



Interim evaluation report for the 'Breaking the Cycle' project

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EXECUTIVE SUMMARY

'Breaking the Cycle' was funded by the Big Lottery Fund in 2015 for three years and is a partnership project between the Barnardo's Cymru Swansea Children Matter service and the City and County of Swansea Children and Families social work department. It aims to work with 40 families over the course of the project and provides intensive and long term interventions to families that are experiencing significant difficulties in positively managing day to day life.

The interim evaluation report contains evidence based upon qualitative data gathered from children and parents engaged with the Breaking the Cycle project and professionals from statutory agencies who are working in partnership with Barnardo's Cymru to improve the resiliencies of the families, and primarily focuses upon the work approaches the project has developed.

The project has undertaken innovative and effective work through employing specific techniques; with key working proving to be a fundamental success of the project. Key workers are highly skilled and flexible and support families to develop coping mechanisms and positive lifestyle choices through accompanying them in life tasks. This role is family centred and therefore worker support varies; for example, undertaking deep cleans, accompanying parents to health or legal appointments, or teaching how to use positive parenting techniques. Key working has to involve a whole family approach whereby workers undertake individual and group work with each family member, and develop positive family dynamics through implementing learning at family day outs and events. The project process is therapeutic, including play therapy for children, separate group work for parents and children to overcome the trauma of domestic violence, wellbeing therapies to support relaxation and anger management and workshops to sustain increases in confidence and self esteem. Participants are fully involved in choosing what aspects of their life they want to change and choose from a menu of interventions that are offered.

These approaches are highly innovative and have achieved a number of successes with families who have previously struggled to avoid repeated social services interventions. Parents and children identified a number of impacts including increased emotional literacy, positive family dynamics, a significant rise in self confidence and the development of aspirations. There have been impressive levels of joint agency working; with positive relationships developing between agencies to the benefit of the families they work with.

Recommendations for the next 18 months include safeguarding the models and practices that are currently effective, particularly to ensure empowerment continues and service dependency is avoided. It is possible that the project needs to provide more gender aware provision to take account of the different needs and preferences of boys and girls and mothers and fathers. Monitoring techniques will be adapted to ensure the final report contains measurable impact data as well as service user voice through using creative qualitative methods during evaluation sessions. Joint working will continue to increase and develop through sharing learning from the project.

SECTION 1: BACKGROUND TO BREAKING THE CYCLE AND THE EVALUATION RATIONALE

About the 'Breaking the Cycle' project

Barnardo's Cymru Swansea Children Matter service secured funding from the Big Lottery Fund to deliver an intensive family support service for three years. The service was designed with, and has full support of, the City and County of Swansea children and families social work team. The aim of the project is to provide intensive support to families to develop better problem solving skills and coping strategies in order to break the cycle of inter-generational issues such as family dysfunction, disabling lifestyle choices, poor engagement and low aspirations.

The project will work with 40 families over the lifetime of the project and referrals to the project come either via Team Around the Family or the children and families social work team for the Penderry area. The criteria for families to access the project are:

- Living within the Penderry ward area
- Classed as long term workless household (two or more years)
- At least one child in the household aged between 4 and 10
- A history of substance abuse, poor mental health, domestic abuse, community issues or disengagement with services
- For the family to have complex needs, but not receiving statutory interventions.

The project is delivered through a family key worker model and uses an intensive engagement process which is reviewed every 12-16 weeks, but can last for as long as the family needs it. The project provides a menu of possible interventions to parents and children, and, in partnership with their key worker, they choose interventions best suited to the problems they are facing. At the start of engagement, a baseline is established and families create pathway plans. Progress is measured at regular intervals in terms of distance travelled and exit strategies are planned in advance of personal outcomes being met.

Purpose of the 'Breaking the Cycle' evaluation

Whilst the project is working towards targets and specific project outcomes, the evaluation has more of a primary research role. Rather than document success and progress towards meeting project indicators and outcomes, there are two purposes to the evaluation:

1. To assess the effectiveness of the proposed intervention model.
2. To assess the effectiveness of different skills employed by service staff in engaging families and maintaining their focus.

The evaluation is to produce an interim report 18 months into the project and a final report at the end of the project. This interim report will predominantly explore the role of the key

worker and model of intervention whilst the final report will use more quantitative data analysis to examine impact and effectiveness and distance travelled.

Evaluation methods

Evaluators have used a mixed methods approach in order to triangulate data. In total, evaluators have spoken with 8 parents and 15 children through undertaking participant observation at a family day enabling short interviews, one to one interviews with parents and activity based focus groups with 9 girls. Of these service users, there were 6 mothers, 1 father and 1 grandmother kinship carer and of the children there were 3 boys and 12 girls. All of the participants were white. Evaluators also undertook 3 focus groups, totalling 12 professionals and practitioners, and 1 interview with the service manager.

The project has been using Outcomes Star, a system of goal setting and scaling questionnaires to monitor progress against indicators and outcomes. There have been a relatively small number of families that have concluded their involvement with the service in full with many families continuing to access support. Therefore the data available to evaluators has not allowed a thorough analysis at this point. Data available has been detailed in the appendix and referenced where relevant.

SECTION 2: DETAILED DESCRIPTION OF THE PROJECT WORK

‘Breaking the Cycle’ does not undertake an exhaustive list of work tasks, but rather works next to families and offers a range of child only group work, one to one child focused work, group work with parents, one to one with parents and intensive family support which can be anything from encouraging attendance at appointments or undertaking deep cleans with a family to improve house conditions. This section highlights the breadth of work undertaken and how it benefits families.

Work with Children’s ‘Doves group’

This programme has been devised to specifically meet the needs of children aged 7 to 11 who have experienced Domestic Abuse either at home or within their extended family and networks. The programme consisted of 12 sessions, focusing on themes such as emotional literacy, safe relationships, stereotypes, support networks and safety. The 9 girls that evaluators worked with in focus groups identified the aspects of the work that was of value to them, as detailed in the table below.

Type of activities	Examples cited
Arts and crafts	Dream catchers/ card making/ Poetry/ Painting/ Building sculptures/ Modelling clay/ Making T shirts/ Colour with talking
Belonging and identity	‘Learnt about my place in the world’/ ‘from my house, my favourite place, my city and country’/ ‘We can be ourselves’
Working together	‘Being kind’/ ‘having rules’/ ‘team games’- the favourite cited were balloon pass and Jan with no teeth
Problem solving	Home science experiments/ ‘paper cut challenge’ ‘memory game’
Feelings and relationships	‘Family and feelings’/ ‘feelings’/ ‘We talk about relationships’
Personal safety	Learning about how to keep safe
Events and trips	Halloween party/ Christmas party/ garden event/ Gower x2/ Heritage centre/ Going to Starbucks x2/ woods day
Meeting new people	‘Meeting each other’/ ‘meeting X [evaluator] today’/ ‘meeting X’ [names of project workers]

One to one with children

In addition to specific group work, the project undertakes therapeutic and personal support to children on a one to one basis. This is offered to boys and girls and meetings can take place at school, in the home, at the Barnardo’s centre or as an outing. Children may also be

offered access to therapeutic work which is commissioned by qualified professionals external to the Breaking the Cycle Staff team; this includes Play Therapy, Equine therapy and Counselling.

‘My boy goes to kick-boxing and loves planting flowers.’ [parent]

‘Theraplay.’ [parent]

Group support to parents

There are numerous groups that are delivered to parents that enable peer support, learning parenting skills and positive relationships. These include:

- Workshops on Domestic Abuse
- Positive parenting sessions
- Group activities to promote self-esteem - e.g. jewellery making and quilting
- Cookery classes
- Relaxation and wellbeing classes
- Reflexology.

Parents valued the time to come together outside of the emotional group work to self express via crafts and get to know each other. Most parents used the craft sessions to learn new skills that they could implement with children and to make items for their children.

One to one support to parents

Project workers do a large amount of one to one work with parents that generally falls within the categories detailed in the table below.

Type of support	Examples cited by parents
Phone advice	‘I can ring her up if I need a chat, some support, I have been on the phone for hours to her.’
Establish routines	Attend appointments with families/ ‘On my boy’s birthday - he’s 2, she came shopping with me.’
Giving accurate information	‘She told me about the Parent Consent when he (the Dad) wanted to take him on holiday, didn’t know about that./ ‘She tells me so much I didn’t know, like having a School Report.’/ ‘Using the internet.’
Healthy living and wellbeing	‘I had a Personal Trainer at the Fitness Studio 3 times. Now I go to the gym every day, I work on a different muscle every day.’/ providing reflexology and massage.

Parenting	'Gives me tips on how to manage the kids.'
Support for improving home conditions	'She does Home visits, that is good./ 'Takes me to the Food Bank to collect food.'
Financial education	'About loans./ 'the credit union.'
Domestic violence	Individual support and discussions that back up group work.
Implementation of child protection agreements	'My friend was crying and I had to do something [but couldn't see her due to child protection and safety]. I spoke to the key worker and Barnardo's have helped me to help my friend. They have an action plan in place so I know she is safe and Barnardo's are helping her.'

Family days out

The project undertakes numerous family days out; and whilst these vary they generally have the following aims:

- Physical health- healthy eating picnic, outdoor activities, exercise
- Improve family relationships- day out together, learning together, taking risks and supporting each other
- Children's social skills- play together, listening and learning
- A chance for staff to model positive parenting techniques- positive reinforcement, behaviour management, boundary setting (through taking safe risks)
- Have fun.

Facilitation of relationships between the family and other services

Key workers accompany parents to appointments and help to ensure they attend vital meetings with other services. Parents explained:

'I had trouble with my Boy in school they said he was causing trouble, so she [key worker] sat through a lesson to see if he had a melt-down and what brought him to it. Now they (the school) are really looking into that.'

'[They] Wanted to expel him from school, she got him Statemented, up to then, school was a nightmare. She goes with me to all the meetings.'

[she] 'Came with me to the Job Centre - used to hate going there, he'd be running all over the place, the Security there give you attitude, she picks me up and drops me off, less stressful, I'm less angry.'

Importance of the project's therapeutic base

Parents focused upon the practical activities and support when describing the project but professionals tended to stress the importance of the therapeutic aspect of the project. This may be because parents perceive help as holistic, i.e. it can be therapeutic or practical, whereas professionals welcome the unique aspect of ensuring a therapeutic base to all the work which is undertaken. Therapy does not just mean professional counselling, but in this instance includes wider activities such as peer support, play therapy for children and family settings, behaviour management, relaxation and complementary therapies and skills for reflection. Professionals from all backgrounds commented upon the therapy within Breaking the Cycle:

'We really value Breaking the Cycle's approach, providing interventions and intensive models of support, all coming from a therapeutic basis.' [Education]

'We want to work with families to get them to understand their needs and our level of involvement and why we are involved; to get them to work with us in understanding how services work and why.' [social services strategic management]

'BTC's therapeutic intervention and approach is a good fit, particularly when dealing with some of the most vulnerable families. BTC is a niche service, for families that have gone through the formal safeguarding procedures.' [local area social work team]

'The therapeutic approach is the key, as Social Services really doesn't have the resources to work in that way.'

Conclusions

The project work of breaking the cycle is highly varied. It has been described in detail to enable the reader to fully appreciate the breadth of the work undertaken and a description of the work is needed before a detailed examination of the key worker role can be undertaken or the effectiveness of the intensive model can be assessed.

SECTION 3: ASSESSING THE KEY WORKER ROLE

The key worker role is critical to the approach being taken within Breaking the Cycle. This section details learning from implementing an intensive key worker approach, and highlights critical aspects of the model, which, if replicated, would enable the model to work in other services. This section concludes with an assessment of the effectiveness of this key worker model and approach.

Learning from recruiting to key worker posts

The key worker role is complex, involving highly tuned people skills, tenacity, theoretical knowledge and experience of implementing theory into practice. In terms of learning from the recruitment and development of the roles there are three key learning points:

1. *Need to apply theory to practice*

When recruiting, the project:

‘looked for practice based examples and applying knowledge- you need the theory and the practice.’

2. *Flexible, multi layered management including clinical supervision*

The project has a variety of management layers as described by the project manager:

‘The approaches employed in managing the team include an element of clinical supervision and peer/group supervision as well as the more common case management and project management.’

Clinical supervision was not in place during the first few months of the project but because of the intensity of the key worker role, it was a needed mechanism for ensuring staff wellbeing and positive mental health. Project workers explained that:

‘There are always problems of taking a crisis home, or dealing with the outcomes of disguised compliance. Some local authority staff have clinical supervision.’

Group supervision developed throughout the first 18 months to enable a responsive team approach. However, there is no micro management of the team or staff. The different management layers are available flexibly, to be used when needed:

‘Much of these mechanisms just need to be available and are used on an as and when basis.’

3. *Ensure personal values*

Whilst key workers need to have a solid theoretical and practice background, they also need personal values that see people’s strengths, even when they may not be managing as a

parent. They need a positive value base that enables empowerment and belief in the ability to change.

Personal attributes needed for key working

Children and parents focused upon the personal attributes that key workers had when working with them. All family members expressed large amounts of gratitude to the key workers for working with them in such a positive way, with some parents suggesting that they had been saved by the project:

‘Thank you for your time and working with us’ - Three children

‘She is my guardian angel.’ [parent]

‘Been with Breaking the Cycle since September, she stepped in, she saved me.’

Children stressed how fun and enjoyable the project was, stating that project workers ‘make me feel good’.

Kind and caring

Unanimously service users described their key workers as being kind and caring:

‘I like the people- they are kind and caring.’ [child]

‘They are kind to us.’ [group of children]

‘She’s so nice, she sucked me in and I just told her everything.’ [parent]

Patient and helpful

Service users described key workers as patient, allowing them time to get used to do things or giving them time to try new things out.

‘They are patient and not moody.’ [child]

‘They help us more than other adults.’ [child]

‘Even when X came, they didn’t shout, they asked him to stop what he was doing and still told him off. [but not shouting, impatient or rude]’ [group of children]

Parents described their need to have practical help rather than just signposting or advice, and there was noticeably frustration at services who were unable to offer practical step by step help but did offer advice:

‘Tenancy support, they talked the talk but never really helped, but they did refer me to Breaking the Cycle’.

'Barnardo's have offered support one step at a time ... she takes time to explain what will happen and describe what she can expect which reduces the fears.'

Non-judgemental

Families felt it was important for them not to be judged and described the difference between Breaking the Cycle staff and other services:

'They don't judge us.' [6 children in focus group]

'With most Social Workers you always feel you're being judged, I was recorded as being aggressive, they didn't see I was trying to change, they judge you from that.'

'With my key worker, I can tell her anything, she doesn't judge me.' [parent]

'We are not judged. They know we have a past and we have to change, but they help with problems.' [parent]

Trustworthy

Key workers were unanimously described as trustworthy. Children stressed personal safety and knowing they could talk to their key workers:

'Make us feel safe.' [3 children in focus groups]

'They listen.' [6 children in focus groups.]

Parents stressed reliability and taking the time to listen:

'I have a good relationship with her, I trust her. She points me in the right direction.'

'She is reliable, doesn't let me down. If I did have a problem I would turn to X [key worker]'

'I tell her everything - whatever happens, someone to off-load on. It's the first time in all the years I've had B [her child]. That I've been listened to. It makes such a difference - not being listened to for 10 years, until now.'

Professional attributes needed for key working

Service users and professionals outlined eight key professional attributes needed to be a successful key worker.

Need for resilience

Key workers need to be resilient to families' behaviours and also other professionals' beliefs or attitudes where these hinder the possibility for the family to change. Evaluators observed tensions between children and parents and parents and workers during family days out. This appeared in part due to workers needing to model how to manage children's behaviour,

and parents on the surface not wanting the interventions but recognising they needed the interventions and support. Throughout these tensions, key workers remained positive and calm, and were resilient to the challenging behaviours they faced. Professionals commented that key workers need to be resilient and keep tenacity:

‘The key worker needs to be resilient because the family don’t always see the importance in school or diets etc.’

‘Families will test key workers through disengagement- they think ‘How persistent will they be?’

‘They [families] will often behave to key workers in the same patterns of behaviour that they have with family members and relatives.’

Additionally, some professionals commented upon their own, or partner organisations’ staff, holding negative views about a family’s ability to change and described how this could affect the morale of key workers:

‘Some partnerships ... where staff are very negative about the families we work with, it reduces our staff morale. We have to be resilient, headstrong and keep hope. People do change.’

Need for flexibility and good time management

Key workers need to be able to be responsive and therefore have to be able to manage their own time and work flexibly. It was apparent that the whole team were committed to their jobs and they purposefully did not work to set hours, but rather managed their time and caseloads according to need, on occasion resulting in annual leave being cancelled and contact during anti-social hours. The project manager pointed out that:

‘You need a flexible organisation to accommodate this type of work. Workers need to have time management skills and professional boundaries so they are not at a family’s beck and call but are there when really needed. It’s usually a crisis that causes flexible working- court, health or the police. We try to avoid micro-managed hours’.

Need to take team approach

Organisations implementing intensive key working need to recruit with a team approach in mind:

‘It’s a small team so we need to pay attention to staff development and team management.’

‘The role is very varied so you need a diverse team to enable flexibility.’

Key workers then need to be able to ‘have a whole team approach’ so they can work flexibly, and support each other in a peer support management structure. Key workers

within Breaking the Cycle work together so that problem solving and innovation is a group approach rather than down to one individual.

Innovative methods of supporting and empowering

Evaluators observed key workers undertaking stepped approaches to supporting families to make changes. The whole family day outings served to embed learning from parenting courses, domestic abuse group, and one to one discussions for both parents and children. The staff enabled parents to implement the knowledge that they had learned and offer practical guidance on changing existing habits. There were three aspects to the stepped approach that key workers used to empower parents to change parenting habits.

1. Gentle discussion

Key workers were observed to challenge parents through gentle discussion rather than direct challenge. For example, one mother said that a camouflage game was for kids and there was dialogue with workers about what “for kids” means and shared memories of parents and grandparents having said it. This led to conversation about how parents can play with their children. Since this took the form of discussion it was not challenging, preaching or too instructional.

2. Model behaviour for positive and active parenting

Once discussion had taken place, staff were observed to model behaviour interactions with children. Taking the previous example, staff modelled behaviour through joining in games. They would then point out to parents what children did that they could be praised for (teaching positive reinforcement). It appeared that parents often left children to their own devices, had limited active time with them and rarely whole family positive interactions. Staff supported making behaviour changes through providing affordable activities and using the positive relationships they had built with both parents and children.

3. Suggestion to encourage parents to implement the modelled behaviour

If children’s negative behaviour was repeated, key workers would suggest to a parent what might help the situation, usually referring to how they had just modelled behaviour, and then supporting parents to implement a different response.

Evaluators observed this stepped approach throughout a family day and with reference to a child not keeping their shoes on, children spoiling hiding games, not listening to the outdoor instructor, and children grabbing food or each other’s belongings.

Key workers as ‘outside family member’

All data is clear that key workers were vital to both parents and children. Whilst parents bickered with key workers on the surface, they did listen and were happy to be instructed regarding how to change family dynamics. Key workers gave time for families to get involved in their own time but non-involvement was not an option. Modelling behaviour appeared to be a good way for parents to learn - they could try out a different way of parenting, with support and with guidance. Children also trust the key worker so when the key worker is there supporting parents, children respond because they have different patterns of behaviour with parents compared with key workers.

In this sense the key worker is like a family member outside of the family group, or a critical best friend. This was best explained by project workers:

‘Key workers help with everything. They have helped with deep cleans, they are ‘in their lives’.

‘Like an external member of family’.

One key worker was described by service user as ‘my fairy grandma’ and younger mothers regarded them as Grandma or mother figures.

Parents also explained:

‘I’ve gotten really close to her, she is fantastic.’

Need to provide continuity

Continuity was vital to parents who highlighted how important seeing the same person is:

‘You could have a good one [social worker] and then they’re gone and the next one just reads your case notes, they don’t know you.’

‘Just getting to know one social worker and then you are moved to another, have to start all over again getting to know your situation.’

‘I was very disappointed when my key worker left, because I was used to her, but my new key worker is so good.’

Whilst parents do get used to staff changes it does appear to disrupt relationships and progress. One parent described how her key worker was off work ill and she has been assigned another one but that it felt odd because relationships were on hold. Professionals also recognised the need for continuity for service users:

‘It is vital to have one named or key person and the keyworker provides that linkage and ensures the continuity of engagement between agencies who may be involved with that family. It is clear to us that the keyworker forms positive relationships with children within the family and very often can be seen to be holding things together.

‘Continuity is really important and it is often the case that the keyworker is a significant influence and person outside of the family dynamic that individuals can relate to and have trust in.’

‘The keyworker offers a continuity for a child. Enables strong relationships.’

‘With Social Services the problem is that the social worker can swap around so much, meaning a family can have a different social worker too often. With this approach, the key worker is allocated and there is consistency for the family and a focus on the detail.’

Ability to establish routines and service engagement

Key workers need to be able to judge what family routines are needed; and support children and parents to implement the necessary changes. Routines included service engagement as well as set boundaries that enable child development and positive family dynamics. Professionals valued the key workers' role in both establishing engagement with services and how they enabled engagement to become a part of a families' new routine:

'What really stands out is the active engagement we see from Breaking the Cycle. The Key Workers really sit with the family and take them through the service. It's the support that they give families through the everyday needs, like carrying out basic routines and accessing services.'

'It is important to have a key worker to get to know the family and their complex behaviour. For me I work with 350 families and it's great to just have one point of contact.'

'Enables joint agency working around the family.'

'I may have a close working relationship with families on my caseload, but it is important that the transition between services works well. The keyworker offers continuity and there is a trust relationship that is built up between the keyworker and the client. It allows us to manage our relationship with families through the keyworker.'

Working to an Empowerment model

Key workers appear to work to an empowerment model, resulting in self sufficiency rather than service dependency. Evaluators identified four aspects of this empowerment model:

1. Empowerment through intensity

The project is intense in terms of long term timeframes and level of contact:

'We also find that BTC are realistic in the timeframes that they set for work with families and they stick with people and don't go away.'

'Breaking the Cycle does have the "luxury" of being able to work intensively with people over a period of time.'

'The key worker takes them, they plan with them to go to the group or service and then make sure that they do attend it. It's like micro managing their life but it helps them to access these services. And you do see the positive impact from it, there is a much more positive outlook from these families.'

2. Empowerment through upskilling

The project impacts upon parent and children's skills and supports them to know how to implement their new skills:

‘They work with families to upskill them and the phased service exit is a benefit.

‘It gives adults a sense of self and the skills for reflection.’

3. Building resilience

Breaking the cycle builds children’s and parents resilience to frustrations and difficulties, offering them coping mechanisms and skills to problem solve. The project work is focused upon enabling parents to do things differently rather than doing things for them. This is crucial for enabling exit from the project and avoiding dependency.

4. Empowerment through choice

Through enabling choice and participation the project serves to enable families to trust their judgements, trust other services and ‘see their full potential’. Through supporting and offering choices, the project enables parents to have new perspectives regarding what they can choose within their own lives.

Conclusions

The role of the key worker is pivotal for the success of Breaking the Cycle. However, there are key personal and professional attributes that key workers need to have in order for their role to be a success and organisations need to have certain management techniques, team approaches and flexibility in place in order for key workers to be able to do the role effectively. Without high levels of skills and judgement, key workers risk creating service dependency and an empowerment model is crucial to enabling families to change their own habits.

SECTION 4: EXAMINING THE WHOLE FAMILY APPROACH

The project works with the whole family, undertaking support and interventions to different family members, including extended family members. This approach is unusual since most services work either with children or with parents, and do not include extended family members. This section examines the benefits of the whole family approach.

Working with child and parents

Parents and children welcomed the approach whereby the same person worked with them because they felt they build trust in the key worker. Children described how key workers helped their parents with problems, but stated that ‘they help me too’ and parents described how key workers helped the whole family. Parents felt secure knowing that ‘children are being supported too’ and both children and parents described the key worker as ‘like a family lifeline’. The whole family approach is successful from families’ point of view because it takes account of the strengths and complexities within their relationships, was not critical about family members to other family members and acknowledged that family members care and worry for each other. Working with all family members separately and together appears to enable key workers to understand the family dynamic, negative and positive aspects to relationships and identify how to change existing habits. One mother explained why a whole family approach is needed, particularly in terms of children copying parents’ behaviour which is an example of complex family dynamics:

‘[I’m] Having help with the children’s behaviours. The 9 year old copies my behaviour. She has few social skills, doesn’t want to attend groups and has poor friendships. It’s helping a bit but it’s a long term change that’s needed.’

The role of family days out in supporting positive family relationships

Family days functioned to support parents and children to develop their relationships. From children’s point of view, the aim of family days was to have fun together, but they served to support change in relationships. Parents were taught that they had to take control and, whilst children could help out, they had primary responsibility. Parenting techniques such as diversion, reward and giving active attention were demonstrated by key workers on days out whilst children learnt to respect boundaries and develop social skills with support from key workers.

Working with the wider family unit

Partner agencies highlighted how the project worked with all family members:

‘We’ve seen in Breaking the Cycle’s work, how they have been able to engage with male and female members of the family, where we thought that ‘Dad’ wouldn’t be

interested or motivated and is now fully involved, or where they have discussed issues such as people progressing into work.'

'The project also works with grandparents or other family members. Important because this recognises the family unit.'

To support behaviour changes, the family unit should be involved. Children and parents valued interventions that were 'whole family unit' as opposed to just one family member. A whole family approach enabled families to learn new behaviours together.

Filling a gap in statutory agency work

Statutory services tend to work either with a child or a parent. Some staff within services were appreciative of the whole family approach:

'In Social Services the forum for change focuses more on the child's needs. What's effective about Breaking the Cycle is the focus on involving parents to lead the change and the Key Worker to look for the underlying issues that affect that change.'

'By working with the whole family it enables child therapies too.'

'Breaking the Cycle focuses on families working together, not like social services, not to rundown social services, it's just a different approach.'

Other staff questioned a whole family approach, believing that the focus of work should be with particular family members, although there was no consensus as to which members:

'It is important that there is a focus on the adults within the family, as Social Services just doesn't have the resources to be able to tackle the deeper lying issues.'

'You can put as much support in as you like but unless you focus on the parent and motivating change then it's not going to work.'

'Some people feel the focus should be for children and young people and don't understand the family perspective.'

Summary conclusions

The data regarding the success of taking a whole family approach is limited due to small samples, but evidence suggests that a whole family approach enables family relationships to become more positive. This success may be diminished if parents and children did not experience sessions with key workers together, whether this is through specific interventions such as Theraplay or embedding learning through family days out.

SECTION 5: THE SUCCESSES AND PROBLEMS OF ENGAGEMENT

Breaking the Cycle works with families with complex needs and dynamics. However, the evaluators have examined when engagement is most likely to be successful, and what the project does in order to sustain engagement and enable service user participation with both children and adults.

Initial engagement into the project

Engagement into the project comes either from a referral from Team Around the Family (TAF) staff or from the Children and Families Social Work team. More data regarding referral processes is given in the section regarding joint agency working, but generally referrals have been from the social work team rather than TAF. Numbers of referrals are small because of the size of the project and intensity of work, but it appeared that there have been better successes at gaining initial engagement with families that have had social services intervention ('referred to as 'step down' families) rather than families that are on the cusp of having social services intervention (referred to as 'step up' families).

There did not appear to be a lack of engagement initially into the project if families were 'in the right place' to be able to respond to interventions and the intensity of three meetings a week at the outset of starting with the service. For example, one parent was due to undergo residential rehabilitation for addiction and therefore could not engage in the project's intensity. Step down families tended to realise that they needed help to establish new family routines and behaviours in order to avoid repeated social services intervention and therefore engaged well on initial referral; whereas step up families tended not to realise how serious the family problems were because they had not yet had social services intervention and therefore initial engagement was harder to achieve. However, this scenario is opposite to that experienced by the local TAF team and therefore will be monitored in the next 18 months of the project's evaluation.

Participation in deciding what interventions families need

Breaking the Cycle is not statutory and so parents choose to participate in the project, but at the start of intervention they were fearful and not sure what to expect. One parent said that she was scared of having needed social service intervention and would therefore 'take anything that was on offer' to help her. Breaking the Cycle involves parents choosing what they want to focus upon through the following processes:

'We undertake the Outcomes Star assessment and examine the worry statements provided by the referrer; these are usually co-produced with parents. The Key Worker will then identify two of the worry statement areas to address while the parent also identifies one. From these areas specific goals and actions are devised using the goal setting sheets.'

‘Each family pathway is created by the worry statements and in discussion with the social worker and parent. We offer choices regarding what they focus upon. We want to increase family engagement so we ask them to let us know what they are not keen on before we discuss anything in group work.’

Through undertaking participatory identification of situations or behaviours that need to change, parents are given some ownership over the intervention. This approach appears to take away instructing parents about what they need to do and instead works with them to enable them to realise what they need to do and how to do it.

Sustaining engagement within the project

Breaking the Cycle has certain inbuilt mechanisms to create sustained participation within the project. These were:

1. Regular reviews

Whilst the quantitative data shows that Outcomes Star reviews are not undertaken at a set point, families do undertake reviews with key workers where progress toward goals is discussed and new goals set as necessary. Reviews enable reflection, celebration of achievements and progress to be charted. This engages service users in documenting their own progress and keeps a goal focus. However, this person centred approach needed to be balanced with undertaking regular reviews to ensure that there was measurable data for monitoring and evaluation purposes.

2. Setting clear boundaries as to when Social Services would become involved again

The worry statements are used to guide families as to when changes they need to implement are slipping, but they also set ‘hard lines’ which are clear circumstances when social services will become involved again. Parents did not want to return to social services interventions so the hard lines acted as a motivator for involvement, as social services staff explained:

‘I think that yes, Breaking the Cycle have engaged with some of the hardest to reach, but it’s not solely about them working with the most difficult cases. It’s about Breaking the Cycle’s involvement providing an opportunity for families to be clear about boundaries for Social Services’ involvement with them and that we haven’t gone away; and it is about the momentum they bring in keeping families positively engaged and in them sustaining that.’

3. Involving service users in monitoring their own engagement

The project used the worry statements generated by service users as a mechanism for monitoring progress and engagement:

‘When we see behaviours lapsing [ie old habits coming back] we use the worry statements to discuss it with parents. They have agreed the worry statements with the referrer and so are faced with their own decision making. It’s usually around home conditions, school attendance, Breaking the Cycle engagement or not

accessing support [other appointments]. They are involved in seeing their own disengagement before they totally disengage. Often they are halfway there, such as active with children but missing their own appointments.'

4. Encouraging participation in activities

Children appeared to participate in activities but are often reliant upon parents to take them or pick them up from activities so if a parent is disengaging it is likely that a child will not be attending activities. Children and parents enjoyed participating in group activities, stating 'we join in' and 'we all took part'. Children enjoyed asking key workers for particular activities and were included in setting up programmes:

'Think about fun days in the summer for people who don't go away.'

Mothers were also involved in deciding particular recreational activities such as crafts. Although there is participation within activities, there appeared to be more sporadic participation in events and trips. The reasons were often varied and included illness, other appointments, or extended family members needing help, but often numbers for family days out or other activities were low. Turn out for activities is monitored by project staff to ensure that low turnout at activities is not a sign of disengagement from the project.

The importance of engaging with a group

Much of the group work with children and parents is designed to enable peer support. Peer support appeared to be an effective way of enabling parents to firstly share experience and learn from each other, but also to teach each other about what had worked for their particular family. This two way process appeared to be effective in sustaining participation and motivation as well as learning new behaviours. Children described this as 'helping each other' parents as 'having things in common' and professionals as:

'I think one thing that we are seeing on this journey is an element of developing peer support and of people sharing their experiences.'

'people [partner agencies] need to see and understand the power and impact of the peer experience, as a means of informing and producing change. It is a very powerful tool in changing people's opinions and views.'

Engagement in wider services

Through supporting families with appointments for other services and facilitating relationships with partner agencies, Breaking the Cycle has enabled families to become engaged in wider services. Parents described this wider engagement in terms of "help with"; for example, 'help with school' or 'help with getting a dentist' whilst children described it as "going to"; such as 'going to the dentist' or 'going to school more often'. Similarly, partner organisations described how they had noticed a change in community activities and services and explained the impact of this:

‘There has been increased involvement and engagement in local community activities, particularly from those within families (male members of the family) who have been sceptical about getting involved in what is happening locally. People have reported to me that getting involved in community activities and attending community groups is seen as being an ok thing to do. There also appears to be a benefit in that this involvement increases individual self-esteem as well.’

‘The Breaking the Cycle team involvement helped with the engagement with and from the client and led to an increased development in our [health] work with that family. In addition there were clear associated benefits for the child within that family from the involvement of Breaking the Cycle. The project also helped in securing the engagement and involvement of other services in our work with that family.’

‘Breaking the Cycle does support families to access other services, like LIFT, for example; which they may have not accessed before.’

Summary conclusions

Breaking the Cycle enables participation within the project, not just in terms of groups and activities, but in terms of setting personal goals, therapeutic aims and connections to the wider community and other services. Initial engagement appeared to be most successful when families have the motivation to change behaviours and understand what the consequences are if they do not change. Evaluators aim to provide more data regarding engagement, reviews and project exits for the final report through improving the existing monitoring techniques.

SECTION 6: EXPLORATION OF ARISING GENDER ISSUES

Even though the project aims to work with the whole family unit there are observable differences in patterns of delivery and intervention take up according to the service user's gender. Evaluators would urge that this does not suggest a gender bias within the project, but that the service is responsive to gender patterns within wider society. These have been outlined to enable conscious gender differentiation to be taken or for issues of gender differences to be more easily discussed and considered.

Parents treating children differently

Evaluators observed how mothers interacted differently with their sons compared to their daughters. For example, one mother had very gendered interaction with her children and did not want one of her girls to get messy; another was noticeably instructional to her daughters but left her sons to play as they wanted. Evaluators observed one girl cooking food for her sisters and family, but her mother, who did not cook food for the children and left it to her daughter, was disinterested in her daughter's efforts and focused attention solely on her boys. Evaluators would suggest that the project monitors this aspect of parenting closely and sibling relationships whereby sisters 'mother' their brothers.

Reflections upon the project's work with boys

Evaluators question whether boys involved in the project need a male role model. It is well documented that there are often few positive male role models for younger boys (infant age at primary school) who live in lone mother households. It was observed that boys responded very well to male instructors on family fun days and data from short interviews with boys on the days out was suggestive that many of the boys did not have male adults in their lives and some of them spoke more about the help they had from their sisters rather than their mothers. The problem of engaging boys was identified by project staff:

'Boys do not engage with group work so we meet them at school on a one to one basis. We do 1 to 1 work with boys and girls, and group work works well with girls but the boys to date have not responded well to mixed groups. We need to further explore how best we meet boys' needs how to involve them in peer work and raise their self esteem. We need much more understanding of what works for boys.'

Mothers' perceptions of a gendered aspect to the project

Without prompt, all of the mothers that were interviewed described the project as being for women. Predominantly the parent service users are women, with only 3 fathers directly involved and 2 indirectly involved; only 1 father was interviewed for the evaluation. Women described how they gained from the peer support of groups, but the peer support was described in gendered terms:

'It's [the project] making a difference to every woman here.'

'Barnardo's brings Mums together. Mums have things in common generally and we have all been to the domestic violence sessions. It's difficult to talk about. But mums here are friends and we can focus upon moving forward.'

'I'm on the same level as the other Mums.'

Mothers' comments would suggest that peer support to recover from domestic violence and negative relationship patterns needs to be within female only groups, and often they felt that they were being blamed for ex-partners behaviour; with 4 mothers in interviews stating that:

'Men can just leave and go off and we are here to pick up the pieces with social services.'

However, this also leads evaluators to question what support there is for fathers who may be facing different parenting issues and what provisions are there to support positive fathering. The one father that was interviewed expressed embarrassment for needing the project, whereas mothers tended to express gratitude.

Summary conclusions

There is not robust evidence of the gender differences documented in this section because of the small scale samples involved in the evaluation. However, evaluators would caution that gender issues should be monitored in the next 18 months of the project, that gender analysis of the project's progress is undertaken during staff meetings and meetings with external partners, and approaches to combat gendered patterns of behaviour within families are tested or piloted.

SECTION 7: SUCCESSES AND DIFFICULTIES OF JOINT AGENCY WORKING

Breaking the Cycle is a partnership project; primarily between social services and Barnardo's Cymru but also a joint agency project. It was prompted by:

'...the service [children and families social services] being overburdened with referrals and with LAC numbers 'going through the roof'. ... we still need to reinforce that Child and Family Services cannot meet all needs. We are here essentially to meet complex need.'

Social services also wanted 'to listen to people's worries, to understand their worries' and to change the historical circumstances whereby:

'We haven't been sure when we have signposted people to other services whether or not they have accessed them, haven't known enough about whether those services have been effective and don't really have an understanding about the level of re-referral rates back into our services.'

Joint working in the referral process

Breaking the Cycle staff and Children and Families services have worked together to ensure a clear referral process. Firstly, this has come about through building personal relationships:

'The team [at Breaking the Cycle] are proactive, they come and seek us out, make time to meet with the team and our staff.'

Secondly, joint working has developed to include a handover period so there is joint working within the referral process:

'Initially handover and referral was less co-ordinated, but now BTC are involved in case review meetings and conferences and co-working cases has been a real benefit and a much better way of working. They can pick up referrals and we can still be there in the background.'

'We have changed our policy - we used to have families that had concluded social services intervention and were about to be signed off and therefore had limited engagement with social services. They would think they had achieved the changes necessary, had got used to limited engagement with social services and then come to Breaking the Cycle which is an intensive project. Now we meet parents prior to their last Child Protection Conference. We offer reassurance and co-work with social services for 12 weeks and show families that engagement is still needed as changes aren't complete yet. They also then know the intensity of Breaking the Cycle.'

Parents described how fearful they felt when social service interventions were about to end, and felt that being referred to Breaking the Cycle and having contact with them prior to the end of social services intervention was reassuring:

‘Then Social Services were going to withdraw support because I was doing better. I was scared, more than scared - I was petrified to be honest. But the Social Worker told me about this place, he said, if they take you you’ll be very lucky, they only take a certain amount of families. I was lucky!’

Selection for referral

Social work staff try to select families for the Breaking the Cycle project to maximise success and reduce drop out. There are limited places, so partner agencies try to identify families that are in “the right place” to be able to gain from Breaking the Cycle:

‘Post Child Protection, we need to start to look at how best to manage cases and to identify early on the cases that should be referred. In my team most of the Social Workers initially wanted to refer nearly every case, but we have addressed that.’

‘Early identification of cases for referral is the key to successful working and important in ensuring that the family is still motivated to engage in what is a voluntary project. Having Breaking the Cycle involved at case conferences is important.’

‘A smooth transition and getting Breaking the Cycle’s involvement early on is important.’

The role of joint working for meeting families in need

Breaking the Cycle has enabled different sectors to work together through three mechanisms; firstly, filling gaps in provision, secondly through promoting best use of resources and thirdly synchronising existing provision.

Filling gaps in provision

Breaking the Cycle fills a gap in tier 3 services whereby there is no longer a child in need intervention but families still need some support to maintain changes they have made.

‘There are clear gaps in Tier 3 provision at the high end of need we can get involved and resolve the crisis, but we were finding that other needs weren’t being met.’

The existence of Breaking the Cycle has led social services to ensure that they refer families onto services and consider how they can support families where there may not be available services but there is a need for support:

‘If we can’t offer a service then we look to explore what is the ‘next best thing’ that

we can offer, rather than doing or offering nothing. In the past I think people would have been sent away from services if we couldn't offer something. Now we are actively looking at making referrals and providing what we can.'

Best use of resources

Breaking the Cycle has enabled the children and families team to have more consideration as to how to make the best use of resources within partnership organisations:

'We certainly look to negotiate on partnership with others and make the best of resources. The difference really is the personal relationship you may be able to develop and call upon with other professionals and organisations. That is the key that allows things to progress.'

'It is the case that a number of families can't access the service, simply because the level of need is too great, but equally for those not accessing the service we try and link families in with other services, or provide other interventions.'

Synchronising provision

Breaking the Cycle has enabled existing provision to be more synchronised and seamless; partly because the role of the key worker enables organisations working with a family to easily come together.

'I think there is a clear appetite to work together and when positive outcomes are achieved and professionals see that things work well, then that breeds confidence in other services.'

'Within our own services we have been working to align our approaches with those of Breaking the Cycle and also looking to link in with schools and health visitors.'

'It has been key having Breaking the Cycle's involvement in bringing other agencies and professionals with us, when they view de-registration as being the end of our involvement with that family. Which of course it isn't.'

Referring to step up and step down provision

Breaking the Cycle has had more successful referral and engagement of step down families where intervention has been at child protection level rather than step up families where problems are escalating towards child protection intervention:

'A key issue is families' perceptions of 'step down', or referral to Breaking the Cycle and what that means. It doesn't mean that Social Services' involvement has ended, but families will often see reports that the family is doing well, or attend meetings and conferences where the family are flagged as making progress. It is important in these scenarios that it is explained to the family that Social Services will still have an involvement, but that some of the formal processes have been stepped back from.'

‘Step ups to social services are hard to engage because they do not recognise things are as bad as they are. We mainly engage with step downs from social services.’

‘It is about identifying cases early on following formal child protection de-registration and then linking them into the service, which I see as a step across.’

Benefits of joint working and shared learning

Many professionals outlined the unique aspects to the project and identified that learning had come from the joint working practice:

‘Barnardo’s had a unique offer, that doesn’t duplicate what we are trying to do.’

‘The benefits are the intensity of their work and how responsive they are. Being based where they are is a great benefit, as they are sat right in the heart of the community. I know that the local school has really valued that.’

‘In Child and Family Services the statutory timings set for meetings with families are set at every 6 weeks, but we are aiming to do that every 2 weeks. So we need to be replicating Breaking the Cycle’s intensive offer and other services need to be aligned with that.’

‘Their work has informed our thinking about the use of scaling questions.’

‘That approach needs to inform future service design, step down services and what they should look like. We need to be focusing on developing resilience and this needs to be communicated to and with the families we work with. We need to clearly explain to them how we will be working with them.’

‘Breaking the Cycle’s approach does feed into my practice as a Social Worker, allowing me to give thought to case reviews and really think through next steps with families that I am working with.’

Addressing different perspectives regarding child protection, risk management and perception of families

Joint agency working has raised awareness of different organisations’ attitudes and approaches to child protection thresholds and to families’ ability to change. There was recognition of the need to continue to work together in order for these differences to be gradually reduced.

Joint working and risk management

There was acknowledgement that often education professionals had a different viewpoint regarding child protection thresholds and that more joint working was needed in order to understand these differences further:

'Education is largely risk averse, which might be because they see families and children almost every day and very often can be our eyes and ears on the ground. But I'm not sure that all schools understand the nature of the intensity of Breaking the Cycle's work with families.'

'It does appear that the changes in our approaches in Social Services, such as working with and managing risk has been difficult for others to follow and get to grips with.'

'Breaking the Cycle can be proactive - it's intensive and they can use their judgement so they manage risk. Where other statutory services may refer for a step up service, Breaking the Cycle doesn't need to because they can manage the risk and work through the reason for escalation.'

Reducing stigma for families

Breaking the Cycle has challenged some services with regards to the way in which families become labelled and retain their label and their work appears to be misunderstood by some professionals in some statutory services.

'We have reached a point with our services that we can only get people to a state of 'good enough', which for them might be the best option and outcome. But perceptions and labelling of families and individuals seems to follow them in the education setting. Some schools don't appear to be receptive to change, or accepting that people can change, or step down from services.'

'Breaking the Cycle staff should be recognised for what they do, as they do get labelled as being 'not qualified' which is unfair. Their unique selling point is Breaking the Cycle, that's what they are trying to do, It's a brilliant concept. They are working with families to support them and "allow" them not to be stigmatised.'

'We have been influencing schools and other services ... in changing perceptions of families.'

Conclusions

There is clearly a high level of positive joint agency working between social work staff, Breaking the Cycle, health and education. There is room for further understanding of the project and progress to be made regarding shared perspectives of managing risk and thresholds for protection interventions but it appears that ground work has been created for closer joint working to occur.

SECTION 8: ASSESSING THE IMPACT OF THE PROJECT

Breaking the Cycle has had a clear impact upon individual children and parents, the quality of their family life and family wellbeing and has enabled life changes for families; resulting in changes in engagement patterns with partner agencies and statutory services. To best assess the impact, this section first looks at self identified impacts upon children, parents and families, before detailing changes in service interaction.

The impact of Breaking the Cycle upon children's lives from their perspectives

Unanimously, children talked about how much fun and enjoyment they had had within the project, and many of them said that, before, their lives were a bit boring because they did not get to do much after school. Children identified that the project had impacted upon five key life areas as detailed in the table below.

Life area	Examples cited
Raised self esteem or confidence	'Makes you feel good about yourself' / 'Think about myself' / 'Not be so shy'
Self care	'We learn stuff to help us' / 'It does make it better' / 'Helped me get better' [talking emotionally]
Positive family relationships	'I learnt to stick by my mother' / comments regarding male siblings not getting into trouble anymore
Personal safety	'I learnt to be safe' / 'I learnt to be careful' / 'Know how to stay safe' / 'Avoid strangers'
Emotional literacy	'Helped me in my moods' / 'Be patient' / 'Learn about others' feelings' / 'Be happier' / 'I feel happy now' / 'Learn feelings' / 'Be kind' / 'Don't have dark feelings' / 'Understand feelings'

Girls also explained that they like art activities because they helped them to express themselves, suggesting that whilst craft activities support the development of social skills, girls appreciated learning to self express.

Beyond observing family days, evaluators did not have contact with boys and there is little monitoring data that enables an assessment of the impact of one to one work with children. Parents did comment on the impact upon their children such as:

'The boys were being bullied last year; now they have friends, they are happier.'

'Big change at home, the play therapy changed a lot, the kids less moody, less lying, something is definitely working.'

The impact of Breaking the Cycle upon parents from their own perspectives

Parents described the impact of the project mainly in terms of techniques that enabled them to parent more effectively and through comparison of their habits and behaviours at the start of the project compared with when they were interviewed by evaluators after some interventions.

Technique for parenting	Examples cited
Emotional literacy	'I could always talk about the things that had happened to me but it's only since coming here that I began to feel, I began to really open up./ 'I'm happier'/ 'I was aggressive and pissed off all the time.'
Relaxation/ keeping patient	'I've calmed down a lot'/ 'Learning over again ...like counting to 10'/ 'Before I was so stressed, screaming, not good for the kids'/ 'I don't lose my patience so much, I count to 10'/ 'I am relaxed for the first time in years.'
Raised confidence/ self esteem	'Done loads for my confidence'/ 'I feel much more secure'/ 'I am so much more confident'/ 'I'm not so nervous, so anxious.'/ 'I have more confidence with the kids.'
Sense of self/ realising own potential	'I'm thriving on it all'/ 'I wouldn't be doing what I'm doing, I wouldn't be realising my potential'/ 'Would like to work' [hadn't considered work ability before]/ 'Some time for myself'/ 'it helps that I'm allowed to have "me time".'
Ability to reflect	'I've come a long way since last September'/ '[learnt] to do things a different way'/ 'There are intergenerational patterns.'
Reduced isolation	'Not so isolated.'
Finding routines	'[it's] Much different, less chaotic.'

Impact upon family wellbeing

Parents and professionals described the impact of the project upon family life and family wellbeing. Some parents spoke about how they are more active with their children and involved in family life:

'Do more stuff with the kids, we went on a field trip, I joined in, I would never have before, I'd say "what's the point?"'

Others focused upon the change in their parenting techniques:

'Now I am more kind to X [child]. But I'm more firm with him as well.'

Some parents who were still receiving interventions from Barnardo's spoke about the impact the project was currently having upon their lives and reflected upon what it would be like if the project was not there:

'The girls are more settled. Social services have gone. They [whole family] can talk to Barnardo's. The girls don't mix well and don't go out to play. Barnardo's offers someone to talk to and are different to social services.'

'If it weren't for Barnardo's I would be referred back to social services. The girls would be less settled and there would be no one to talk to. It's just a step at a time.'

Professionals described an observable impact upon family wellbeing:

'Families are smiling more, there is less shouting and we have observable behaviours from our work in schools.'

'We see lifestyle changes - home conditions, routines, activities with the kids, healthy cooking, parents are calmer from using techniques that they've learnt - more measured and composed.'

'We have got SEN for children.' [resolving problems with the school]

'Resolved contact issues.' [between controlling ex-partner and a parent].

'The relationship the children have with the key worker is beneficial.' [because it enables children to have different relationships with adults].

Impacts identified by practitioners and professionals

Partner agencies focused upon the success of the interventions from Breaking the Cycle in terms of making progress where families had previously been stuck, in terms of increased engagement with other services and possible reductions of re-referrals to social services.

'Stuck' families making progress

Social services staff spoke about a small number of families that were referred to as 'revolving door' families because they were quickly re-referred to social services after children in need cases had closed and had been involved with social services over many years. It was these families that Breaking the Cycle was perceived to have particularly achieved progress with:

'That family that I was talking about, they had been with Social Services for years but there was only a difference after Breaking the Cycle.'

'The X [family's] case is testimony to Breaking the Cycle's perseverance and the work that they do and the progress that they've made. That case is representative of what we call the 'stuck' cases, the ones that 'bounce back' to us, where we need to be

looking at building confidence and self-esteem.'

Increased engagement with other services

All professionals highlighted how Breaking the Cycle had had an impact upon families' long term engagement with statutory and community services:

'They are quite isolated, not in terms of location but in terms of accessing services and community. Then Breaking the Cycle has made an impact on this and supported the families using other services. For example one of the mums wouldn't leave the house before, but Breaking the Cycle has supported her with going to toddler group.'

'From what we saw the school attendance was so dramatic, from one day per week up to almost every day.'

'Also the improvement in dental hygiene was dramatic.'

Reducing re-referrals

It is too early within the project's lifespan to be able to robustly claim that there has been a reduction in re-referrals, even among families who were described as 'revolving doors'. However, the data is suggestive that re-referrals have reduced:

'As far as I am aware no families have come back to us. That's not to say that there haven't been occasions when families have been on the point of being re-referred, where, say, we've had to convene urgent conference meetings. But the key has been having Breaking the Cycle staff involved in those situations, where they have continued their work and have supported us in clarifying to families that we [social services] are still involved and that we will step back in and formalise things again if need be.'

'I think that it is probably too early to say with certainty about that, but it has been that cases that normally would have come back to Social Services haven't.'

'There are less inactive children and family cases. It takes a drift away and enables a clear step down. Not aware of any families that have been with Breaking the Cycle and stepped down that have been re-referred to social services.'

Changing attitudes of other professionals

Breaking the Cycle has supported joint agency working and led to changing attitudes amongst partner professionals about families' ability to change, explained more comprehensively to other services the issues that families are facing and helped to develop shared understandings on key issues such as safeguarding thresholds:

'What I also found beneficial was that my priority is safeguarding, I spend a lot of my time focusing on it. However, the key worker was able to challenge me on aspects of this and helped and was effective. Schools can sometimes look at families in a

negative way as to why they are not doing certain things, the key worker helped us see that although there was still much to do, there had also been some positive distance travelled from where they had begun. This professional challenge is really important as it helps us look differently at families.'

'[they] Created a better understanding of families' needs within services around them, given debt support so they are financially stronger.'

Conclusions

It is clear that the project is having a significant impact both upon individual families and wider service involvement. The impact of the project can be found within the examples cited by services users and professionals, as one practitioner commented:

'The importance is to recognise the detail rather than just the broad strokes or top level benchmarking.'

There is not the quantitative data available to be able to show measurable impact, but there is strength within the qualitative data. Numbers within the quantitative sample will be larger by the end of the project enabling measurable impact as well as qualitative data presentation.

SECTION 9: CONCLUSIONS AND EVALUATOR RECOMMENDATIONS

Innovative practice

There are six areas of innovative practice that can be identified within this interim report.

1. Participation of service users

There is a high level of participation through using the worry statements for parents to self identify interventions and choose therapies, facilitates peer support and promotes participation in wider services. This level of involvement helps parents have control, learn to trust their own judgements, establish routines and build relationships with other services.

2. Stressing the importance of self-care and coping mechanisms

The project has a therapeutic base, but is holistic; offering a range of practical, emotional, therapeutic and financial support. This enables the development of coping mechanisms and self care, such as parents attending their own appointments or child emotional literacy.

3. Aiming for success through selecting families to join and setting clear outcomes

The project maximises success; through working with social services on selection for referral and setting clear, achievable outcomes. Whilst selection criteria may appear restrictive or cherry-picking, the approach aims to allow families not to engage rather than fail at engagement, which could lower self esteem.

4. A model of key working that includes a full family perspective and empowerment

The key workers have a model of working that empowers parents to take control. The work with children and taking a whole family perspective enables workers to understand complex relationships and work with each household member's strengths.

5. Level of intensity

There is unanimous recognition of the importance of having a long time frame within which to work with families and an intensity of support within that timeframe.

6. Good joint agency working

There is positive joint agency working across statutory services and a will among staff to share learning. With budget cuts affecting all health and social care staff and organisations having to fulfil obligations, it is impressive to achieve this level of joint agency practice.

Challenges facing the project

There are challenges and risks facing the project to be addressed within the next 18 months of the project.

1. Gendered practice

There are gender differences in patterns of service uptake and work with boys and girls, men and women.

2. Human resources and staff requirements

Staff are required to work responsively. This could be a challenge should new key workers be recruited who cannot manage high flexibility due to caring, or other, commitments. There is a line to maintain between flexibility and safeguarding workers' entitlements.

3. Different agency perspectives

There is undoubtedly good partnership working. This can be built upon to overcome challenges regarding different perspectives held about families and safeguarding thresholds.

4. Risks of dependency

The current key workers are working to empowerment models and use clear outcomes that enable exit strategies, but there is a risk that if this slipped, service users could become dependent upon key workers.

5. Not measuring outcomes effectively

The majority of this report is based upon qualitative data collected by the evaluators. The evaluators are working with the project to identify data collection processes which will better support the production of qualitative impact data to inform the final report.

Evaluator recommendations for the next 18 months

1. Improve monitoring processes

Work with the evaluation team to establish consistent data recording for each parent and child within the project, with regular review periods, to enable measurable impact.

2. Disseminate the report to agencies where there is not strong joint working

Use the report and evaluator dissemination to inform potential partners of the benefits to joint working with Breaking the Cycle. Involve current strong partners in this dissemination.

3. Monitor step up and step down family referrals, and re-referrals to social services

Data is only suggestive of the project being more successful with step down services and therefore monitor where referrals come from. Work with social services in mid-year 3 to examine whether any families from Breaking the Cycle have been re-referred.

4. Discuss the gender differences identified and implement pilot group work with boys

There are some programmes for boys regarding positive masculinities and male role models which could be piloted by the project. There may also be a need for thinking specifically of working with mothers and working with fathers.

5. Maintain empowerment models and clear outcomes to achieve within key working

The methods currently used within the whole family approach and supporting families to take control appear to be working well. These need to be maintained in order to avoid developing dependency and to ensure family behaviour change (as opposed to just parent or child changing their behaviour).

APPENDIX: QUANTITATIVE DATA ANALYSIS: OUTCOME STARS

Context and overview of methodology

To monitor and evaluate Breaking the Cycle, Barnardo's has chosen to use two versions of the Family Star Outcomes model; the Family Star Plus model for their work with parents and the My Star model for their work with children. The Family Star model used by Breaking the Cycle focuses on asking each participant a series of scaling questions that explore and map a participant's stepped 'journey of change' through a service, usually starting from a point of the participant being disengaged, through to ultimately being able to demonstrate the confidence to take control of their lives and future. At each stage of the journey, a support worker is available to provide appropriate support and interventions, as necessary.

At each step in the journey, the scaling questions relate to a number of key 'life areas'. In the case of the Family Star Plus used for work with parents, there are 10 key 'life areas' each comprising 10 scaling points - Physical Health; Your Well-Being; Meeting Emotional Needs; Keeping Your Children Safe; Social Networks; Education and Learning; Boundaries and Behaviour; Family Routine; Home and Money and Progress to Work.

For the My Star used with children, there are 8 key 'life areas' each comprising 5 scaling points - Physical Health; Where You Live; Being Safe; Relationships; Feelings and Behaviour; Friends; Confidence and Self Esteem and Education and Learning.

Given some of the significant life issues that participants referred to the Breaking the Cycle project face, the successful use of the Star model relies on the skill(s) of the support worker in developing a positive relationship and trust with each participant, where honest discussions can explore, inform and support progression (and successfully manage any regression) across each 'life area'.

Breaking the Cycle project work

Breaking the Cycle commenced project work with participants from November 2015 and, to date, has concluded work with 10 families comprising of 11 parents and 22 children. Of those families 5 concluded the intervention with a final star assessment with 9 children supported within those families. In addition, the project is currently working with 5 parents and 7 children, with a further 7 children identified as being too young or the referral being inappropriate for the project team to be engaging these children with the My Star outcomes tool.

Outcomes achieved with parents

From the cohort of parents that Breaking the Cycle has worked with since the first referral in December 2015, 3 cases were prematurely concluded, with project work lasting between 1 to 4 months). In two cases, work was concluded on account of concerns relating to child

welfare that necessitated a referral back to Social Services (we have made reference to one of these cases earlier in our report). In 3 of the other cases the intensity of the service proved too much for the parents to cope with due to their own health needs. For the purposes of this outcomes evaluation we have not included any of these cases, as there is no available project outcomes evidence that we would be able to utilise. This leaves a very small data sample on which to base an evaluation.

For the remaining 5 participants, comprising 4 female parents and 1 male parent, the shortest participant engagement with the project lasted for 4 months and the longest engagement lasted for 15 months.

With regard to the use of the Family Star Plus model: 1 participant had 2x Star readings, 1 participant had 3x Star readings and 3 participants had 4x Star readings during the period of their engagement with the project, all of which have been supplemented by cases notes, associated action plans and supplemented by hand written goal sheets developed by project staff.

When looking at the Star readings, it appears these haven't been undertaken at consistent, or set intervals, but at varying intervals of between 2 to 6 months between each reading. It is possible that the varying intervals between readings relates to the issues raised by project staff about the Star model, or may be as a consequence of the fluid nature and complexity of the cases that the project team have been working with. In each of the 5 closed participant cases, outcomes evidence from the Family Star Plus model indicates an overall average positive progression of 0.8 points across the 10 key 'life areas', where scaling is based on a range of 1-10; this ranges from a lowest average positive movement of 0.4 points, through to the highest average positive movement of 1.4 points.

The key life areas of Your Well-Being, Social Networks and Family Routine demonstrated the largest positive movement of 2.6, 1.6 and 1.2 points respectively; all of which are significant movements in the context of Outcomes Star methodology (where a 'big increase' is defined as a movement of more than one scale point). In contrast Keeping Your Children Safe, Education and Learning and Boundaries and Behaviour each showed a movement of only 0.2 points and Home and Money registered no positive movement at all for participants.

For the Family Star Plus model, the average increase and decrease in scores for each scale are best illustrated in the following table which shows the average first and last scores for participant children included in this project report. The difference between these two is the 'change', or outcome, shown in the column on the right (note that there has been an element of rounding in some of these figures).

Scale	Initial	Final	Change
Physical Health	7.0	8.0	1.0
Your Well-Being	5.4	8.0	2.6
Meeting Emotional Needs	7.0	7.4	0.4
Keeping Your Children Safe	7.4	7.6	0.2
Social Networks	6.0	7.6	1.6
Education and Learning	6.8	7.0	0.2

Boundaries and Behaviour	6.6	6.8	0.2
Family Routine	5.8	7.0	1.2
Home and Money	6.6	6.6	0.0
Progress to Work	5.0	6.0	1.0
Average	6.4	7.2	0.8

Outcomes achieved with children

From the cohort of 9 children that Breaking the Cycle has worked with since the first referral in November 2015, 1 case has been discounted for this evaluation as there is no existing outcomes record. For the remaining 8 children identified as being 4 female and 4 male, the shortest period of project engagement was 2 months and the longest 15 months. Looking at the use of the My Star model, it should be noted that the evaluation highlights differing approaches taken to, or the challenges of working with a scaling concept with children.

The methods used to complete the My Star assessment with children has varied depending on the abilities and SEN of each child. In one case the project worker has chosen where to place the child on the scale, whilst in other cases it is quite apparent that the scale chosen in a number of the life areas is the result of an engaging dialogue between the child and the support worker, with the final decision on scaling resting with the child (with appropriate facilitation by the support worker working with them). In other cases and where there may be some challenge in addressing or agreeing 'life areas', the support worker has made a 'final' decision about choosing a scaling point, doing this after a dialogue with the child they are working with.

With regard to the use of the My Star model: 1 child had 1x My Star reading, 2 children had 2x My Star readings and 3 children had 3x My Star readings, and 2 children had 4x My Star readings during the period of their engagement with the project. Case recording has been supplemented by cases notes and associated action plans, although it is not clear whether goal sheets are used by project staff with the children they are working with. In each case, support staff look to have used a more regularly spaced set of reviews in their work with children on the project, when compared to the use of the Family Star model with parents.

In each of the 8 closed child cases, outcomes evidence from the My Star model indicates an overall average positive progression of 0.5 points across the 8 key life areas, with this model being based on a scale of 1-5; this ranges from the lowest, an average *regressive* movement of -0.1 points, through to the highest average positive movement of 0.9 points.

Relationships and Confidence and Self Esteem both registered the highest average positive movement of 0.9 points, with Feelings and Behaviour showing no movement and Where I Live registering a negative movement of -0.1 points. For the My Star model the average increase and decrease in scores for each scale are best illustrated in the following table. This shows the average first and last scores for participant children included in this project report. The difference between these two is the 'change', or outcome, shown in the column on the right (note that there has been an element of rounding in some of these figures).

Scale	Initial	Final	Change
Physical Health	4.3	4.6	0.3
Where You Live	4.0	3.9	-0.1
Being Safe	3.9	4.4	0.6
Relationships	3.3	4.1	0.9
Feelings and Behaviour	3.3	3.3	0.0
Friends	3.7	4.3	0.6
Confidence and Self Esteem	3.4	4.3	0.9
Education and Learning	4.0	4.4	0.4
Average	3.7	4.2	0.5

Themes and lessons learned

1. *Initial referrals*

A number of early referrals quickly dropped out of the project, either because the referral itself was not appropriate, or because pressing child protection concerns or issues relating to the behaviour of referred parents necessitated a timely referral back into Social Services. It is clear through project evaluation interviews that these issues have been largely addressed through the positive working relationships that have been developed between the project team and referring agencies.

2. *Use of the Family Star*

The Barnardo's Project Manager reported in our evaluation discussion that the Family Star was chosen as a model for this project as it had already been successfully used by Barnardo's in other longer term family support services in Wales. However, the Project Manager indicated that early project staff changes and the complex nature of the referrals that the project has received has meant that team's use of the Star model has arguably not developed in the way that was anticipated.

A common theme in the use of Outcome Star model and methodology is that at the initial assessment point participants may overstate their level of achievement across a number of 'life areas'. The reasons for this may be many fold; participants may not have worked with such a model previously; some of the questions focusing on key 'life areas' may be perceived as intrusive; it may take time for the support worker to develop a trust based relationship with project participants; participants may not want to acknowledge 'failure' where such acknowledgement in the past may have been linked to a withdrawal of a particular service; or participants may simply want to develop a positive relationship with their support worker and may conflate their answers to facilitate this.

The effect of any one, or a combination of these factors can be that the initial Star 'reading' (as they are termed) may not provide a true reflection of where participants see themselves on a scale of achievement and that a true reflection of this may only become apparent at subsequent readings, or as the relationship with a support worker develops. Staff felt that reviewing the Star at regular set stages or intervals (as is recommended in the use of the model) created a degree of 'artificiality' in trying to review and measure progress. Given the

complex nature of the referrals that the project has been dealing with and some of the challenges in ensuring that the right type of referrals were made to the project initially, identifying and recording positive progression or change presented a difficulty, particularly where the project work with participants was fluid, or complex and focused on a number of life areas that crossed over each other.

3. Use of goal sheets

In an attempt to address some of the challenges of getting the Family Star to work effectively, the project team developed a set of goal sheets, used with and agreed between the support worker and participant. These goal sheets highlight a specific area of the Star 'life area' to be addressed, indicate the 'worry' that the participant had about addressing that 'life area' and then set out specific 'goals' to address each 'worry'. Each goal sheet contains three measurement points, a start, mid and finish point with scaling on a range of 0-10 and a descriptor outlining what success could look like (involving a combination of 'knowledge, doing and confidence'). A further descriptor identifies what the goal could look like at different levels, from an initial point of the participants being 'stuck' (indicated in red), through to being 'effective' (indicated in gold). These goal sheets are in turn linked to specific actions identified within each individual action plan drawn up and agreed for each participant.

The Project Manager felt that this approach allowed the staff team to identify, capture and record important issues that could be reflected in each of the 'life areas' within the Family Star, whilst allowing staff greater flexibility in working through these life areas and action plans with the parents (and children) they were working with. At all times extensive case note recording has been undertaken by project staff. In effect, Breaking the Cycle's use of the goal sheets has become a useful supplementary tool, in allowing the project team to capture information that feeds into the project's work with individuals, particularly where that work may be complex and multi-layered and where the needs of participants may frequently change.

4. Recording project outcomes

In addition to the implementation of goal sheets the project team took a decision to conduct a Star reading at the initial point of assessment and referral and then again at the end of the work with each participant. It is clear that the use of supplementary recording methodology (through the use of goal sheets) has helped the project team in tracking and evaluating the effectiveness of their interventions with parents and children, but it does raise a number of issues for consideration for the next 18 months of the project. The use of goal sheets in addition to Outcomes Star adds to the workload of the project and has led to some electronic and some hard copy recording.

Way forward and next steps

In the process of this mid-term evaluation, evaluators have had discussions with the project regarding how to use the Family Star Plus/My Star models more effectively, as a means to capture and demonstrate the impact of the work of the project that has been evidenced from the qualitative data.

Agreement was made that the project team will use a 3-stage Family Star and My Star outcomes capture; undertaking a Star reading at the initial point of review, looking to undertake a Star reading with parents and children at a set mid-point of their engagement and then undertaking a final Star reading at the end of the project team's involvement. The rationale for this approach is that the current practice of only taking 2-stage Star readings at the beginning and end of project engagement may not provide a comprehensive illustration of the 'journey of change' undertaken by participants on the project. This is an important point if we accept that the initial or first reading using this tool can often be an over inflated one (for the reasons that we have highlighted above) and that subsequent readings using this model will usually show fluctuation and variation in progression on the 'journey of change'.

Although it is clear that the outcomes evidence to date does show overall positive progression with the small number of cases where work has been concluded, it may equally be the case that a reading at the start and the end of engagement only provides a 'crude' analysis of the work undertaken with participants and doesn't wholly capture the key stages in the development and progress they may have made. A mid-point review would allow a journey to be plotted more accurately and would offset the potential artificiality of the initial/first reading. In addition, the Star graphic that can be produced and shared with participants can be a powerful tool in illustrating the progress that individuals have made and can be effective in unlocking challenges and assisting in moving participants on at points of particular challenge and difficulty in a number of 'life areas'.