

Making their lives better: now, tomorrow and every day.

Impact Report 2014



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All images show children helped by Action for Children.

Across the UK, children are taking part in photo shoots to help us tell their story. ©2014

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1. Summary.

1. About this report.

This year we have made life better for 300,000 people: children, young people, their parents and carers. This report explains how we help and how we measure our positive impact on people's lives.

2. We are Action for Children.

We provide 650 services, operating in most parts of the UK. We have been helping children and young people for 145 years, and we have moved with the times. We evolve to meet changing needs and find new ways of meeting those needs. We make sure we take to scale the interventions that help the most.

We are working today in an environment where funding for public services to support vulnerable families is decreasing. Too often, families face challenges because of low income, limited opportunities and little familial support. It is becoming ever more important – for these families and for commissioners who are using limited budgets – to provide services that we know will work. As levels of need in our services continue to rise, we will continue to adapt, as we have done throughout our history. We want to make sure we provide services for children, young people and families in need, wherever we can.

We demonstrate our impact using data from independent evaluations, the tools we use to measure children and young people's progress and our own specialist outcomes framework.

3. We lead the way.

We scale up new services based on the evidence of their impact. We are positive about social investment and we are providing services funded through a Social Impact Bond in Essex, the first of its kind in the world. We run two teams delivering Multi-Systemic Therapy: an evidence-based programme for young people on the edge of care, designed to help them remain safely at home with their families rather than enter the care system.

Action for Children Family Partners is our cost-effective new service to tackle neglect. We build a trusting relationship with parents and challenge the whole family to make positive changes with intensive support at the early onset of difficulties, rather than wait for a crisis to develop. The Social Research Unit at Dartington, one of the UK's leading authorities on services achieving the highest standards of evidence, is working with us to develop our evidence base for the service.

We are working to take new services to scale this year, and our priorities are: our new, relationship-based model of residential care; community hubs of services for children with disabilities; a parenting programme delivered in sports clubs; a new model of

attachment-based fostering; and Parent Champions, a volunteer peer advocacy service which we will replicate in other children's centres during 2014/15 based on the evaluated success of the service to date.

We deliver some key services exclusively through volunteers. Their life experience and skills are vital in supporting vulnerable children and families: tackling domestic abuse, reducing the risk of physical or sexual abuse and improving mental health. The independent evaluation of Parent Champions also shows that volunteers help more parents to take up more services in children's centres, schools and health and social services centres.

To make sure children and young people have a louder voice, we set up a new Ambassadors scheme to enable both young people and parents/carers to speak out and help us to deliver the best services possible. We developed digital communication routes to enable our service users to talk directly online with decision-makers. We also asked 662 supporters, service users and staff across the UK what our campaigning priorities should be.

4. We use evidence-based programmes to change lives.

We want the best possible outcomes for vulnerable young people and we have been early adopters of evidence-based programmes. These are programmes with the highest level of evidence, including more than one randomised controlled trial. We now provide a range of programmes. Some of these services are new so we are reporting on a relatively small number of completed cases, but the early indications are positive.

We set up our first Functional Family Therapy services in 2012 in Renfrewshire, Scotland and Belfast,

Northern Ireland. The programme is designed for vulnerable young people, and aims to prevent them needing to enter the care system. Evaluation of our first 23 completed cases showed that 18 young people remained at home, with significant improvements in the family in parenting skills, relationships and levels of conflict.

Multi-Systemic Therapy (MST) is an intensive, home-based service for young people on the edge of care, and we now run one service in Derby and two in Essex. Early data shows that at the end of the programme, up to 89% of young people were living safely at home, results that are in line with the early stages of other MST services globally. There is potential here for significant savings in the costs of residential care placements, typically £2,300 per week for each young person, or around £120,000 per year per young person.

Multi-dimensional Treatment Foster Care is an intensive, specialist fostering programme for young people at risk of

going into custody or care. We provide this in Wessex and in London. Since 2005 our Wessex service has placed 70 children and young people, and 48 have successfully completed the programme. At the point of completion, 100% were no longer absconding, 96% were in education, employment or training, and 94% had not offended. 60% returned home to live with their family.

The Roots of Empathy programme, which we deliver for primary school children in Scotland, South Wales and the north east of England, effectively reduces aggression and increases their levels of empathy.

Throughout our children's centres, we provide the evidence-based parenting programmes Triple P and Incredible Years, both of which are proven to help parents manage their children's behaviour.

5. We make children and young people safer.

We review how well our services help to make children and young people safer all the time, and we carry out a comprehensive review each year. This, our Impact report, shows that we provide effective help through relationship support and that we have improved our use of reflective supervision, as recommended in the Munro Review.¹ We record children's needs, develop plans to meet those needs and record outcomes achieved. We also took action this year to improve our response to young people at risk of sexual exploitation.

We keep a sharp focus on neglect, in policy and in practice. We have campaigned for a change in the criminal law on neglect for three years and we are pleased with indications that the government intends to act on this. This year we published our third annual overview of the problem of neglect with the University of Stirling², and produced new resources for practitioners to promote the best possible responses. Our new service, Action for Children Family Partners, is working intensively with families where there are early signs of neglect.

“Evidence shows that early help for families is the best way to enable children to reach their full potential”

6. We help at an early stage.

Our children's centres and family support services focus on early intervention: we provide help as soon as needs emerge. Independent evaluation of our children's centres shows that we reach out to vulnerable families who would not otherwise use services, and we improve parents' abilities to look after their children and manage difficulties. We have adapted to the challenges of the new Ofsted regulation framework: of the 19 children's centres inspected between October 2013 and March 2014, 73% achieved a 'good' rating and none were classified as inadequate.

We made children's lives better: we reduced the risk of physical, sexual or emotional abuse in 92% of cases where this was a concern; in 91% of cases we overcame or reduced the neglect of children. We also helped children get a good start in life, helping under-fives get ready to start school in 76% of cases.

We run a range of parenting courses that build stronger, safer families. Overall, 83% of parents who completed a course reported that their relationship with their child had improved and 79% said they felt more confident managing their child's behaviour.³

We measure children and families' progress to show the difference in their lives. We use a combination of practice-based and clinical tools, including the Action for Children Neglect Assessment Tool, the Outcomes Stars and Strengths and Difficulties Questionnaire.

7. We support families.

Many families face intense pressures and a combination of social, health and financial difficulties. We pioneered an Intensive Family Support model in Dundee over 20 years ago and now deliver it across the UK. It is becoming part of many local authorities' response to the Troubled Families programme to reduce anti-social behaviour and to deliver services aimed at safely reducing young people's risk of entering custody or care.

We published new joint reports this year with Loughborough University, on the impact and cost effectiveness of our Intensive Family Support services.⁴ Data showed significant impacts: in 89% of cases a parent's mental health improved or did not deteriorate; in 87% of cases we successfully addressed neglect; and in 81% of cases children developed their relationships within the family. The research also identified realisable cost savings of up to £21,879 per family per year.

8. We support children in care and leaving care.

Our model of attachment-based fostering gives more stability for young people who have experienced severe trauma and disruption. In Wales, over 80% of the children and young people in placement have been with our carers for over two years. This is significant, as 50% of these young people had more than three previous placement breakdowns before they came into our care. We are sharing the learning and extending the model to other parts of the UK.

We wanted a better way to support young people in care who are at risk of self-harm or suicide, and developed a new relationship-based model for residential care services. Based on our own and others' research, it focuses on strong professional relationships to build the resilience young people need to keep themselves safe.

Young people and their foster carers helped our successful campaigns to raise the care leaving age in Scotland and give young people more rights to stay on in foster care in Wales and England. This means that that care leavers can move more safely to independent adulthood.

“...we tackled and reduced the risk of physical, sexual or emotional abuse in 92% of cases...”

9. We support children with disabilities.

Independent evaluation and comparisons have shown that our residential short break services offer good value for money.⁵

We are actively responding to personalisation as more families hold individual budgets: this is an opportunity for us to tailor-make services and get better outcomes for children and families. We are reviewing and adapting our residential short break services, to give disabled children and their parents more choice.

We reconfigured our Stoneside service in Glasgow to set up a hub of services for the whole family. It now combines residential short breaks with wider community support, including services for parents and siblings: we can mix and match services to suit each individual. We aim to develop this model in other parts of the UK.

10. We help young people move into education, employment and training.

Our employment support services help young people achieve: in 94% of cases, young people on our programmes remained in education, training or employment after the age of 16. An independent evaluation also found that of those who moved into education, training or employment, 27% moved into paid work.

Our programmes help disadvantaged young people achieve real opportunities and qualifications. Opportunities include placements in the construction industry and in forestry, a range of accredited training such as employability skills, and tasters and work experience with corporate partners. The personal support and confidence building we offer is vital to the programmes' success.

We also help young people to build the skills for independent life as an adult. Our services help young people to manage their money more confidently, and to use the Internet and social media safely.

11. We want to take more action for children.

We are proud that this year we made life better for 300,000 vulnerable children, young people and their families. But we want to do more. Next year we plan to:

- ▶ deliver more evidence-based services funded through social investment. We want to use the interventions that have the most impact for children and families
- ▶ improve how we report outcomes for children and families. We will start to develop a new and more detailed reporting system to upgrade e-Aspire in 2015/16
- ▶ scale up services including: our relationship-based model of residential care, hubs of services for children with disabilities; a parenting programme provided in sports clubs, attachment-based fostering and the Parent Champions service.

“...in 94% of cases, young people on our programmes remained in education, training or employment after the age of 16.”

2. We are Action for Children.

We're here because every child should be safe. Because every child should have opportunities. Because every child should have a childhood.

Across the UK, hundreds of thousands of children aren't getting the care or opportunities they need. Families are struggling, and children are neglected, ill treated and abused. Young people face isolation and often violence as they grow up. This is not acceptable.

We take action to improve the lives of these vulnerable children. We intervene early to help to fix problems before children are overwhelmed and we intervene when there are more serious concerns to make children safer and help them to thrive.

We run 650 services in local communities across the UK.

2.1 We work to do more, better.

We've been helping children and young people for 145 years. From our earliest days, we have moved with the times to adapt, to make children safer. We built friendly homes in 1869 for children living on the streets. We were the first charity in the UK to create a national adoption agency in 1926, and the first to open our doors to German refugees fleeing the Nazis in 1939.

We evolve. Today we support parents and parents-to-be, babies and pre-school children. We help young carers, disabled children and their families. We support young people through the most difficult times – in their families, in care and as they become independent adults.

This year, from April 2013 to March 2014, we have kept pace with a changing and challenging environment for children's services. Just some of our innovations are:

- ▶ services funded through social investment
- ▶ evidence-based programmes, with a sharper focus on outcomes
- ▶ new models for our services, including early family support to tackle neglect
- ▶ more ways for young people and parents/carers to speak out through digital media and as ambassadors.

We never stop looking for better ways to help. It isn't enough to make a difference: we want to make the most difference possible. So we innovate and test out interventions. Then we scale them up, but only when we have evidence of their impact. When we know an intervention is effective, we work to replicate it across Action for Children and across the UK.

“We made life better for 300,000 people this year: children, young people, their parents and carers. This report explains how we did this, and how we measure the positive change in their lives.”

Our impact this year

Data from all our services across the UK shows that:

- ▶ relationships between children and their parents or carers improved and the risk of family breakdown reduced. **in 71% of cases**
- ▶ the child or young person's relationships improved, with people who were important to them **in 70% of cases**
- ▶ the child's mental health or emotional wellbeing improved **in 70% of cases**

“in 70% of cases, the child's mental health or emotional wellbeing improved”

2.2 We measure our impact.

In this report we draw on a wide range of evidence, using both quantitative and qualitative data.

- ▶ We commission independent evaluations of our work from universities and other specialist researchers. These help us to show in depth the impact we have.
- ▶ We use a variety of tools in our services to measure children and young people's progress.
- ▶ We use our specialist outcomes framework and electronic database, e-Aspire, to record outcomes at local, regional, national and thematic levels.
- ▶ We analyse our services' impact across all areas of children's lives. In Northern Ireland, Scotland and Wales we demonstrate outcomes in line with government outcomes guidance. In England, we analyse outcomes achieved against the headings of safety, health, relationships and achievement.

3. We lead the way.

We never stand still. We work to develop new services for vulnerable children, young people and families, using our deep knowledge and experience. We innovate, we pilot new services – and when we know something works we replicate it in other areas of the UK, to help as many children and families as we can.

We innovate. Then we bring to scale.

When we know an intervention is effective, we scale it up. This year, we are working to scale up these services.

- ▶ A new, relationship-based model of residential care, based on a clear theory of change and developed with young people in residential care. See page 28.
- ▶ Services for children with disabilities that bring together residential short breaks and community services, to give families more choice and more support at home. See page 31.
- ▶ Parents On The Ball: a parenting programme using the Incredible Years parenting programme, provided in sports clubs and with a focus on involving children.
- ▶ A new model of attachment-based fostering, to care for young people who have experienced severe disruption, abuse or trauma. See page 27.
- ▶ Parent Champions: a service to reach out to parents, delivered by parent volunteers who act as peer advisors and advocates. See page 9.

3.1 New social investment is funding services for young people on the edge of care or in care.

Social investment currently funds two Action for Children services: Multi Systemic Therapy and Multi-dimensional Treatment Foster Care (see page 12+13).

We run two Multi Systemic Therapy (MST) teams in Essex, funded through a Social Impact Bond that has been commissioned by Essex County Council. This is the first children's sector SIB of its kind in the world. The work is helping some of the most vulnerable young people and families in the county.

MST is designed for children and young people aged 11 to 17 years, who are on the edge of care or at risk of going into custody. It is an intensive, home-based service, designed to create sustained behavioural change. It is evidence-based, operates under a license, uses qualified clinical staff and is a manualised intervention: that is, it has prescribed steps and procedures, set out in a manual and requiring high levels of skill to interpret to meet individual needs.

Our two teams in Basildon and Colchester work with a total of 80 to 100 young people a year. Each team has one supervisor and four therapists. While these services are relatively new, the early results are encouraging. There is more information about their outcomes so far on page 12.

What are SIBs?

A Social Impact Bond, or SIB, is an outcomes-based contract. Local or central government commissioners commit to pay for significant, defined improvements in specific social outcomes, and private investment pays for the interventions to achieve them. Investors receive financial returns from the public sector only when the social outcomes are delivered. SIBs are designed to focus on outcomes, and programmes they fund have a strong evidence base.

We are enthusiastic about social investment as a source of funding for services delivering high impact. Social investment is an innovative way to fund services that can reliably achieve both positive outcomes for service users and cost savings for the public sector. In this way, new forms of social investment make funding available for services to expand to meet acute needs. This, in the long term, makes savings possible elsewhere so that commissioners can reinvest some of the savings in earlier interventions.

We are keen to develop more services funded by social investment. They will enable us to continue to meet the needs of vulnerable children, at a time when public funding is providing less for those in greatest need. Our ambition is to use this form of funding to redefine some relationships with public sector commissioners, moving away from 'purchaser' and 'provider' roles towards partnerships of those who aim to make the biggest difference in children's lives. We are excited, too, about new partnerships with private and philanthropic funders who are keen to develop investment in children's services and who, like us, aim to create change.

3.2 We tackle neglect.

We know that neglected children do not get help early enough.⁶ We also know from research that to reduce neglect, we need to develop trusting relationships with vulnerable parents while we keep a relentless focus on outcomes for their children.⁷

We developed our Action for Children Family Partners service to do just that. Specialist staff work with families where there are concerns about possible neglect, focusing on the second tier of need.⁸

We intervene as soon as an agency expresses concerns about a child,

and before the situation escalates to a child protection referral. We work with families for 22 weeks on average and move through three phases: engagement, making changes and moving on. We build the essential trusting relationship with parents and at the same time bring an element of challenge. Often we work on setting boundaries for children and their carers as well as on relationships. For up to six hours a week, we are there in the home to give support – from making sure children get to school, to setting up regular family routines. Using our own Neglect Assessment Tool, we spot issues early and help multi-agency working, and help parents and carers look at their own parenting.

We have services in Bristol, Derby, London and Sandwell. It costs just £24.34 per week per child for us to deliver Action for Children Family Partners.

We are building the evidence base for Action for Children Family Partners, working with the Social Research Unit at Dartington, one of the leading authorities on evidence-based programmes in the UK. We want to demonstrate the service's impacts on risk, protective factors and outcomes, and that the quality assurance processes are effective. When this is complete, we may consider randomised trials and further evaluation of its cost-effectiveness.

3.3 Our skilled volunteers make a difference to children and families.

Volunteers deliver services in many roles, particularly in early years and family support. NCVO and OPM's evaluation of the impact of volunteers in our children's centres⁹ found that they:

- ▶ Are an informal, reassuring presence for families and bring extra capacity to the project.
- ▶ Are role models to the local community, bringing unique skills, experience and practical support for families.
- ▶ Enhance children's centre environments and help them to reflect diverse, vibrant local communities.
- ▶ Increase parents' use of children's centres, break down any stigma about using them and create new relationships in the community.
- ▶ Experience benefits themselves, too: confidence, a route to employment, education or training, personal satisfaction and opportunities to socialise and have fun.

Our own monitoring data also shows volunteers' impact. Many are highly skilled, and often support families with high levels of need. In services that we deliver exclusively through volunteers, all cases report positive outcomes and these are the outcomes that are most significantly improved:

- ▶ A parent is safer from domestic abuse, and concerns about a child or young person are reduced.
- ▶ The risk of physical, sexual or emotional abuse of a child or young person is reduced, and so is concern about them.
- ▶ The child or young person lives safely in the family or the family network.
- ▶ Relationships between children and young people and their parents or carers improve, and this reduces the risk of family breakdown.
- ▶ Parents' or carers' mental health improves, and this reduces concerns about neglect or abuse.

Action for Children volunteers deliver these services:

Birmingham Social Inclusion

Birmingham Independent Visitors

Here4Me

Knowsley Junior Mentoring

London Independent Visitors

Newcastle Family Support Volunteers

Nightstop Dorset

North East Independent Visitors

Two of a Kind (see page 29)

3.4 Parent Champions reach out.

Parent Champions are parents who have positive experiences of using childcare or of supporting their child's early learning. They act as advocates and peer advisors, reaching out to parents who would not otherwise use local services.

We are working with the Family and Childcare Trust, a charity, to expand the Parent Champions scheme across the country, using children's centres as a base for the first time. We want to make sure parents take up their entitlement to free early education for two-year-olds, and can use their local and home learning services.

We ran six pilots this year in four local authority areas: Kirklees, Oldham, Oxfordshire and Sheffield. Next year six more children's centres will run the service (in Bedfordshire, Cumbria, Northumberland, Hampshire and Torbay) and then we hope to expand to run it nationally.

Early evaluation is positive.¹⁰ Data from 79 parents, in 12 sites, showed that Parent Champions gave a range of information about services that parents are entitled to or that may be helpful, and referred parents to a range of services. 47% of referrals were to services in children's centres and 49% of referrals led to parents using children's centres regularly. Therefore parents receive support, information and help from health and education professionals with whom they were not previously in contact.

Case Study: Cowgate Family Support Volunteer Project.

With volunteers' support, families make positive changes and parents become stronger and more confident

Volunteers have supported 100 children and their families in Newcastle, through our Family Support Volunteer Project at Cowgate and Blakelaw Children's Centre.

Since 2010, we have recruited and trained volunteers from local estates to support families with children from birth to 12 years of age. Volunteers do home visits, support parents and help them to access services. The volunteers completed accredited training – including safeguarding, domestic violence and welfare rights – and have given a total of 641 hours of volunteer time, the equivalent of over 18 working weeks. As a result, 100 children have had one-to-one support at home and volunteers have helped to run 11 groups, such as sensory groups and 'stay and play' sessions. With volunteers' support, families make positive changes and parents become stronger and more confident.

We take referrals from both voluntary and statutory services. Funding comes from our voluntary income and Newcastle City Council. We are working with Durham University to evaluate the impact of the project and plan to replicate the model across the Newcastle area.

3.5. Our young ambassadors now have a louder voice.

This year we ran a pilot Young Ambassadors scheme, for children and young people we know through our services and who want to do more with us. Young Ambassadors participate in events, tell their own stories and represent Action for Children to the wider world – and we help them develop their skills and confidence. So far we have trained 11 young ambassadors in Scotland and six in London. They have represented us at fundraising and supporter events and been involved in recruiting two important roles: our new Chief Executive and our Head of Inclusion.

3.6 Digital connections get people involved.

We constantly look for new ways to involve children, young people and families in developing our services. On-line conversations and social media are part of the mix.

Digital Voices.

Groups of young people in deprived areas in Cumbria with limited or no access to digital forms of communication can now talk directly to influential decision makers by messaging them. Together they discuss the issues young people face, so that decision makers understand more about their lives and challenges.

The pilot in Cumbria involves two groups: young parents in Millom and vulnerable young people in Workington. They are holding conversations with local NHS staff, on tablets using Google Hangouts, an instant messaging and video chat platform. With their project workers, the young people decide what they

“It’s helped me change my life and has improved my job prospects – helped give a structure to my life and something to focus on.”

Louie, Action for Children Young Ambassador

want each conversation to be about – and with their workers’ support, they become more confident in their online communications.

As we develop Digital Voices in other areas too, we will help young people ask difficult questions in an appropriate way, give them a voice to make their own representations and help decision makers learn to listen and respond to people.

Social media in our children’s centres.

Many of our children’s centres use Facebook and other social media networks to communicate with families and young people, for example to let them know about activities, to answer queries and to signpost to other services. And in Hampshire, it is part of our contract with the local authority: families who use our children’s centres tell us what activities they want in their area and we use the information to plan activities across children’s centres and make sure we are responding to local needs. By communicating in this open way, we also make sure that we direct resources to families who need them most.

4. We use evidence-based programmes to change lives.

We want the best possible outcomes for vulnerable children, young people and families. When research shows that an intervention works, we use it. We have led the way in adopting evidence-based programmes and we now provide:

- ▶ **Functional Family Therapy**, or FFT: work with young people who are at risk of entering custody or care, and their families. FFT improves family communication and parenting skills, and reduces problematic behaviours such as drug use and violence. See page 12.
- ▶ **Multi-Systemic Therapy**, or MST: also supports young people who are on the edge of entering the care system. See page 12.
- ▶ **Multi-dimensional Treatment Foster Care**, or MTFC: an alternative to custody for young offenders, which combines a community-based sentence with support from a specialist foster carer. See page 13.
- ▶ **Roots of Empathy**: a classroom-based programme for primary school children, which reduces aggression. See page 13.
- ▶ **Incredible Years** and **Triple P**: programmes that improve parenting skills. See page 14. These programmes have recently achieved the gold standard of evidence after randomised controlled trials in the USA.

What are evidence-based programmes?

‘Evidence-based’ refers to programmes that meet the highest standard of evidence: a number of randomised controlled trials (RCTs) have shown that they have a positive impact.

Other programmes are described as ‘informed by evidence’: the evidence for their impact includes other types of evaluations and tests. Three different levels of evidence are set out in a report by Graham Allen MP, part of his 2011 review of early intervention in the UK,¹¹ based on work by the Social Research Unit at Dartington.¹²

Local authorities and other commissioners have been increasingly interested in the potential of evidence-based programmes, which are starting to achieve good results. Organisations that provide them and referring agencies have worked together to understand which young people will respond best to the interventions. And as the programmes are run more and more widely, there is a growing pool of specialised and highly qualified staff available.

“When research shows an intervention works, we use it. We have led the way in adopting evidence-based programmes...”

4.1 Functional Family Therapy.

Functional Family Therapy, or FFT, is a programme for vulnerable young people and their families, when young people are at risk of going into care or into custody. It is a form of intensive family therapy, and builds on the existing strengths of family relationships.¹³ An FFT team works with the whole family, helping young people and their relatives to develop new skills and address challenges.

In 2012 we established our first FFT programmes, one in Scotland with Renfrewshire Council and one serving the Northern Trust area in Northern Ireland. Both are funded by the Big Lottery Fund's Realising Ambition programme.

Our Scotland team took its first referrals in January 2013. We evaluated the service with Renfrewshire Council, analysing data from 23 cases allocated and completed between January 2013 and January 2014, where families had received five or more sessions.¹⁴ We considered six outcome measures:

- ▶ family change, as shown by improved family relations
- ▶ improved communication skills
- ▶ improved adolescent behaviour
- ▶ improved parenting skills for handling problems
- ▶ improved supervision by parents
- ▶ reduced family conflict.

The evaluation found that in all six of these areas, all the young people and their parents reported significant improvements, as did all the programme's therapists. Young people reported the most significant changes in their parents' skills and in family relations. For parents, the most significant changes were better family relations and less family conflict.

In addition:

- ▶ All the young people were attending an education placement by the end of our involvement.
- ▶ The programme had the most significant impacts on drug use and violence.
- ▶ It had a significant impact on alcohol use, with more positive outcomes for young men than for young women.

We closed 23 cases and of these, 18 young people remained at home. When the case was closed, they were all less likely to need accommodation in care than when they were referred to us. This is a saving in care costs of £41,400 per week, or £2.1m over a year.

The Dartington Social Research Unit has developed a tool that calculates the return on investment of evidence-based programmes. For FFT, it states that the rate of return on investment is 118%.¹⁵

4.2 Multi-Systemic Therapy.

Multi Systemic Therapy, or MST, is designed for young people aged 11 to 17 who are at risk of entering care or custody. Like FFT, MST builds on the strengths of existing relationships though it uses a method based on clinical systemic psychology. It is an intensive, home-based service, with qualified clinical staff working to help young people make and sustain changes in their behaviour.

This year we began two MST programmes in Essex (funded by a Social Impact Bond commissioned by the local authority – see page 7), and our MST programme in Derby opened to families in 2012.

In Essex we have committed to a programme of MST which will run for up to five years. In the first year, we worked with 50 young people and their families, where there was a risk of the young person entering the care system. It is a new service but early data indicates it is having a positive impact.

We completed 24 cases and in 79% of these, the young person remained living at home at the end of the intervention. This is in line with the results of other MST services globally.¹⁶ The outcomes we have achieved for young people and their families include:

- ▶ reduced physical and verbal aggression
- ▶ elimination of fire setting incidents
- ▶ reduced damage to property
- ▶ increased school attendance and positive behaviours at school
- ▶ building of age appropriate peer group
- ▶ reduced smoking and drug taking

- ▶ reduced inappropriate sexualised behaviour
- ▶ young people remaining within their family environment
- ▶ young people avoiding custody.

Next year we plan to work with 80 more families. Over five years, we expect to work with nearly 400 families.

Between January 2013 and January 2014, our MST service in Derby worked with 26 young people and closed 20 cases by the end of the year, of which 17 successfully completed the programme. The service works with a maximum of 40 young people per year: four therapists each have up to 10 cases in a year.

At the end of the programme:

- ▶ 89% of young people were living at home
- ▶ 11% of young people were placed in care
- ▶ the average number of cases per therapist was 3.7.

The programme has therefore helped 15 young people stay at home with their families, and helped the local authority to make considerable savings. If the local authority had needed to place these young people in residential care (as it is unlikely that foster care would be suitable), it would cost around £2,300 per week per young person: a total saving of £34,500 per week or £1.8m per year.

4.3 Multi-dimensional Treatment Foster Care.

Multi-dimensional Treatment Foster Care, or MTFC, is an intensive, specialist fostering programme to support young people who are at risk of going into custody or care. We provide this service in Wessex and in London, funded by a grant from the Youth Justice Board and by local authorities purchasing individual places on the programme. We are setting up to deliver an MTFC service in Manchester, funded through social investment.

We work with young people, usually aged between 10 and 17, who are disengaged from school and have other problematic or antisocial behaviour. This can include offending, being physically and verbally aggressive, mixing with antisocial peers and using alcohol or drugs.

Families – who participate voluntarily – work with a therapist for the duration of the programme which is usually about nine months. They continue to work with the therapist for three months after the programme as part of the aftercare package. During this time they have access to on-call therapists, and a supervisor is available 24 hours a day, seven days a week. The aims are that by the end of the programme, parents can manage their son or daughter's behaviour competently, and that the young person either stops or significantly reduces their problematic behaviours.

Our Wessex MTFC service began work in 2005. Since then we have placed a total of 70 children and young people and 48 have successfully completed the programme. At the point of completion:

- ▶ 100% were no longer absconding
- ▶ 96% were in education, employment or training
- ▶ 96% were not misusing substances
- ▶ 94% had not offended
- ▶ 94% regularly engaged in pro-social activities
- ▶ 87% reported an improvement in their relationships with their family
- ▶ 60% returned home to live with their family
- ▶ 40% were in other appropriate accommodation including foster care, supported or private accommodation.

4.4 Roots of Empathy.

Roots of Empathy, or ROE, is a classroom programme for children. It significantly reduces children's aggression and increases their levels of empathy. Mary Gordon developed it in Toronto 1996 and since then over half a million children worldwide have taken part in the programme.¹⁷ It involves guided observation and interaction with babies, who come to the classroom with a parent.

We piloted the ROE programme in 2010 in partnership with North Lanarkshire Council, with funding from the Scottish Government's Community Safety Unit. With positive feedback

from the pilot, the following year we extended the programme to 15 more local authorities in Scotland, with support from Inspiring Scotland, the venture philanthropy organisation. We have since expanded ROE to all Scottish local authorities, with funding from the Scottish Government, and also to Newcastle and Cardiff. This year we plan to extend it further in the North East of England and Wales, where we expect to run 45 programmes in each area. We have reached over 2,000 primary school children in England and Wales to date.

An evaluation of the Scottish pilot by North Lanarkshire Psychological Service¹⁸ found that the ROE programme had a positive impact on pupils taking part compared to pupils

in a control group. The evaluation looked at pupils' levels of empathy and pro-social behaviour (behaviour designed to help other people) – which increased for pupils in the programme and decreased for those in the control group. Video observations of pupils in the programme also showed an increase in their empathic behaviours and a decrease in aggressive behaviours. Pupils showed clear learning from the programme about infant development and about recognising emotions.

“It’s great to observe how some children adapt to working with a baby. Some of our boys in particular change dramatically. The opening of the session, when children welcome the baby, is particularly enjoyable and moving to watch. I can see huge benefits for the children as they continue through school after taking part in this project.”

Head Teacher, Hotspur School, Newcastle

4.5 Parenting programmes.

We provide two evidence-based parenting programmes, Incredible Years and Triple P, under licence from the USA in a large number of our early help services across the UK. We deliver these programmes with individuals and groups of parents, to help them set boundaries and be consistent with children and to improve their confidence in parenting. These programmes both have impressive track records in reducing the number of calls on later statutory services, by offering an effective preventative service.

We are working with our practitioners to ensure that we run these programmes with maximum fidelity to the research model, to achieve the best outcomes possible.

As an example of the above, we have worked closely with the licensing authority in relation to the provision of the Group Triple P Level 4¹⁹ for parents, when there are significant concerns about their skills and abilities as parents and there is a risk of their children going into care or the child protection system.

Between June 2012 and May 2013, 67 parents took part in Group Triple P at our children’s centres in Northamptonshire. After they had completed it, 100% of parents reported that they had significantly less stress, anxiety, and depression. Before and after the programme, we scored parents’ responses in different areas defined by Group Triple P, including over-reactivity, laxness and hostility. After therapy, the scores showed a significant improvement overall, with significant reductions in mothers’ over-reactivity and laxness though no significant changes in mothers’ hostility.

We intend to replicate this work in other centres and services where we provide Triple P and to adopt a similar approach towards the delivery of Incredible Years.

5. We make children and young people safer.

We are proud of our record and reputation on safeguarding. We work to build the safe and stable environments children need, and we have a comprehensive quality assurance system to ensure our practice is making children as safe as possible.

5.1 How we protected children this year.

Our quality assurance systems and performance information tell us how we are making children safer. We know that our managers maintain regular supervision of casework and that 90% of our case files show evidence of good managerial oversight. We know that we are making more and more use of reflective supervision, with analytical discussion about whether or not a plan of intervention is working.

We also know that we helped 67% of the children we worked with to live safely at home with their families or family networks. This is a significant achievement, considering that the children referred to us by other local professionals have increasingly high levels of need.

We have introduced Lead Practitioners in many of our services and this initiative has shown real and positive effects this year. Lead Practitioners work to ensure that services concentrate

on how they can deliver good quality practice and achieve best results. We introduced Lead Practitioners to most of our services in autumn 2012. This was to focus managers' and practitioners' attention on practice matters and to respond to the Munro Review, which called for more professionalisation of practitioners who work with children and families. We have developed our Lead Practitioners across the UK using a national programme of 'action learning' sets with skilled facilitators, so that Lead Practitioners can help each another in their development.

Our evaluation of this initiative has been overwhelmingly positive: it has improved Lead Practitioners' confidence to make decisions and to help others in local clusters and 'patches' of services. This is a really important development. Managers can focus on management, with practitioners who are confident and able to practice with expertise.

“We know that our managers maintain regular supervision of casework and that 90% of our case files show evidence of good managerial oversight.”

5.2 We review safeguarding every year.

Every year we review safeguarding in our services to identify areas we can develop. This year we completed our sixth review. We audited over 300 case files and held staff focus groups across the UK. Our review found:

- ▶ The most common form of help we provide is one-to-one support to parents or children. Research shows that this form of help leads to many of the most significant improvements in children's lives.²⁰
- ▶ Case files showed clear evidence of reflective supervision. Our approach reflects recommendations in the Munro Review, about professionals having time to share and learn from others. Our Lead Practitioners, who are front-line supervisory staff, drive this high-quality practice.
- ▶ The quality of our case files improved: they showed even greater clarity about the needs of the child, our plan to meet those needs and the outcomes we worked for and achieved. We have a new electronic case recording system for fostering and adoption services, CHARMS, which has improved the recording of case files.

In 2014/15 we will develop our therapeutic fostering model and build on our successful internal learning and development programme for staff. Through this programme, we aim to ensure that our staff deliver the best practice to achieve the greatest impact. It focuses on analytical skills, decision making and specialist practice needs. We deliver the programme through a combination of classroom learning, e-learning, seminars, conferences and webinars during the year. This programme will help to ensure that the Action for Children workforce continues to adapt to meet the needs of children, young people and families in 2014/15 and beyond.

5.3 We take action to stop child neglect.

For too many children and young people, neglect stops them developing and thriving. Studies suggest that one in 10 children in the UK suffer from neglect and that neglect is the most common reason for a child having a child protection plan.²¹

At Action for Children, we have kept a sharp focus on child neglect for over six years:

- ▶ We have published annual reviews of the problem of child neglect in the UK, in partnership with the University of Stirling. Our third review, published in March 2014,²² focuses on how neglected children, their carers and the public seek help and how to deliver this.
- ▶ Action for Children Family Partners is a significant new service. We work intensively with families where there are early concerns about neglect. There is more information on page 8.
- ▶ Our Lead Practitioner initiative takes a reflective approach to supervision and practice as recommended by Professor Eileen Munro in her 2012 review of child protection. It gives staff the time to share and learn from others.
- ▶ We produced Action on Neglect²³ in partnership with the University of Stirling, a resource pack for practitioners so that they can give the best possible response to neglected children. Together we have also developed training materials for professionals, published by the Department for Education (DfE) in England²⁴ and by the Scottish Government.²⁵
- ▶ Based on these materials, and as part of a national programme for Research in Practice, we deliver training that promotes evidence-informed practice in child welfare. Our training reaches professionals who either work directly with children at risk of neglect or manage cases.
- ▶ With York Consulting, we have developed competencies and a practitioner's toolkit (Keeping myself safe) for staff working with vulnerable parents and young people to help them keep themselves safe. We support our staff with internal conferences and webinars about safeguarding.

5.4 We know what works to stop neglect.

We know how important it is to identify neglect and respond as early as possible – and the evidence from our own services shows what works. We commissioned the University of Salford to complete a four-year evaluation of our services that help children who are neglected or at risk of being neglected.²⁶

The research aimed to identify which interventions made a positive change to the lives of children under the age of eight. The University reviewed our interventions, examining 86 cases between the years 2008 and 2012. They found that we successfully intervened in most cases, even when neglect was a serious concern and involved a child protection intervention. In 68% of cases, intervention removed neglect or prevented neglected from developing.

In some cases (32%), some concern about neglect remained when the case was closed, though a small proportion of these showed improvement too. In most of these cases, the professionals were able to better collect evidence, so that when a child needed to go into care the process was quicker – and therefore better for the child.

The interventions we used most often were parenting programmes and home visits. Salford's researchers noted that our staff successfully formed relationships with parents who were hostile to other professionals

Our services all used the Action for Children Neglect Assessment Tool to help analyse concerns in different areas of the child's life.

The tool is designed for staff to complete together with parents: to help parents understand the concerns and plan improvements. The research found that this aspect of the tool was the largest single factor in reducing concerns about neglect. It also found that the tool provided valuable evidence, for professionals, in their assessment and review.

We have adapted the Action for Children Neglect Assessment Tool for the Scottish standards Getting it Right for Every Child, or GIRFEC. In the north west of Glasgow, the local authority is piloting the Action for Children Neglect Assessment Tool and discussions are under way about extending it further in Scotland.

We have also been successful in our policy and campaigning work in relation to neglect. After three years of campaigning by Action for Children, in March 2014 there were indications that the government was intending to change the criminal law on neglect, in line with our proposals. MPs from all parties supported updating the law, and over 100 signed a letter to the Ministry of Justice. Social workers, the police, children's charities, lawyers, legal academics and other experts all supported the change. We hope to see the updated law in the next Queen's Speech in June 2014.

“The research aimed to identify which interventions made a positive change to the lives of children under the age of eight.”

5.5 We act to keep children safe from sexual exploitation.

We are vigilant about all risks to children's safety, and this year we improved our response to the potential sexual exploitation of children. Public and professional concern about this type of abuse has grown, with recent high-profile criminal trials in England and an independent inquiry in Northern Ireland.

We mapped the types of services where child sexual exploitation might be more likely and provided advice and training for all staff. We provided materials for them to discuss in team meetings, and expert speakers at staff conferences.

We improved staff awareness and understanding of the issue, so they are better able to identify and report sexual exploitation and to take action to protect young people who are affected.

“In 68% of cases, intervention removed neglect or prevented neglected from developing.”

6. We help at an early stage.

Early intervention gives a child the best chance for a successful future and builds stronger families. Our practical, local services make a difference: we support positive parenting and get help to families when they need it, at an early stage.

6.1 We reach out to vulnerable families.

We run over 200 children's centres. They are accessible, local places with services that reach out to vulnerable families. We support children's early development, with a powerful mix of direct work with children, support for professionals who provide early education, and support for parents – who have the biggest impact on children's life chances. Our support also builds parents' skills and confidence, helping them to move towards employment and break the cycle of poverty for their family.

Independent evaluation, inspection and our own monitoring all show that our children's centres make a positive difference.

In 2011 we commissioned King's College London to evaluate our children's centres.²⁷ They collected data on 202 closed cases, asking children and their carers about their lives. They asked about: being healthy, staying safe, enjoying and achieving, making positive contributions and achieving economic wellbeing. The answers showed 156 areas of improvement, and 85 areas where children had maintained their initial level. The greatest improvements were in parents' and carers' capacity to look after their child's health, their ability to cope with difficulties, and children's ability to learn.

King's College also found that through our children's centres, we:

- ▶ reach people who do not normally use services
- ▶ identify and meet vulnerable children's needs
- ▶ work in partnership with other services, especially health services
- ▶ reduce the stigma that people may feel about using services.

The authors concluded that our children's centres 'have the potential to act as a gateway, and in some cases a one-stop-shop, for the early intervention which we know can improve outcomes, especially health outcomes, for children.'

“a very timely and effective way of delivering services in a period of particular resource challenge”

**King's College London,
evaluation of our children's centres**

We made children's lives better.

At our children's centres in England, children had a better life because:

- ▶ indicators of neglect were addressed or reduced
- ▶ the risk of physical, sexual or emotional abuse was addressed or reduced
- ▶ their parent or carer's mental health improved
- ▶ domestic abuse was tackled

in 91% of cases

in 92% of cases

in 64% of cases

in 74% of cases

In 2013 Ofsted introduced a new, tougher inspection framework for children's centres. This was a positive move to improve services for children and families, especially the most vulnerable. We worked hard to act on the results of our own evaluations, to make sure our centres can achieve the highest standards. We can see the results. Out of the 19 children's centres inspected between October 2013 and March 2014, 73% achieved a 'good' rating and none were classified as inadequate. Our success is down to two factors: we provide high-quality services for the most vulnerable with strong leadership, and we can show how the most vulnerable children make positive progress. This shows that we continue to be at the forefront of performance in children's centres.

Case Study: Holsworthy and District Children's Centre 'Parents say that the centre is a "life saver"' Ofsted inspection report, July 2013

Over 550 children under five years old live in the large rural area covered by this centre. The following people are priorities in its work: children in need of protection, children with delayed speech development, and teenage parents and their families in rural isolation.

We deliver the Incredible Years parenting course (see page 21) three times a year, with a crèche, for eight to 10 families each time. We use questionnaires, before and after the course, to measure parents' learning. Among other outcomes, parents reported that they needed less support, and were more able to ignore behaviours that they wanted to discourage in their children.

In July 2013 Ofsted inspected the centre and awarded it a 'good' rating. Its report highlighted these achievements:

- ▶ The centre is excellent at sharing information with its partners and using it to plan services that support children and families well. It has a strong partnership with health services.
- ▶ Through its outreach work, the centre takes quality services into community venues so that families can use services wherever they live.
- ▶ A large majority of adults who attend the centre improve their parenting capabilities, learn new skills and become more confident.
- ▶ The centre offers excellent volunteering opportunities. These help parents to improve their literacy, contribute to running the centre and move into employment with new confidence and skills.
- ▶ The centre has very effective leadership and a strong culture of safeguarding.

We helped under-fives get ready to start school.

Children need social and communication skills to do well when they start school, and early years services are crucial. Across all our children's centres:

- ▶ We are part of a consortium led by I CAN to deliver the government-funded Early Language and Development Programme.²⁸
- ▶ We provide extra support services, such as play sessions, speech therapists, health intervention programmes and parenting programmes.
- ▶ We support children's communication skills and their emotional and physical development.
- ▶ Our data shows that children were more ready to start school in 76% of cases, and they improved their communication skills in 76% of cases.

We kept families warm and safe.

Our help is practical, too. We have a partnership with the energy company E.ON, and work to help families tackle fuel poverty. In 2013, 432 families received items to help them save money, like energy-efficient light bulbs and draught excluders, and carbon monoxide alarms to help them stay safe.

6.2 We build stronger, safer families.

We run a range of parenting courses at our children's centres.

Triple P – a positive parenting programme – concentrates on children's behaviour and gives parents advice and support. Parents decide which behaviours they want to help their child change and the programme gives them strategies to achieve this. There are one-to-one and group programmes.

Incredible Years focuses on relationships. Parents follow a series of steps, guided by facilitators, to help them play with and nurture their child, who may be seen as 'difficult'. The course helps parents to become more aware of their own behaviour and of themselves as role models. Research shows it improves family communication and helps parents to manage children's behaviour positively.

The Solihull Approach is a course that gives parents a better understanding of their child's behaviour and ways to respond. It is based on psychodynamic theory and its concepts of attachment, reciprocity and containment.

The **Family Links Nurturing Programme** explores the emotional needs behind children's behaviour and supports positive parenting. It works to boost empathy and promote parents' self-awareness and self-esteem: when parents can strengthen these, they are more open to making changes that improve family life for everyone.

The **Freedom Programme** is for women who have experienced domestic abuse. It helps women to recognise abusers' tactics and to understand how abuse affects themselves and their children. It builds confidence and self-esteem, so that women can improve the quality of their own and their children's lives.

Other courses at our children's centres include: HENRY, Mellow Parenting, Nurture group follow up, Boys' Development and Escape. We also develop and run local courses especially for parents with low self-esteem and confidence, to help them use our parenting courses effectively.

We surveyed our children's centres to assess the impact of parenting courses. 31 centres responded (14% of our centres) and the results showed:

- ▶ Nearly two thirds (64%) of parents who attended a parenting course completed at least 85% of it
- ▶ Parents who completed a course agreed that:

| | |
|---|-----|
| 'I feel more confident managing my child's behaviour' | 79% |
| 'I understand the importance of consistent boundaries and routines' | 76% |
| 'I know where to go for further support should I need it' | 87% |
| 'Our relationship has improved' (the relationship between the parent and child or children) | 83% |
| 'I know how to keep my child safe' | 82% |

| Outcome | Incredible Years | Triple P | Solihull | Family Links | Freedom |
|---|------------------|----------|----------|--------------|---------|
| I feel more confident managing my child's behaviour | 93% | 67% | 93% | 87% | ** |
| I understand the importance of consistent boundaries and routines | 95% | 67% | 100% | 100% | ** |
| I know where to go for further support should I need it | 100% | 67% | 93% | 100% | 100% |
| Our relationship has improved (the relationship between the parent and child or children) | 100% | 67% | 93% | 87% | ** |
| I know how to keep my child safe | 86% | 82% | 64% | 100% | 100% |

Table 1 Outcomes by parenting course. Data from 31 children's centres, 445 parents who completed a course, January to December 2013

** These outcomes are not relevant to the Freedom programme

“Research shows it [Incredible Years] improves family communication and helps parents to manage children’s behaviour positively.”

6.3 We measure progress to show the difference we make.

We use a range of tools to measure children's and families' progress – the 'distance travelled' – and demonstrate the difference we make to their lives.

Outcomes Stars are tools to support and measure change, developed by Triangle Consulting Social Enterprise. They are based on a theory of change that describes the steps service users take as they move towards independence, drawing on research literature.²⁹ A range of Stars reflects people's different needs, and in 2012/13 we helped to develop a new star for school age children and young people, My Star. This work was part of a programme called Growing our Strengths, funded by the Department for Education to encourage work in the voluntary sector on outcomes.

The Stars are designed for a service user and their worker to use together, as part of casework. They help us measure the 'distance travelled' and at the same time encourage people to engage in the process of change. We can open up conversations with vulnerable families and children, and help them see the progress they are making and set their next goals.

Our **Action for Children Neglect Assessment Tool** gives us a way to measure and grade the care a child receives, taking account of the carer's commitment and effort. We created it in partnership with practitioners and Salford University, using research, guidance and case studies to make it accessible to practitioners and families. It is for services working with children under eight where there are indicators of neglect. The tool is an adaptation of the Graded Care Profile.³⁰ Our toolkit for practitioners includes both the assessment tool and recording documents, to help them focus on areas of concern and shape their work with the family. It also gives families opportunities to reflect on their own experiences of parenting.

We use the **Strengths and Difficulties Questionnaire** (SDQ) before and after interventions, to assess children's needs and measure their progress. Our family support services use SDQ alongside interventions such as mentoring or cognitive behavioural therapy. SDQ is a brief questionnaire developed by Robert Goodman, to gain information about a child's behaviour, concentration, emotions and relationships. There are versions suitable for three to 16 year olds. Scores help us to identify areas of concern, and where to focus support or further assessment. Many local authorities use SDQ in their work with looked after children, which makes it a useful tool for comparison.

The Social Research Unit at Dartington is working with us to evaluate the outcomes of Action for Children Family Partners (see page 8). We are using two clinical tools with parents and children, before and after the programme: the **Parental Sense of Competency Scale**,³¹ a tool to measure parental confidence and the **Eyberg Child Behaviour Inventory**.³²

Case Study: Early support for families in Northern Ireland

Our Early Intervention Family Support Service is for children from birth to age 17 and their families, who need additional support because of a temporary crisis or early difficulties.

The service is based in the south west of Northern Ireland and covers an area of 3,000 square kilometres with both urban and rural communities. It is a large area with little public transport, so most of the time we work with families in their own homes and communities.

Our services include individual support for parents and children, parenting programmes, young people's groups and family group conferencing. We assess each child's needs against six high-level outcomes set out by the Northern Ireland Executive.³³

Last year, in 75% of cases we achieved all the outcomes we had identified for a child by the time their case was closed. We report any unmet need to the outcomes group of Northern Ireland's Children and Young People's Strategic Partnership.

We have also developed **Family Support Hubs** in Northern Ireland – networks of agencies that work with families who need early intervention services. This means we can help to coordinate services, reduce duplication and give children and their families the best possible support.

We measured positive changes in families' lives

“81% of parents said their confidence, self-esteem and wellbeing had improved”

Our services use a combination of tools to measure the ‘distance travelled’. The Bridge Project, to give one example, is part of our Denbighshire Family Support services in Rhyl, Wales. We provide early intervention support services in the catchment area of six primary schools, working with the most vulnerable families. Funded by the Big Lottery, we began work in July 2013. The project offers one-to-one work with families and a range of activities – often run with other partners – open to any family with children at the schools.

By March 2014, 237 parents had attended drop-in sessions and 112 children and families used the project’s group work. Our own evaluation showed that in these 112 families:

- ▶ 81% of parents said their confidence, self-esteem and wellbeing had improved
- ▶ 62% of children had improved their behaviour, attendance and attainment at school
- ▶ 52% of parents said they were more able to communicate with school staff
- ▶ 55% of parents said they benefited from working with partner agencies to find training and employment.

Outcomes Star scores from parents also gave a measure of the difference. The table shows parents’ scores in each of eight outcome areas. As the final column makes clear, parents found positive changes in their lives after our support.

| Outcome area | Parents’ average score at assessment | Parents’ average score at review | Change in score |
|--------------------------|--------------------------------------|----------------------------------|-----------------|
| Promoting good health | 8.4 | 9 | 0.6 |
| Meeting emotional needs | 6.3 | 8.6 | 2.3 |
| Keeping your child safe | 9.4 | 10.6 | 1.2 |
| Social networks | 6.0 | 7.8 | 1.8 |
| Supporting learning | 6.3 | 8.1 | 1.8 |
| Setting boundaries | 7.6 | 8.0 | 0.4 |
| Keeping a family routine | 8.4 | 9.0 | 0.6 |
| Providing home and money | 8.2 | 8.6 | 0.4 |
| Overall average | 7.6 | 8.7 | 1.1 |

7. We support families.

Across the UK families struggle to cope with the pressures of daily life – and for some, the pressures are intense. Families can face a combination of social, health and economic problems: children are excluded from school or at risk of offending, families are in poor physical or mental health, there may be domestic abuse and problems with alcohol or drug use. Many people do not have the life skills or confidence to get the help they need.

We are there to support them. We pioneered our Intensive Family Support model in Dundee in the 1990s and we now deliver it across the UK. It is a key part of the Department for Communities and Local Government's Troubled Families Programme in England and continues to provide support to families where young people are on the edge of entering care or custody across the UK. In these services (also known as Family Intervention Projects or FIPs), a key worker forms a strong professional relationship with the family, to support and challenge them.

An independent review³⁴ of four of our Intensive Family Support services showed that they have the most impact when:

- ▶ support continues beyond the initial 'intensive' period
- ▶ there is a strong relationship between professionals and service users, particularly those who have experienced exclusion and disadvantage
- ▶ parents or young people do not see the support as stigmatising – for example, when it is provided from a 'universal' base (a school, for example)
- ▶ outreach is robust and the service staff make contact with families in the community.

7.1 Our services help families and have wider benefits.

National data and analysis of specific services show that our intensive family support helps troubled families and also delivers wider benefits.

The National Centre for Social Research³⁵ publishes statistics on intensive family support services, which include ours. They show that with this support, there is a significant drop (47%) in the proportion of families experiencing risks associated with poor family functioning – such as poor parenting, family breakdown, domestic violence and risks to children's safety.

This year we produced two new reports with Loughborough University's Centre for Child and Family Research (CCFR), on the impact and cost effectiveness³⁶ of our Intensive Family Support services. Researchers analysed data from four services and found:

- ▶ when a parent or carer's mental health was an issue, in 89% of cases it improved or did not deteriorate – and therefore the risk of neglect or abuse was reduced or unchanged
- ▶ in 87% of cases, work successfully addressed early or later indicators of neglect. The situation deteriorated in only 13% of cases. For some families, we escalated concerns within the local authority to safeguard the children
- ▶ 77% of children and young people were living safely in the family or family network
- ▶ 85% of children developed their supportive relationships with others

“Intensive Family Support services have proven highly cost-effective”

- ▶ 81% of children developed their relationships with their family
- ▶ 89% reduced their offending or anti-social behaviour.

The CCFR looked at the cost effectiveness of our Intensive Family Support services and identified realisable savings of between £10,588 and £21,879 per family. It also found that our services enabled other agencies to avoid costs, by preventing children entering care and preventing offending. These costs were between £5,475 and £130,471 per family.

Social return on investment analysis of our East Dunbartonshire Family Support also found benefits for wider society: it found that every £1 invested annually in this service generates £9.20 in social value. Approximately 93% of the benefits to the state are from a reduction in foster care costs.³⁷

Case Study:

'I have a much better relationship with my son, I have taken control back and managed to hold down my job'

Karen talks about her experience of intensive family support.

'I started receiving family support from Action for Children at a very difficult time when my 13-year-old son's behaviour was spiralling out of control. Callum kept getting excluded from school because he was abusive to others. He was also abusive at home to me and the neighbours. He had terrible mood swings and was destructive. I had no control at all. Things were unbearable. He was at risk of going into care. So the anti-social behaviour team referred us to Action for Children's Intensive Family Support Service.

'I was constantly getting called out of work when he was excluded from school and my job was at risk. I was fearful of losing my job and then losing our home on top. Things came to a head when I hit Callum and I was frightened that I would do it again so I rang Children's Services for help.

'Sue, my worker from Action for Children saw me quite a bit at first. She helped me to understand my strengths as a parent and I focused upon them. Sue was non-judgemental, nothing that I said shocked or worried her. During the first few months Sue supported me to make lots of changes and I started to get my bond back with my son. Callum now has a diagnosis of ADHD and Sue helped me to sort out his school placement, medication and sessions with the child and adolescent mental health service.

'Once my confidence had built up a bit, Sue talked to me about attending a Strengthening Families course. I was really dubious because Callum was my fourth child and I hadn't needed help with the others. I couldn't imagine that a parenting course would be of any use to me but it was and I learned a lot. I would recommend it to others.

'Almost a year on, I have a much better relationship with my son, I have taken control back and I have managed to hold down my job. Knowing Sue was at the end of the phone helped a lot because when you are down like I was, you feel very alone and it is important to have someone who is easily contactable to talk things through.

'I would like to use my experience to help others and have put my name down to be a volunteer parent on a future Strengthening Families course.'

7.2 We support the most troubled families.

The objectives of the Government's Troubled Families programme³⁸ in England are becoming more visible in tenders for family support services, in particular for children's centres. In other parts of the UK, there are similar objectives to assist families where there are risks of children or young people going into care or custody. With our expertise in intensive support, we can respond.

In Northamptonshire for example, we are running two services as part of the local authority's Troubled Families response. Our Family Intervention Project, based in one of our children's centres, receives all its referrals from

local authority Troubled Families Co-ordinators. The Troubled Families budget funds our High Level Family Support Service and from April 2014 it will also fund our new Teen Triple P service – for families having difficulties parenting teenagers and not receiving other support.

We developed new training for our staff.

We have developed a new City and Guilds Level 4 training course, Work with Parents, for practitioners who work intensively with families that have multiple, complex needs. 15 staff are completing the programme, which is a combination of three days' taught training, observed practice and portfolio assessment. We are evaluating the pilot programme and plan to extend the course to more of our staff next year.

8. We support children in care and leaving care.

Most children do best when they live with their birth families, but that isn't always possible. We work hard to help children and young people thrive when they cannot live with their parents. We give them and their carers the extra help and support networks they need, both as children and as they grow up and move towards independent adult life.

8.1 Attachment-based fostering gives young people a more stable home.

Some children and young people have experienced severe disruption, abuse or trauma. They have difficulties forming attachments to other people, and often have extremely challenging and risk-taking behaviour – which makes it difficult to give them the stable placements they desperately need if they are to start to recover.

To care for these young people, Action for Children Fostering Cymru developed an attachment-based approach to our family-based fostering service. We used the best evidence of what works in practice, combined with therapeutic models, to design a service that focuses on stability and attachment.

Excellent preparation, training and support for foster carers all help to establish and maintain more stable, secure placements for young people, grounded in a therapeutic model of attachment. In Wales, over 80% of the children and young people in placement have been with our carers for over two years. This is significant, as 50% of these young people had more than three previous placement breakdowns before they came into our care. We are sharing the learning and extending the model to other parts of the UK.

“Young people who have experienced trauma need stability and attachment.”

“My foster carers have always stood by me. They’ve taught me so much and I’m not a wee hooligan any more. I’ve learned how to be more independent, how to cook, how to work with money. They always gave me chances and never gave up. They’ve changed me and helped me for the better!”

Nicky, in a foster care placement supported by Action for Children

8.2 We build relationships and resilience.

Developing young people’s resilience is at the heart of our new model for residential care services. This model grew directly from our work with a group of young people in Scotland who were at risk of self-harm and suicide: we wanted a better way to answer their needs.

Our new model will give us a more consistent, measurable approach across the residential services we run. It is a relationship-based model, designed to achieve one long-term outcome: that young people who have experienced care succeed in life to the best of their ability. To build towards this, it uses four measurable intermediate outcomes:

- ▶ Young people build productive, positive relationships
- ▶ Young people have stretching aspirations
- ▶ Young people are positive about their future
- ▶ Relationships improve between children and young people and their parents or carers.

The model is flexible for the different homes we run, and consistent enough to support the long-term outcome. It is prescriptive about key principles, but gives services the flexibility to use different interventions to suit each young person’s needs.

To develop the model, we have drawn on the experiences of young people we are working with, as well as an evaluation of current approaches and on original research, Keeping Myself Safe. We carried this out in autumn 2013 with York Consulting, specialists in social research and evaluation. In Scotland and Wales, young people in our residential services discussed their relationships with staff, in a series of focus groups and in-depth interviews. They explored how strong relationships helped them develop the skills and resilience they needed to keep themselves safe.

We have also developed a new practitioners’ toolkit based on Keeping Myself Safe and other research. It is designed to help our staff as they work to develop relationships with vulnerable young people. It covers issues relevant to safeguarding – including risky relationships, self-harm and suicide – and shows how positive relationships

help young people develop the confidence that prevents unsafe behaviour. It highlights the staff qualities and skills that young people themselves have identified as being most effective.

Case Study: Two of a Kind

Independent visitors have been in care themselves, so they can empathise

Two of a Kind in London is our unique befriending service: we pair young people in care with independent visitors who have experienced care themselves.

We offer young people support from someone they can trust, and aim to enhance their life chances. Visitors help young people with getting access to education and to recreational activities, and they can give long-term, stable support. This is important as young people's social workers and foster carers can often change.

We offer training for the independent visitors, to build their confidence and skills for the role. Because they have been in care themselves, they can offer empathetic and tailored support. The scheme also works to break down negative stereotypes about people who have experience of care, and promote the benefits of peer mentoring.

Our pilot began in September 2010, and by March 2014, 44 young people had participated. Our evaluation showed positive results. We have been successful in appealing to 'harder to reach' young people – those who are involved in criminal activity, or are not in education, training or employment. The majority of young people we asked said:

- ▶ their independent visitor has helped them to learn or change their view
- ▶ having an independent visitor has made them happier and more confident (95% of young people)
- ▶ they trust their independent visitor, no matter how long or short the relationship has been.

The Go Play Foundation funds this service.

8.3 We helped raise the care leaving age.

Young people in foster care and foster carers helped us in successful campaigns to change the age at which young people in foster care had to leave placements so that in future young people will be able to remain in foster care beyond the age of 18 and up to the age of 21 years old. With others in the voluntary children's sector, we have lobbied for this for many years, to make sure young care leavers do not find themselves abruptly alone at the age of 18.

In December 2013, the government announced that in England, children will be able to stay with their foster families until they are 21. New legislation imposes a duty on local authorities to consider the option of young people staying with their foster families and, if it is what they both want, to fund it. We will continue working on this with the Department for Education, and push for changes to be considered that will also support young people who are in residential care.

Following our Chance to Stay campaign, in March 2014 the National Assembly for Wales voted unanimously to make it possible for young people to stay with their foster carers until they are 21. The law states that they can stay if they and their foster carers decide this, and that local authorities have to provide the funding and other support. We will continue to work with the government and other partners to develop the guidance for the new scheme, called When I am Ready.

In Scotland, the government announced in January 2014 that from April 2015, it will extend the care leaving age to 21 for teenagers in residential, foster and kinship care. It will also extend after care support up to the age of 26. We are working with the government, the voluntary sector, our foster carers and young people as the legislation goes through parliament and into implementation.

“We’ve done this to help thousands of young vulnerable children. That’s why I’m proud of myself, and you guys should be too.”

Jess, a young campaigner formerly in foster care

8.4 We help care leavers set up new homes.

Young care leavers can be extremely vulnerable, without a family support network. We work with young people leaving the care system to help them make the move into independent living safely, and reduce the very real risks of them becoming isolated or homeless.

We give practical help too, with grants for basic household items, such as a cooker, a carpet or a wardrobe. The grants programme was supported during 2013/14 in part by funding from Balfour Beatty, a construction and services company. The grants help young people to set up their new home, and feel confident in new surroundings.

Since this partnership began in 2007, 6,419 young people have benefited, including disabled children and young carers. This year, funding helped over 360 care leavers. An external evaluation found that 77% of the young people involved also improved their communication skills and 65% improved their financial or life skills.³⁹

“This year, funding helped over 360 care leavers. An external evaluation found that 77% of the young people involved also improved their communication skills and 65% improved their financial or life skills.”

9. We support children with disabilities.

Our excellent short breaks services give young people with disabilities a chance to gain independence, develop their skills and enjoy new experiences. Parents and carers benefit too: they can rest, look after themselves and spend time with other children in the family.

We are evolving and adapting our services here too: we have begun to combine short breaks with other services to give children and families more choice and more support at home. We are working to give disabled children and their parents more choice when it comes to spending their personal budgets.

“Children and young people are at the centre of how we work”

9.1 We are setting up new ‘service hubs’ for families

In Glasgow, our Stoneside service combines residential and community support for children with disabilities – it is a new ‘hub’ of services for the family. With personal budgets, families are choosing more home-based support and there is less demand for residential short breaks. We developed this new model in negotiation with local commissioners, using our knowledge of the area and feedback from parents and young people.

Residential short break services are an ideal base from which to offer:

- ▶ Residential services: short breaks for children who live in foster care and residential activity holidays
- ▶ Services for young people with disabilities: after-school care, domiciliary care, holiday or weekend activity groups and peer befriending

▶ Support for the whole family. We can get siblings involved in activities and support them as young carers. We can build parents’ skills, reduce their stress levels, and offer specialist support with behaviour management or sleep management. We can hold Individual Service Funds for families who would like support with managing a personal budget.

Hubs like this put children and young people at the centre of how we work. We can mix and match services to suit each individual and build them a personal team. Staff can share information between different services. We can use resources more efficiently too: services can use a single assessment and support plan, so monitoring and management is more efficient, and activity groups can use the building and its facilities.

Personalisation gives children and families more choice and control.

The idea of 'personalisation' is starting to reshape services for children and young people. At its core is the idea that every person has a support plan that is about them – and this is in line with the beliefs that have driven our work for so many years. We see personalisation as a way to make sure children and their families have more choice and control, and to tailor-make services to get better outcomes.

When it comes to short breaks, parents want to choose support that's right for their child and their own circumstances, and use it how they want, when they need to. So we need to respond: when families have direct payments, individual budgets, or personal health budgets, we want to be flexible and offer them choices.

For example, we are delivering support to help young people improve their life skills and get access to sport, leisure and cultural activities. We are also developing ways for families to book services online. We will continue to develop how we do this during 2014/15.

Case Study:

'Paul is more sociable now, and wants to do more things himself'

16-year-old Paul has severe autism, learning difficulties and epilepsy. His mum talks about his short breaks at Action for Children's West Hyde project.

'Paul's quite solitary, not really a group person. He doesn't speak that much, but he's got the odd word here and there. He can say "no" or "don't like that". He's not really an outside person; he'll watch DVDs in his bedroom.

'Paul usually goes to West Hyde once a week. Sometimes he'll go every two weeks, sometimes twice in one week. But they'll offer us an extra place if they can – if another child's sick, or something like that.

'The staff have taken him on outings, he's had meals out and he's gone to parks. Even though he's quite solitary, they've managed to make it enjoyable. Food's a big thing for him, so that really works!

'It's really helped with Paul's development. He dresses himself, he tidies up, he lays the table. He's more sociable, too. He will sit with other children – he wouldn't do it before. He wants to do more things himself, and he even washes his hair. When our daughter's back at home – she's 21 now – it's nice that she gets more time to talk to us. It's difficult: she might want to talk, but Paul needs constant attention. With Paul going to West Hyde, I know she'll have some time for herself.

'We're very lucky as a family. Paul started at the project when he was seven and it's helped so much. He's a very poor sleeper; he'll often get by on four or five hours a night. So a break's really essential for us. It means we can relax a bit and sleep through the night without getting up.

'I did actually speak to another parent about the project. I told her to go ahead and see what they can offer. Nothing's too much trouble for them.'

9.2 We plan ahead.

This year we reviewed our residential short break services. We wanted to get a clear picture of their quality and consider how we design services in the future. We found that when children had used a service for some time, staff knew them and their care needs very well. This helped to make sure they had a comfortable, enjoyable stay that really suited them. We also found changes: fewer referrals than in previous years, and more children who have complex needs and challenging behaviour. Some local authorities have tightened their eligibility criteria for these services or now provide fewer days placement per year. We have responded to cater for the needs of these families, and we will go on reviewing and redesigning what we do.

We have also appointed independent regulation visitors to carry out Regulation 33 inspections, to keep a focus on quality as regulations change. In 2013, the government consulted on reforming children's homes.⁴⁰ This included questions on Regulation 33, which requires monthly visits to homes to make sure children are safe, secure and getting the best care possible. Alongside this, the Children and Families Act 2014 includes plans to develop high-level standards for children's homes.

9.3 Our short breaks are value for money.

Research by McKonkey, at the University of Ulster⁴¹, has shown that like many specialist services, our short break services rely on highly qualified and trained staff. Detailed planning and skilled management support bring together the different services for each child.

In 2012, we commissioned Loughborough University's Centre for Child and Family Research (CCFR) to compare the costs of our short breaks with those provided by local authorities.⁴² The study found that we offer good value for money, particularly in our staffing and overhead costs. On average, staffing costs are a higher proportion of the overall costs of our short break services and management costs a smaller proportion – suggesting that we offer some economies of scale as a larger organisation.

The research also found that funders and service users value the experience and numbers of staff in these services, and that payments to staff and foster carers help to retain them. This is an important consideration for services that support children who have complex and unique needs.

In his research McKonkey⁴³ also points out that 'the costs have to be seen in the context of the provision of other specialist forms of service delivery': the average cost of maintaining a young person with learning disabilities and severely challenging behaviour is £475 per day (2011 figure), compared with £471 for a looked after child in secure accommodation and around £600 per day for inpatient acute mental health hospital care.

“We have responded to cater for the needs of these families, and we will go on reviewing and redesigning what we do.”

Case Study: Warwickshire Disability

Staff are 'motivated, enthusiastic and with high aspirations for young people'

Ofsted

For 20 years, severely disabled children and young people aged from five to 18 have come to Warwickshire Disability in Kenilworth for overnight short breaks. The young people who stay have complex health needs or behaviours that are difficult to manage, or both.

This year Ofsted rated the home as 'outstanding' for the fourth time running and describes staff as 'motivated, enthusiastic and having high aspirations for young people'. We focus on involving children and young people as fully as possible. Ofsted's most recent inspection noted that 'participation is a considerable strength of the home' and 'staff are exceptionally skilled in ascertaining the wishes of young people'.

We work hard to personalise the service and help every young person make positive changes. They all have personal development targets and work on these during each stay. Last year:

- ▶ 78% of young people improved their communication skills
- ▶ 75% improved their practical life skills
- ▶ 61% had an improvement in their emotional wellbeing
- ▶ 58% improved their physical health.

10. We help young people move into education, training and employment.

Education and training are essential for young people to have chances in life, and essential to help disadvantaged young people improve their social mobility. We work hard to make sure that the most vulnerable young people get opportunities too, and gain the skills they need for success.

We helped young people achieve.

Data shows that young people in our youth employment support services:

- ▶ achieved to the best of their ability in a learning environment in 75% of cases
- ▶ remained in education, employment or training after the age of 16 in 94% of cases
- ▶ improved their communication skills in 76% of cases.

97% of young carers we supported remained in education, employment or training after 16.

‘I feel proud of myself. It’s changed everything for me. I’m now able to support my family and my child. It’s stopped me from getting into trouble. Getting a full time job has been brilliant.’

Iain, who completed the Youthbuild programme

We ran the first Youthbuild programme in 2007.

Since then we've helped over 600 young people, who have gained over 3000 industry qualifications between them. 400 young people have moved on to positive destinations, including 350 who moved into sustainable jobs.

We now run Youthbuild in seven Scottish local authority areas with funding from Inspiring Scotland, a venture philanthropy organisation, and local authorities. The programme works with over 100 construction companies.

10.1 Youthbuild opens up opportunities in construction.

Finding a job can be difficult for some young people. They may not have done well at school or may have been excluded. They may have problems with drug misuse, criminal convictions, unstable accommodation or a history of care or custody. We help disadvantaged young people aged 16 to 19 through our unique programme, Youthbuild. It combines training, work experience and support to help them get ready for employment.

Young people learn construction skills, gain recognised qualifications, get on-the-job training for 13 weeks with a paid training allowance, and get a full-time job for 26 weeks with a construction company.

In 2013, 228 young people moved on from the programme to a positive destination: 128 went into a job, 12 into further education and 88 into further training. We help these young people succeed because:

- ▶ Each young person has a dedicated keyworker, who plans the young person's support and makes sure it addresses his or her individual circumstances.
- ▶ We offer accredited training, so participants get qualifications that are recognised by the construction industry.
- ▶ Young people get real experience, which boosts their practical skills and helps them understand the world of work.
- ▶ We also offer job search and in-work support. This provides routes into lasting employment for young people who are furthest from the labour market.

Ekosgen, an economic and research consultancy, evaluated Action for Children's employment services for young people, including Youthbuild.⁴⁴ They found that two thirds of young people progressed into employment, education or training. Of these, 71% went on to further education training or college, 27% moved into paid work and 2% went on to voluntary work.

10.2 We help young people get jobs.

The Forestry Project, Scotland

The 16 to 24-year olds who come to this 10-week, woodland-based skills programme get a wide range of certified training, including awards from Lantra (the UK's Sector Skills Council for

land-based and environmental industries), first aid and manual handling. The programme is for young people who have faced considerable disadvantage, and we work to build their 'soft' skills including employability, team working, problem solving and confidence. Each young person has dedicated key worker.

Since 2011, we have supported 69 trainees. 100% gained relevant certification and 100% improved their soft skills. 85% completed the 10-week programme, 75% achieved a Scottish

Credit and Qualifications Framework Level 4 qualification and 75% went on to further education, training or employment. Three trainees have jobs with Action for Children as peer mentors or programme assistants.

Case Study: Getting back on track

‘John had fantastic accredited training through Action for Children, and his commitment since coming on board has been excellent. That’s one of the main reasons we’ve chosen to invest more time and effort, to give paid opportunities to other young people like him.’

Andrew Jerdan, Director at Tusk Ltd

John, now 20, had several difficult years before a place on Action for Children’s forestry programme gave him the experience he needed – and then a job.

As a teenager John was getting his grades in education and completing courses in painting and decorating, and applying for opportunities with construction companies. Then life started to go off track: drink and drugs, brushes with the law and problems at home. His dad was ill and had to stop work, so while his mum worked John was carer for his younger brother. John was unemployed for three years.

When he got a place on the forestry programme, John stood out. He was part of a successful team that created and resurfaced paths in local woodland, and gained all the accreditations that were on offer. A trial job at a landscaping company went well too: the director and colleagues were impressed by John’s positive attitude and eagerness to learn new skills. Eight months later, John is doing well in the job.

Employability Programme

This unique national partnership between Action for Children and our corporate partners is funded by voluntary income. Together we support up to 140 vulnerable young people a year with high-quality skills training and work experience. Each young person has a dedicated keyworker.

Training includes employability skills and personal development, accredited by City and Guilds, the vocational training organisation. Young people also receive work tasters and placements with one of our partners, who include TK Maxx and Barclays Bank. Hays recruitment agency has trained our staff to help them support participants with developing CVs and job search skills. We make sure that participants move on to suitable further education, training, volunteering or employment.

Since 2011, 150 young people have gained a Vocational Qualification Level 1, in employability and personal development, and 190 young people have had taster sessions or work experience. City and Guilds has highlighted the programme as an example of best practice for supporting young people.

Northern Ireland Employability Project

This programme, commissioned by the Northern Health and Social Care Trust, aims to provide positive outcomes for young people leaving care, in education, training or employment.

We offer 30 care leavers high-quality work tasters and placements. We give intensive emotional and practical support as well as skills training, including Barclays Money Skills (see page 38).

Try It Out, Glasgow

We help school leavers who have failed to move on to a positive destination, with a mixture of training, support, guidance and work experience to boost their skills for the world of work.

The eight-week programme focuses on the sports and construction sectors and general employability skills.

Since 2010, 96 young people have attended, 80 have completed the full programme and 68 moved directly to a positive destination such as employment, supported employment, training and further or higher education. In our follow-up after four weeks, 60 young people (88%) continued in their new destination, and 48 young people (60%) continued after 13 weeks.

Challenge Scotland

Groups of up to 10 young people aged 16 to 19 work to improve the physical environment and gain employability skills at the same time. The project pays young people a training allowance and provides the equipment and support they need to complete their challenge – these have included improvements to school playgrounds, community gardens and sheltered housing. Since 2008, 500 young people have benefited from the programme, gaining a total of over 1,500 certificated tickets for work in the construction industry. 350 young people have moved on to positive destinations.

10.3 We build skills for an independent life.

Young people need the skills to survive as an independent adult – and we help here, too.

Barclays Money Skills

With funding and staff time from Barclays, we provide sessions on skills in managing money, and on debt advice. These are for young people who are leaving care and moving to independence, and also for vulnerable young parents in our children's centres.

An independent assessment of the programme in 2013⁴⁵ found that it improves young people's financial capability, and it changes what they think and do when it comes to budgeting, debt and saving for the future. After a course young people become more confident in their financial skills and also in their personal and communication skills. We plan to continue the programme during 2014 as part of our children's centres' core service.

Inspire IT: access to technology

The Internet is now an essential part of daily life. Young people and families who do not have access to it can find themselves in 'digital poverty': they feel disconnected from society, they cannot use essential services or apply for jobs.

This is why we set up the Inspire IT programme, and in four years we have developed the infrastructure into a nationwide IT network for people who use our services. Our partners, technology companies Dell, HP and IBM, supported Inspire IT during 2013. We now have 55 active projects, based in a variety of our services. Children and young people can use online services and learning resources, which helps to support their development.

11. We want to take more action for children.

We are proud that this year we made life better for 300,000 vulnerable children, young people and their families. But we never stand still. We want to do more, and have even more impact next year. Our priorities are:

- ▶ Deliver more services funded through **social investment**. We see this as a positive way to fund the early intervention services that so many children and families desperately need, and set up creative partnerships to deliver them.
- ▶ We will open a new Multi-dimensional Treatment Foster Care (MTFC) service in Manchester, funded through social investment.
- ▶ Deliver more **evidence-based services**. We want to use the interventions that have the most impact for children and families.
- ▶ Improve how we report outcomes for children and families.
- ▶ **Scale up new services** that we have developed, piloted and tested. These include: a new, relationship-based model of residential care; new hubs of services for children with disabilities; a new parenting programme provided in sports clubs; a new model of attachment-based fostering; and our Parent Champions service.
- ▶ Help the diverse local communities where we work to **develop solutions**, and overcome the difficulties they face because of poverty and limited opportunities.
- ▶ Give children, young people and their parents and carers a **louder voice**. We will work to make sure service users are at the heart of how we campaign and how we design and adapt our services.

“We will work to make sure service users are at the heart of how we campaign and how we design and adapt our services.”

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