for familes with children in need) there were 445 families referred. The conversion rate of referrals to support ran at 44% for Category 1 (192 families comprising 480 children), and 48% for Category 2. As Table 1 illustrates, 40 of the 83 families seeking Category 2 help were supported by Safe Families, comprising 91 children[6]. Once again, East Midlands and Merseyside hubs were responsible for the majority (70%) of families supported under Category 2.

Table 1: Referrals, Families Supported and Children Supported in the 2015/16 Financial Year

	Families referred			Families Supported*			Children Supported		
Region	**Cat 1**	**Cat 2**	**Total**	**Cat 1**	**Cat 2**	**Total**	**Cat 1**	**Cat 2**	**Total**
G. Manchester	33	1	34	12	1	13	38	2	40
Merseyside	67	27	94	29	10	39	82	24	104**
East Midlands	88	33	121	44	18	62	114	41	155
West Midlands	16	15	31	4	7	11	16	15	31
North East	241	7	248	103	4	107	230	9	239
Total	445	83	528	192	40	232	480	91	569

*Families referred *and* supported in 2015/16 financial year. The table does not count those referred in

[6] In modelling Safe Families' potential impact on rates of entry to foster care, we assumed 2.1 children per family; the actual rate in the 2015/16 financial year was 2.28 per family.

2015/16 financial year and supported in the 2016/17 financial year.
**2 children were re-referred under a different category within the same year.

Table 2 reveals 2 important findings from the Safe Families offer. First, unique among providers of early help and family support services, Safe Families is providing 218 nights of respite away from the family home for the 480 children supported under Category 1. Second, stays for those children placed with host families under Category 2 are relatively short, about 1.9 bed nights on average.

Table 2: The Number of Bed Nights Provided to Children by Safe Families

	Children Supported		Bed Nights	
	Cat 1	**Cat 2**	**Cat 1**	**Cat 2**
Greater Manchester	38	2	2	4
Merseyside	82	24	10	35
East Midlands	114	41	24	71
West Midlands	16	15	3	25
North East	230	9	179	39
Total	480	91	218	174
Average Bed Nights			0.45	1.91

Length of stay provides an important indicator of the extent to which Safe Families is reaching families whose children really are at risk of coming into foster care under Section 20 of the Children Act, 1989. We estimate that children placed under voluntary arrangements are typically separated for between 4 and 12 days (see Appendix 2). As can be seen above, the average length of time of separation with a Safe Families host for Category 2 cases is 1.91 nights. For the sub-group of 13 families in the trial, the average number of nights separated was 2.75 with a range between one and 8 nights. On either count, the length of separation for Safe Families cases is considerably less, suggesting either the efficiency on the part of Safe Families staff and volunteers in getting children back to their birth families, or that they are receiving referrals that are challenging but fall below the Section 20 threshold, or both.

The Five Innovations

Scale

Arguably the greatest success of the Safe Families programme post award of the Department for Education Innovation Fund grant was to scale the programme to 20 local authorities: just short of the goal to be active in 16% (n=24) of the 150 English local authorities. In addition to the existing North-East hub, a further 4 hubs were established in Merseyside, Greater Manchester, East Midlands and West Midlands.

As mentioned above, the primary failing of volunteer-based innovations is the difficulty in recruiting volunteers. Safe Families has clearly overcome this challenge. Table 3 counts new volunteers recruited in the 4 new hubs up to the end of March 2016. As can be seen, 640 new volunteers were recruited, of whom over two-fifths (46%) had capability to offer respite for children from referred families in their own home.

Table 3: New Volunteers Recruited by Safe Families in 4 New Hubs in the 2015/16 Financial Year

	All Volunteers		Host Families*	
	Approved	**In Process**	**Approved**	**In Process**
Greater Manchester	123	146	37	9
Merseyside	208	163	81	30
East Midlands	217	91	89	7
West Midlands	92	95	24	16
Total	640	495	231	62

*Includes family friends also acting as hosts

As of October 1st 2016, Safe Families had 1,969 volunteers approved, of which 634 had the capability to serve as a host family[7]. Consistent with other results, the spread of volunteers was not even, clustering in the East Midlands, Merseyside and the North-East, and within hubs, clustering in Wirral, Liverpool and Nottingham. It is unsurprising, therefore, that Safe Families consolidated its operations at the end of the first year into 3 hubs, serving the North-East, North-West and Midlands.

[7] Safe Families management data

Consistent with the Rogers' (1962) hypothesis, there was now a strong interest from other local authorities across England in buying Safe Families provision. However, therein lies a dilemma for the organisation. Table 4 goes back to the 5 original hubs. It shows that, in total, they had the potential to reach 52 local authorities (a third of those in England). At the end of the first 12 months, 20 of the 52 had signed PSPs and subsequently made commitments to fund Safe Families into a second year. If the programme reached its potential to support 15% of children coming into care under Section 20 of the Children Act, 1989, over 1,500 would be supported, and over 1,000 would be diverted from the care system. As the final column of Table 4 indicates, the restricted reach within existing regions to 20 of the 52 possible local authorities means that between a third and half of children, and 91% in the West Midlands, would miss out.

Table 4: Reach and potential market penetration in the 5 hub

	Possible in 5 Hubs		Potential in 20 LAs Served		
	Number of LAs	**15% of Entrants**	**LAs Served**	**15% of Entrants**	**Potential Market Penetration**
Greater Manchester	10	286	4	143	50%
Merseyside	7	206	3	114	55%
East Midlands	9	366	5	236	64%
West Midlands	14	561	2	50	9%
North East	12	284	6	165	58%
Total	52	1703	20	708	42%

The challenge for Safe Families is to know whether expanding into new regions will bring greater gains than consolidating and growing within existing geography.

Just in Time

There was a considerable reduction in the time taken for Safe Families and local authority social workers to respond to family crises, compared to the situation in the North-East pilot in the 18 months prior to the evaluation. However, in too many cases, the delays remain too long to act as a timely repost to a primary carers calls for help. The average time between referral and Safe Families visiting the family was 10 days, with a range of zero (i.e. on the day of crisis) to 43 days. The time between first visit and support being offered was 6 days, with a range of zero to 31 days.

Reaching Category 2 Cases

As described above and in Appendix 2, local authorities' enthusiasm to embrace Safe Families as an alternative to voluntary accommodation of children in care varied, but over the 15 months of evaluation referrals of edge of care cases grew and, as shown later, has continued to grow after the evaluation was closed. Overall, during the evaluation period, just over 15% of referrals came under Category 2: Edge of Care in the financial year 2015/16. As can be seen in Table 5, over two-thirds (72%) of the Category 2 referrals came from the East Midlands and Merseyside, and 2 local authorities - Nottingham and Liverpool - were responsible for the majority of the referrals in these 2 hubs.

Table 5: Referrals to Safe Families in the 2015/16 Financial Year

Region	Cat 1	Cat 2	Total
Greater Manchester	33	1	34
Merseyside	67	27	94
East Midlands	88	33	121
West Midlands	16	15	31
North East	241	7	248
Total	445	83	528

The conversion rate of referrals to support at 48% for Category 2 was described earlier. If we take this analysis further, and relate the level of Category 2 cases with the pool of possible cases, as summarised in Table 6, it can be seen that, within existing local authorities served, Safe Families only reached 13% of its potential targets during the evaluation period.

Table 6: Reach and potential market penetration in the 5 hubs

	LAs Served	15% of Entrants	Category 2 Children Served	Potential Market Penetration
Greater Manchester	4	143	2	1%
Merseyside	3	114	24	21%
East Midlands	5	236	41	17%
West Midlands	2	50	15	30%
North East	6	165	9	5%
Total	20	708	91	13%

Unfortunately, the low level of connection between need and service meant that there were fewer than anticipated cases for the randomised control trial. As Table 7 shows, only 13 of the 40 families supported by Safe Families under Category 2: Edge of Care were also included in the evaluation trial, and all but one of these cases came from either the East Midlands or Merseyside hubs. These 13 cases are matched with another 13 drawn from the 43 families not supported by Safe Families.

Table 7: The Number of Category 2 Cases Included in the RCT

	Category 2 Cases		Category 2 Trial	
	Referred	Supported	Control	Intervention
Greater Manchester	1	1	0	0
Merseyside	27	10	7	6
East Midlands	33	18	6	6
West Midlands	15	7	0	1
North East	7	4	0	0
Total	83	40	13	13

By any standard, 26 families is too low a number from which to draw reliable findings and falls far short of the 360 anticipated.

Public Social Partnership (PSP)

A review of the PSP was undertaken by DSRU one year after the beginning of the evaluation. It shows mixed results. The PSP had clear attractions for the senior leadership of local authorities, in that it allowed them to try Safe Families to see whether it worked, without having to pay until the innovation was shown to work. If it did work, it would clearly be cost-beneficial to the local authority. The level below senior leadership were less enthusiastic, and many commissioning staff responsible for agreeing the individual PSP contracts viewed it with suspicion, particularly since it bypassed many of the ordinary checks and balances that makes a public system work efficiently and fairly. This meant that senior staff in Safe Families had to do much more work than they had anticipated, trying to convince commissioners to adopt the PSP model, some of whom only signed up several months into the free period. We cannot tell whether the use of conventional contractual arrangements would have been easier or quicker.

The basic idea of a PSP is to try before buying, with the decision to buy being guided by the results of evaluation. As it turned out, 20 local authorities decided to buy without having seen the evaluation results and, as far as we know, no local authority declined to buy Safe Families because of the evaluation. In this sense, we failed to implement the basic PSP idea.

DSRU has used the results from Safe Families to develop the PSP concept as part of a broader investment portfolio for innovation in children's services, but we accept that its utility on a deal by deal basis such as Safe Families is as yet unproven.

The System Dynamics Seminars

Only half of the local authorities took up the offer of a seminar on management of system dynamics, and we could not see any evidence of any actions resulting from the seminars except in 2 local authorities that have engaged with DSRU to take a more robust and rigorous approach to the challenge.

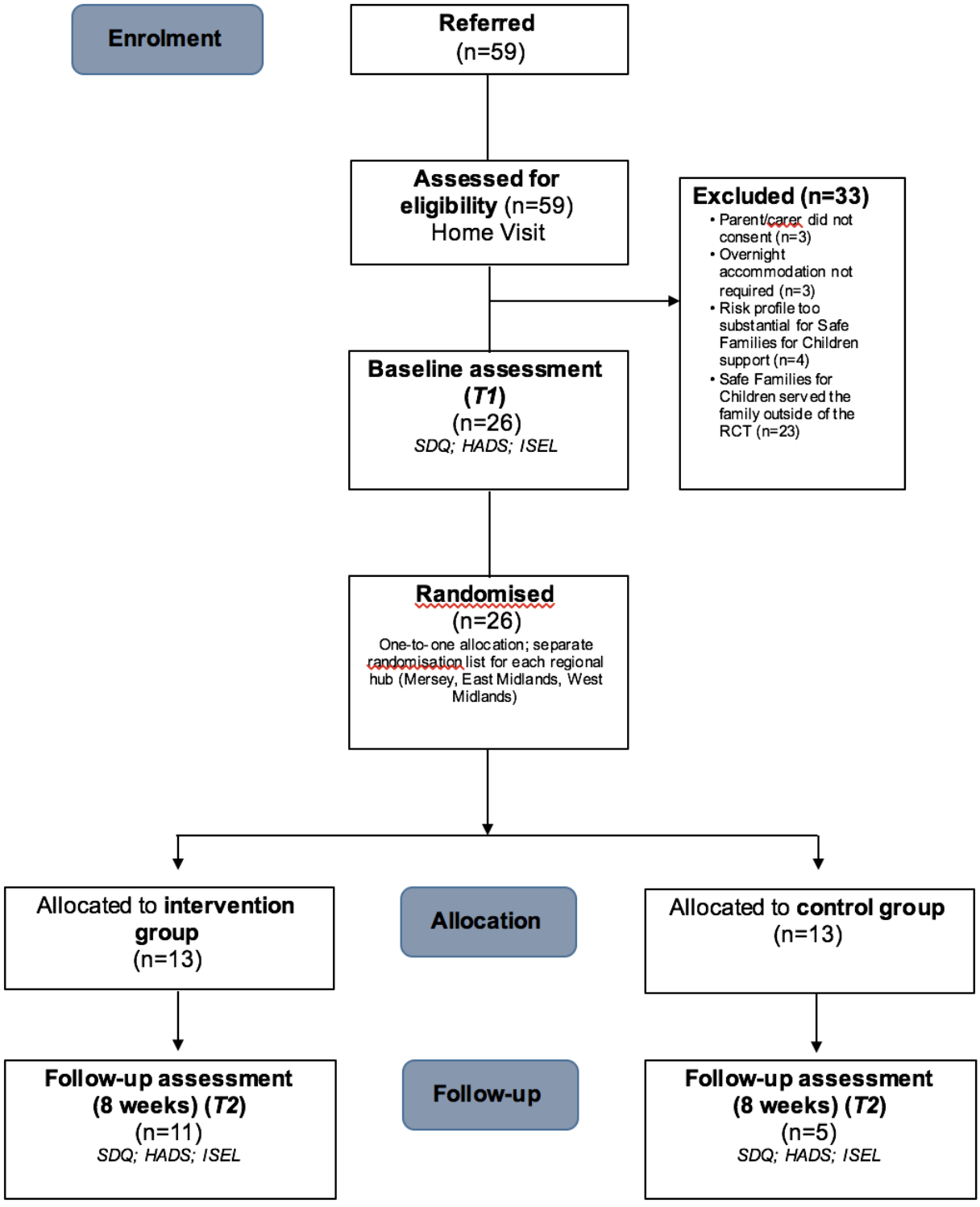
The Trial

In this section we report the findings, however as has been indicated, the number of children recruited into the randomised control trial is too low from which to draw reliable results.

As Figure 2 shows, although 59 cases were referred into the trial, only 26 were eventually included. With the benefit of hindsight, the strict randomisation procedure

selected by DSRU was counter-productive. While it was sufficient to satisfy the most sceptical scientist, it also meant that one local authority experienced 4 consecutive referrals being randomised to control in a short period. This naturally upset both hard pressed social workers and Safe Families caseworkers, and undermined the confidence of local authority leadership in the programme. Using the best evaluation method probably contributed to lower numbers.

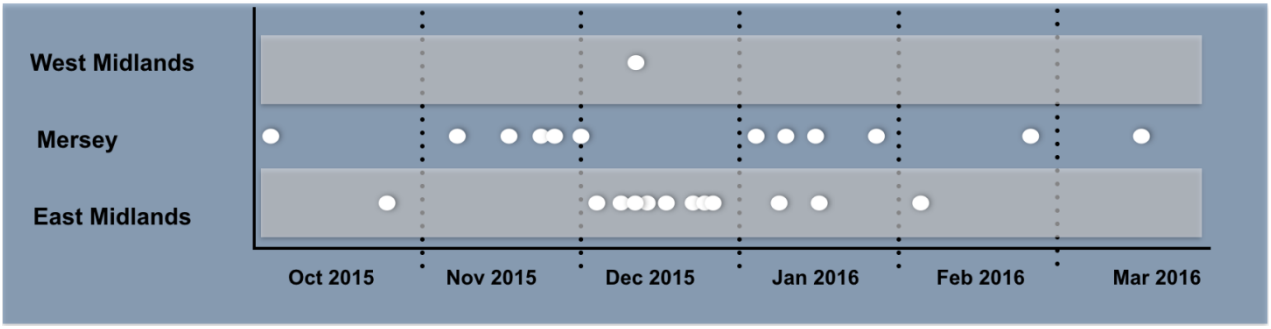
Figure 2: Consolidated Standards of Reporting Trials (CONSORT) Flow Diagram



It took much longer than anticipated for Safe Families to get started in the 20 local authorities, meaning that recruitment of cases into trial was also delayed. Several came near to the end of the trial period for each PSP, the 31st of March 2016. Since we sought to follow up all cases for 6 months, this meant the preparation of this report was also

delayed. Figure 3 illustrates the pattern of recruitment of cases across the 3 consolidated regions.

Figure 3: Randomisation dates by regional hub (single case in June 2016 excluded from figure)



Bearing in mind all of the caveats about the data, we explore, below, what they say about the primary research questions.

Does Safe Families divert the flow of children into foster and residential care by 10%?

Success would mean: (i) Safe Families supported sufficient children from Category 2 in each user local authority; (ii) the majority of children in the control group went into care under Section 20, indicating that Safe Families was targeting and reaching the right children; (iii) less than a third of the children supported by Safe Families under Category 2 later came into foster or residential care.

Safe Families did not support sufficient children from Category 2 in most of the local authorities to meet the first criterion for success. As has been seen, the flow of Category 2 cases was uneven, and only got near to target in 2 local authorities: Nottingham and Liverpool. Moreover, analysis of children allocated to the control group, summarised in Table 8, indicates that few of the children in the trial met the criteria for Section 20 of the Children Act 1989. Once the Safe Families option was stopped, as a result of allocation of the case to the control group, 6 of the 13 families received no further support from children's services, and only 3 got more early help support. In 2 cases the threshold was met, and in one case the situation bordered on being beyond what Safe Families could responsibly manage. In addition to the trial cases, Safe Families also supported 78 families under Category 2 outside of the evaluation, several of which were counted as an emergency. These cases were much more likely to meet the Section 20 threshold.

On the third criterion for success, no children in the intervention group entered care in the 6 month follow up period, (2 from the control group entered care and one was placed

under a Special Guardianship Order) suggesting that Safe Families was diverting cases away from the social care system, and, in some cases, from foster and residential care.

Table 8: The situation and outputs for the 13 families in the control group

Case Number	Number of Children	Circumstances pre-referrals	Circumstances post referral
1	2	Early help	Case closed but re-opened as early help in follow-up period
2	3	Early help	Case closed but re-opened as early help in follow-up period
3	2	New case	No further social care involvement
4	4	Two children with special needs, 2 with no direct social care involvement	One placed under special guardianship arrangements, one placed in special school, 2 with no further social care involvement
5	4	New case	Supported as early help case
6	1	Child in care. Plan to step down from care using Safe Families	Due to mother's health, child returned to, and remained with, foster family
7	1	Mother asking for local authority to accommodate child	Child eventually taken into care via a care order and now awaiting adoption
8	2	Mother asking for local authority to accommodate child	Child accommodated under Section 20 for 2 nights
9	5	New case	No further social care involvement
10	7	New case	No further social care involvement
11	2	New case	No further social care involvement
12	2	New case	No further social care involvement
13	3	New case	No further social care involvement

Is there any evidence of increased stress on carers whose children are supported by Safe Families?

Success would mean the stress levels of mother's receiving Safe Families did not deteriorate (that is, no harm was done) and improved compared to the control group. We selected parental stress as an indicator because continued high levels of anxiety would likely lead to repeated calls on children's services for support.

As Table 9 shows, parental anxiety reduced over time for the primary carer in both intervention and control group, with slightly greater gains for those in the control group. Similarly, depression decreased for the primary carer in both groups, this time with more gains for the Safe Families participants.

Table 9: Primary Carer Anxiety and Depression

	Pre-test Mean (SD)			Post-test Mean (SD)		
Subscale	Control (n=12)	Intervention (n=13)	Difference	Control (n=5)	Intervention (n=9)	Difference
Anxiety	13.08 (4.03)	14.54 (3.18)	1.46	9.00 (2.74)	12.56 (5.36)	3.56
Depression	11.08 (4.89)	12.47 (4.02)	1.39	8.57 (2.45)	8.96 (5.88)	0.39

(Note: a mean change score of below zero indicates average reductions in scores, with positive figures indicating increases in scores)

We also assessed the perceived availability of 4 separate forms of social support in the control and intervention group using a measure called the ISEL: "tangible" support measures the perceived availability of material aid; the "appraisal" subscale captures the perceived availability of someone to talk to about one's problems; the "self-esteem" subscale, the perceived availability of a positive comparison when comparing one's self to others; and the "belonging" subscale, the perceived availability of people with whom to share life's pleasures. Table 10 summarises the results, with lower scores indicating lower levels of perceived support.

Despite the control group having higher levels of perceived support at pre-test (on all scales), by post-test, those families receiving Safe Families reported much higher levels of perceived support, more than they had reported at pre-test and more compared to the control group at pre and post-test. This may reflect the availability of a range of volunteers providing resources, friendship and respite for the children over an extended period of time, a mean of 6 months for those in the trial, with 3 of the 13 cases still open when the evaluation was closed in September 2016.

In summary, there is no evidence of the Safe Families intervention harming the carers of children in supported families, and there is some indication that there could be benefits, particularly with respect to reduced stress and depression, and increased perceived social support. However, further evidence is needed to support this finding..

As Table 11 illustrates, levels of satisfaction with Safe Families among primary carers, usually the mothers of children supported, is extremely high, whereas levels of satisfaction decreased among control parents, though the small sample size should be acknowledged. Carers were asked to rate each of the components of the Safe Families service, not just the 3 core elements of host family, family friend, and resource friend. Again, the number of cases in the sample is small, and variation in results is low, but nonetheless, satisfaction levels are about as high as could be achieved for this kind of innovation operating in the context of high levels of family stress.

Table 10: Levels of Social Support for Primary Carer

	Pre-test Mean (SD)			**Post-test Mean (SD)**		
Subscale	Control (n=10)	Intervention (n=11)	Difference	Control (n=5)	Intervention (n=10)	Difference
Overall score	52.94 (28.06)	33.69 (12.44)	19.25	47.93 (19.33)	59.70 (27.02)	11.77
Tangible support	10.83 (8.83)	5.33 (5.26)	5.50	7.24 (5.50)	12.80 (7.07)	5.56
Belonging support	11.91 (8.34)	6.27 (4.58)	5.64	11.93 (5.89)	13.78 (8.63)	1.85
Self-esteem support	15.40 (4.84)	10.86 (4.66)	4.54	16.75 (2.22)	15.81 (6.49)	0.94
Appraisal support	14.80 (8.29)	11.07 (6.45)	3.73	12.00 (7.97)	17.31 (7.56)	5.31

Table 11: Carer Satisfaction with Different Aspects of Safe Families Provision

	Average Rating (0=Low, 10=High)	N
Host Family	9.50	10
Family Friend	9.20	5
Resource Friends	9.33	3
Family Support Manager	9.27	11
Family Coach	9.56	9
Overall	9.82	11
Recommend to a friend	9.73	11

Is there any evidence of impairment to the well-being of children supported by Safe Families?

Success would mean no deterioration (that is, no harm) to children from families receiving the intervention, and ideally an improvement in well-being and mental health.

We measured child well-being using a widely applied measure known as the Strengths and Difficulties Questionnaire that captures 4 domains of mental health - emotional difficulties, conduct problems, hyperactivity and peer relationships - as well as children's capacity to act in pro-social ways; for example, helping others. The results are summarised in Table 12.

Table 12: Children's Mental Health and Pro-social Behaviour

	Pre-test Mean (SD)			Post-test Mean (SD)		
Subscale	Control (n=27)	Intervention (n=22)	Differ	Control (n=12)	Intervention (n=18)	Differ
Total Difficulties	15.70 (6.09)	20.82 (6.33)	5.12	17.25 (4.33)	17.50 (7.97)	0.25
Emotional symptoms	3.63 (2.53)	5.00 (2.71)	1.37	4.17 (2.86)	3.89 (2.85)	0.28
Conduct problems	4.30 (2.18)	5.18 (2.17)	0.88	5.00 (1.48)	4.61 (2.43)	0.39
Hyperactivity/attention	4.33 (3.10)	6.41 (3.03)	2.08	4.75 (2.26)	4.83 (3.09)	0.08
Peer relationships problems	3.44 (1.40)	4.23 (1.82)	0.79	3.33 (1.61)	4.17 (2.12)	0.84
Pro-social behaviour	8.22 (1.78)	7.09 (2.67)	1.13	7.50 (1.73)	7.83 (1.76)	0.33

(Notes: higher scores indicate poor outcomes on all scales apart from pro-social scale, and a mean change score of below zero indicates average reductions in scores, with positive figures indicating increases in scores.)

As can be seen, prior to the intervention beginning, the Safe Families group had poorer scores than the control group on all the domains, but had improved to the level of the control group by the time of follow-up. The deteriorating situation of the children in the control group - that is, not receiving Safe Families' support - would signal concern were it evident in many more cases.

In summary, there is no evidence of Safe Families intervention harming the children it supports under its Category 2 provision, and there is some indication that there could be benefits. Again, more evidence is needed to be sure about this trend.

Conclusions and Recommendations

The previous pages have mostly reported what Safe Families does, how the programme developed and what the evaluation discovered. In this section, we set out our reflections on those findings, offering opinions on how the innovation is performing and how it could do better.

For the most part, Safe Families should be regarded as a successful innovation, one that has the potential to transform children's services in England and pave the way for others to follow and build upon. It offers pointers to how to respond differently to children, who have consistently been shown, in research studies over the last 3 decades, to benefit little from - and occasionally be harmed by - traditional admission to care practice. Future evaluations should explore the impact on groups such as older adolescents, for whom innovation has been scant and untested.

Among the indicators of success, we point to going from a start up charity to delivering services supporting several hundred children in 20 local authorities within a 2 year period.

We can only speculate on why it has scaled, but our experience leads us to stress the following:

- there was a good scale strategy rooted in evidence relevant to public systems
- the innovation is simple and well explained
- it is right for the political and social context, effectively linking public systems with civil society
- there is a clear pull from the primary purchaser, local authority children's services
- Safe Families' leadership invested a lot of what we came to call 'sweat equity', spending much more time than anticipated with local authority managers on working through routine problems - as did Safe Families staff - learning to respond to local demand such as the Friday afternoon crisis that causes major headaches for local authority social workers.

Safe Families clearly addresses a fundamental challenge for local authorities in the post-economic crash era, namely forging a new relationship between public systems and civil society. There are huge tapped, but unrecorded, and untapped resources in civil society. Safe Families is drawing on untapped resource, recruiting thousands of volunteers willing to take on roles previously reserved for foster parents. Local authorities find it extremely difficult to find volunteers, and most programmes that rely on them operate at limited scale, due to limited supply. Safe Families appears to have sensible, well thought out, solutions to these challenges.

Safe Families identified people in society who want to help families, and it matched volunteers' capability and capacity to the different roles of supporting needy families. Safe Families is drawing out those who want to befriend, provide resources or take in other people's children for short periods. These people appear to be in plentiful supply: they do not seek financial remuneration and are not over burdened by unreasonable requests - for example, to take in children for longer periods than they can comfortably manage.

This finding-and-matching process has resulted in high levels of consumer satisfaction among volunteers and families in need. Foster carers are known for their ability to forge close bonds with their foster children, but perhaps they are less known for their work with the birth parents. Safe Families' volunteers appear to be doing both, and it is noteworthy that, in some cases, the bond results in a relationship that outlasts the involvement of both local authority and Safe Families. As one social worker commented to us about one of his cases:

> "Safe Families was a really positive experience for this family, and their support through hosting prevented the family from being in crisis, and potentially could have led to the children having to be placed outside of the immediate family without this support. The family have continued the hosting arrangement despite Safe Families officially withdrawing due to the friendship between children in both families."

Public system satisfaction with Safe Families is also high, as evidenced by the 20 local authorities that were prepared to buy the intervention at the end of the one year trial period, despite the evaluation data not being available. This attraction, essential to the effective scaling of interventions, has extended beyond the 20 early adopter local authorities to another 10 potential users in different parts of the country. Such buy-in is remarkable, given the restrictions on local authority finances.

Safe Families should also be commended for undertaking evaluation that gives tentative evidence for the principle of 'first do no harm'. It is worth reflecting that if Safe Families is at least as good as foster and residential care in terms of birth parent and child outcomes, it represents a better proposition to local authorities because it keeps children in their home environment, supports the family for longer periods of time and engages civil society.

Lessons Learned

The innovation, and DSRU's support, has not been problem free. The PSP financing mechanism enjoyed a mixed response from local authorities and Safe Families. In mitigation, we observe that the requirement to disburse the Department for Education

funding within the 2015/16 financial year greatly reduced leverage on local authority funds and resulted in many getting a much foreshortened free period. In addition, without the PSP, Safe Families would have taken their chances with orthodox commissioning arrangements, and it is doubtful they would have scaled to 20 local authorities under those conditions. Nonetheless, there are important lessons to be drawn from the trial.

In DSRU, the apps we produced to help local authorities match eligible cases to Safe Families provision in a timely way, and to collect well-being data from family members in a non-intrusive manner, were largely unsuccessful. Many local authorities could not make the referral app work on the desktop technology available, and social workers were restricted in how they can use personal phones and tablets. Much of the outcome data was collected using old fashioned paper and pencil techniques. DSRU innovations were conceptually sophisticated but the technological follow-through was lacking. These failures may have fed into the less-than-hoped-for progress in reducing the amount of time between family crises and Safe Families response, where more needs to be done to make the average experience more like the best.

The randomised control trial, while important, is limited by lack of numbers. To some extent, the low numbers reflect the low number of children on the edge of care referred by local authorities and signed up by Safe Families. In addition, DSRU's over zealous methodological approach caused discomfort for local authorities, and, in one case, severe irritation. There will need to be rigorous evaluation of the Safe Families intervention in the future, not only for what it can tell us about the intervention, but also for what it will reveal about the experience of children coming into orthodox foster care. We have learned of the need for a practical balance between scientific rigour on the one hand, and the practicalities of supporting vulnerable children on the other. We did not achieve the right balance in this evaluation.

As has been noted, the impact of the system dynamic seminars was limited. The seminar leader drew on ideas based on research from the 1980s and 1990s, dealing with knowledge that, 3 decades ago would have been well understood by leaders and middle managers in local authorities. The seminar leader observed that much of this wisdom - for example about the difference between the numbers of children in care and the flow of children into and out of care – appears to have diminished. Nonetheless, we were left with the impression that, in the majority of the 20 LAs studied, system dynamics were influencing the decisions of system leaders more than system leaders were successfully managing system dynamics.

Throughout the evaluation, local authorities and some funders, have grumbled, generally sotto voce, about the Safe Families' Christian credentials. We find these concerns to be unfounded. That said, Safe Families is developing as an organisation' and is learning about the priority and presentation of its values. It also has to learn about how to experiment to extend a model that has been successful in finding volunteers in the

Christian church to other faith and non-faith groups. As the evaluation came to an end, such experimentation was underway.

Challenges

Any start-up faces multiple challenges. Safe Families is no different. Here we focus mainly on 2: the difficulty of making the intervention a true alternative to local authority care, and of how to maintain continuity in scaling.

DSRU has put a lot of stress on the potential for Safe Families to act as a viable alternative for about 15% of children separated into local authority care, the 4,500 children aged 10 years or less entering under Section 20 of the Children Act 1989 in England each year. Some local authorities fail to see this potential. Maybe Safe Families is better used as part of a range of early help interventions.

We suggest, though, that there is a need that can be met by Safe Families. The legal basis for using Safe Families as an alternative to care has been established. We have found a steady flow of 15% of children coming into care that meet the Safe Families' eligibility criteria in all 20 local authorities. Safe Families has shown that it can support such families, without causing harm, and while producing high levels of satisfaction among primary carers.

Second, many local authorities are under immense strain coping with budget cuts. By focusing on the populations that cause concern to elected members and senior staff, Safe Families can build its reputation. It can release pressure on local authorities, not least in the willingness it has shown to respond, in a timely way, to the Friday evening crisis when social workers have little time to think and few alternatives at hand.

Third, in 3 years' time, when local authority budgets are likely to be further reduced, it is likely that many will turn to the array of early help services when looking for cuts. A service aimed at children and families that the local authority must support has much greater chance of surviving an economic downturn.

Fourth, innovation in this area is desperately needed. Safe Families represents much needed innovation. It shows others how to innovate on behalf of other groups of children coming into care. If Safe Families does not take on this task other organisations almost certainly will.

If Category 2: Edge of Care is to be the focus, a number of obstacles will need to be surmounted. First, the matching between family and innovation must become adroit. Despite the limitations of the DSRU innovations described above, it seems almost certain that the remedy here will be technological, allied to high quality implementation. Second, Safe Families will need to continue to build its reputation as a safe pair of hands. Growth,

continued evaluation, and timely feedback to commissioners will help. Third, the confidence of Safe Families' staff and volunteers will follow from the knowledge that they can support very needy families. Staff selection and supervision, continual reflection and growth, and a readiness to continually push back boundaries in a responsible manner will need to continue to be a part of the organisational values.

Opinion favours Safe Families. Local authority senior leaders, elected members, and senior judges, are voicing concerns about the high numbers of children in care, and expressing concern about how best to support children. Alternatives are being sought. Safe Families will need to develop into an organisation that can address much of the problem in a professional manner without becoming another large voluntary organisation tied up in endless bureaucracy.

The second challenge is scale. We have seen that there remains significant scope to scale Safe Families within its existing regional structure, an opportunity to serve more families in more local authorities from existing bases. At the same time, local authorities in new areas want to benefit from what Safe Families can do. Energy used in extending the geographical reach could undermine the potential in existing regions.

It is not a matter of either/or. It is a matter of finding the right balance. Our experience in scaling innovations within public systems leads us to strongly urge Safe Families to develop a revised scaling strategy. The first iteration worked according to the textbook written by Rogers (1962). Conditions have now changed: a new guidebook is required.

Conclusions

The evaluation sought to answer 5 questions:

First, does Safe Families divert the flow of children into foster and residential care by 10%? We found that in most local authorities insufficient families were supported under Category 2 to achieve this goal, and that, in all local authorities, more needs to be done to reach the children referred to children's services, especially those under the age of 10 years, being accommodated for short periods under Section 20 of the Children Act 1989. When Safe Families reaches these children, it appears to divert them from the care system for extensive periods. We also found that benefits to local authorities will not be reaped without more attention to the management of system dynamics.

Second, is there any evidence of increased stress on carers whose children are supported by Safe Families? We found no evidence of increased stress, but numbers in the trial part of the evaluation were insufficient to demonstrate impact.

Third, is there any evidence of impairment to the well-being of children supported by Safe Families? We found no evidence of impairment to the well-being of children, but again, low numbers in the trial limited confidence in findings.

Fourth, does Safe Families reach needy families in a timely manner? The intervention is more timely than in the pre-innovation phase, but there is more room for improvement.

Fifth, is the programme scaling in line with the Rogers' (1962) strategy described above? It did scale according to the Rogers' strategy, but a new strategy will be required to take the programme from 20 to 50 local authorities.

In summary, we conclude that Safe Families represents one of the most adventurous start-ups in children's services for some time. It has the potential to support several thousand of England's neediest children; to greatly reduce the numbers of children in care, and to demonstrably forge a new relationship between public systems and civil society. There remain significant challenges, but Safe Families seems well set up to address them.

Since the evaluation completed its data collection on entrants at the end of March 2016 (we continued to collect follow-up data until the end of September 2016), Safe Families has grown further. Their own data sources suggest that just under 2,000 volunteers have now been approved, including over 600 ready to takein children for overnight stays. The number of families supported per month has risen from 17 to 92, and the number of bed nights offered from 31 to 141. A try, test, learn, and adapt approach has been approved for the task of diversifying volunteer recruitment. Demand for the innovation has spread across England and to other parts of the U.K. Governance arrangements are being tightened and child protection procedures continually improved.

The next 18 months will be another critical phase in the organisation's development. There is a possibility that Safe Families could be struggling to maintain the provision in the 20 local authorities it currently serves. By making the right choices, we can also envisage Safe Families operating in a third of English local authorities, clearly demonstrating positive impacts on children's and carer's well-being, and both cost savings and cost benefits to the public purse. We hope this evaluation will inform these decisions.

Recommendations

The initial scale up of Safe Families between January 2015 and March 2016 demonstrates the potential to radically alter the way in which local authorities respond to children on the edge of care, forging a new relationship between public systems and civil society, and acting as a model for other reforms. However, as with all start-ups, there

remains much to learn, and challenges to overcome, before the potential of the innovation can be fully realised. Based on the evaluation results, DSRU recommends:

1. While Safe Families can play a useful role in offering support for families whose children are not at risk of being accommodated in foster care, providing what local authorities call ‘early help’, the primary benefit of Safe Families comes from its provision of an alternative for about 15% of children who, each year, come into foster or residential care. The promise lies in benefits to children and families by exposing them to greater community support and less system involvement, and to the easing pressure on hard-pressed local authority budgets.
2. If the first recommendation is accepted, we estimate that each year there are as many as 708 children on the edge of care in the 3 regions covered by Safe Families and within the 20 early adopter local authorities. Two-thirds of these 708 children could be successfully diverted from foster or residential care. Extending Safe Families to 90% of local authorities in the existing 3 hub areas (meaning the innovation would serve 47 local authorities in total) could see it divert 1,533 children from care annually. We therefore recommend that Safe Families favour consolidation in existing local authorities, and extending into new local authorities within existing regions over the development of new regions. These 2 options need not be mutually exclusive, it is a matter of balance.
3. However, none of this potential can be realised unless Safe Families and user local authorities collaborate to ensure a good and timely match between the innovation and the families that can benefit from the innovation, that is,those whose reaction to a crisis means that their younger children are at risk of a short period of accommodation in care. We recommend finding a lasting solution to this challenge.
4. The potential for local authorities to translate reductions in the flow of children into care into reduced numbers in care at any one time (or a reduction in overall bed nights) cannot be realised without them paying more attention to the management of system dynamics: that is, engaging local people and experts to choose a number that is right for local conditions; managing stock and flow; analysing the consequences of decisions at one point in the system for another. DSRU staff have been struck by the loss of knowledge about system dynamics within local authorities. We recommend that local authorities using Safe Families are given more access to training and tools to manage foster and residential care numbers at a level that is comfortable for elected members, the executive and senior practitioners.
5. The evaluation suggests that Safe Families does no harm for the children it supports - the primary threshold for any innovation. However, the numbers in the trial are too low to indicate, with any confidence, the overall impact of Safe

Families on the stress levels of the primary carers - the catalyst for seeking support from children's services - or on the well-being of children. We therefore recommend that the evaluation continue in as many user local authorities as possible. Mistakes were made by DSRU in the initial trial, and these need to be rectified in any future evaluation.

6. No innovation should stand still. Others, in time, will build on Safe Families' and create new models. We recommend Safe Families undertakes a series of small experiments, varying the core model, for example to extend the programme to older adolescents, or to try to recruit volunteers from sources outside of the Christian church. If successful, such adaptations should be rolled out more widely.

Appendices

Appendix 1: The Legal Status of Children Supported by Safe Families

Safe Families supports 2 categories of children:

- Category 1: those in need of family support, including short periods of respite away from the primary carer
- Category 2: those on the edge of care, particularly those 10 years and under, whose mother asks the local authority to accommodate the children in foster or residential care under Section 20 of the Children Act, 1989

During the course of the evaluation, as described in the main paper, the legal status of the children supported by Safe Families was questioned by 4 local authorities. One took the view that a child supported by Safe Families under Category 2 (on the edge of care) would do so under Section 20 of the 1989 legislation, with the same accountability that comes with a child placed in foster or residential care. A corollary for such an interpretation is that children supported by Safe Families under Category 2 would be counted in local authority returns for looked after children.

DSRU and Safe Families both took the view that this interpretation, by a small number of local authorities, was wrong. Each organisation took advice from leading policy makers, academic and practising lawyers on the matter. Safe Families also put the question to the Department for Education. They appointed 2 independent inspectors (one a Director of Children's Services, one an Ofsted inspector) to scrutinise the situation:their report is available on request.

Our interpretation of that report, and as far as we can tell the interpretation of most local authorities, is that:

- Category 1 cases are supported as a child in need. If the child spends a few nights with a host family, it does so under Section 17 of the Children Act, 1989.
- Category 2 cases are supported under Section 17 of the Children Act, 1989.

in practice, the primary carer, typically a mother, finds she is unable to cope, or that she has no-one to look after her children during an emergency - if she has to go into hospital, for example. She approaches her local children's services. The social worker establishes the nature of the difficulty. In some local authorities, they direct the family to Safe Families and monitor the situation under Section 17 of the legislation, mindful of the short break guidance. In other local authorities, once it is clear the case meets the Section 20 threshold, the social worker explains what Safe Families does and the mother agrees to

explore that option. Safe Families find they can support the mother and the children, and the mother and the children are happy with what Safe Families has to offer. The social worker sanctions the support under Section 17 of the 1989 legislation.

There have been concerns that some local authorities have misused Section 17 by applying the legislation to people who take in their relatives' children over an extensive period. One such person has taken a local authority to court, claiming she should be entitled to the same rights, including remuneration, as a foster parent. One of the local authorities involved in the evaluation asked Safe Families to take indemnity to cover legal costs, should one of their host families make the same claim.

We believe that Safe Families is well placed to provide respite for children away from the family home under Section 17 of the Children Act, 1989, both in the spirit of the legislation and in law. Each separation is short, wanted by the primary carer, seen as helpful by the local authority, and involves no payment to the family offering the respite. Essentially, we might think of this arrangement as one family in a community coming to the aid of another. What marks out a Safe Families host family from a foster parent is that the former takes in a child for at most 2 weeks in a year, and without any expectation of payment.

Clearly, this situation would be different were the children to be supported by Safe Families for extensive periods of time. As set out in the main report, we do not believe Safe Families to be appropriate for all children coming into care, or indeed all those accommodated under Section 20. As the following appendix describes, most accommodated children are back home within weeks of separation. This is Safe Families' catchment group, especially those aged 10 years and less. Although not legally required to do so, Safe Families has set a maximum of no more than 14 continuous nights of hosting, and no more than 28 nights for any one child in a calendar year, figures that tally with those for regulations of private fostering.

A more cautious approach would be to count children supported under Category 2 of the Safe Families provision under Section 20 of the 1989 legislation. Section 20 brings with it a raft of obligations to the primary carer and child, such as duty to review; the need to approve carers as foster carers; and the regular visiting of the child by a local authority social worker. Safe Families' hosting of children within Section 17 avoids this regulatory framework and the safeguards it is perceived to bring to children. It is incumbent on local authorities that share our interpretation to apply Section 17 for the benefits it is seen as bringing to children and families, and not as a mechanism for avoiding the responsibilities that come with Section 20.

Much of this is a matter of interpretation of the spirit of the 1989 legislation. The Act embodied a new settlement between state and family, giving parents and children more rights. A parent can ask the local authority to accommodate his or her children in foster or

residential care, but if he or she has a change of mind – whether just before placement, a day after separation, 6 weeks later, or whenever - the social worker must agree unless there are grounds to go to court and take the child into care under a care order. We are mindful writing these words that, prior to the 1989 Act, social workers could deny parents' request for their children to return, by way of an administrative fiat, with no involvement of the courts.

The numbers of children coming into care are rising. Given the increasing pressures being heaped on social workers not to err on matters of child protection or administration, it would be quite reasonable to exhort them to be cautious and exert more control over families, possibly, at times, resulting in a misapplication of Section 20 or an underuse of Section 17. At the same time, central government is asking local government to reduce expenditure and allow civil society to flourish. Finding the right balance is difficult, and should be subject to much more debate and experimentation: for the moment, we believe the advice given in this appendix should guide Safe Families and user local authorities to find a good response to the needs of some children who otherwise would come into the foster care system.

Appendix 2: Statistics on Section 20 Cases

In the design phase, we had to make some educated guesses about the proportion of children that would meet Safe Families thresholds for Category 2 Edge of Care. The data we used for this analysis also provides an indication of the average length of stay in foster or residential care for these cases: how many days are saved if Safe Families successfully diverts the cases from Section 20; and how many hosting nights Safe Families might reasonably be expected to offer if they are reaching those who really are on the edge of care.

We have to go back to old data to find a study that follows a cohort of children coming into care over a 5 year period. The Lost in Care and Going Home studies by DSRU were based on 450 children entering care in 5 local authorities. Two-fifths of the entrants were voluntary receptions, and 3-quarters of them (n=204) are short-stay, meaning they were back with family within 6 months. This is the group most relevant to Safe Families.

Over two-fifths (45%) of this group of short-stay voluntary receptions were aged 10 years or less. These 91 children represented about 20% of the 450 children coming into care. If we apply the hypothesis that Safe Families can successfully divert three-quarters of these children from care, then the overall benefit to each local authority would be 14% of all entrants not taking up foster or residential care beds.

A more conservative estimate would factor in Safe Families' commitment to support children away from home for no more than 14 nights in the year, a threshold that reduces the reach to 12% of all children coming into care with 8% overall being successfully diverted.

Taking the broader definition Safe Families would then be providing about 12.3 nights with a host family per child, or, taking the more conservative definition, about 4.4 nights per child, that is more than the 1.9 to 3 nights currently used by Category 2 Edge of Care cases.

References

Brown, L. (2010). Balancing risk and innovation to improve social work practice. *British Journal of Social Work*, *40*(4), 1211-1228

Budde, S., Thompson, R., Go, L., Douthitt, C. & Pryor, S. (2009). *Safe Families for Children evaluation report.* Chicago: Juvenile Protective Association.

Bullock, R, Little, M. and Millham, S. (1993). *Going Home*. Aldershot: Gower

Dartington Social Research Unit (forthcoming) Three Circles: Matching Needs and Services. Dartington, The Warren House Group at Dartington

Little, M. (2002). 'The Law Concerning Services for Children with Social and Psychological Problems'. In: M. Rutter and E.Taylor (eds.) *Child and Adolescent Psychiatry*, 4th ed. Oxford: Blackwell

Millham, S. (1985). *Lost in Care*. Aldershot: Gower

Munro, E. (2011). *Munro Review on Child Protection*. London: Department for Education

Packman, J. (1969). *Child Care Needs and Numbers*. London: Allen and Unwin

Packman, J. (1986). *Who Needs Care?* Oxford: Blackwell

Rogers, E. (1962). *Diffusion of Innovations*. New York: Free Press

Testa, M. (2015) *Usability Testing of a Low-Cost Controlled Trial of Safe Families for Children.* Report to the Arnold Foundation, December 2015

Reference: DFE-RR598

ISBN: 978-1-78105-658-5

The views expressed in this report are the authors' and do not necessarily reflect those of the Department for Education.

Any enquiries regarding this publication should be sent to us at:
richard.white@education.gov.uk or www.education.gov.uk/contactus

This document is available for download at www.gov.uk/government/publications