

**Reducing Recurrent Care Proceedings**

**Service Evaluation: Salford Strengthening Families**

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# Background

## National context

Recurrent care proceedings account for a very significant proportion of all care proceedings in England and carry a high human cost. The authors of a landmark study (Broadhurst et al, 2015 and 2017) found that almost 1 in every 4 mothers in English family courts is likely to re-appear in a subsequent set of proceedings within seven years. These findings were drawn from a dataset of 43,541 birth mothers involved in Section 31 proceedings between 2007 and 2014 derived from national Cafcass records. The probability of recurrence within this group of mothers over the whole 7-year window was 23.7%. The probability of recurrence within this group within 1-2 years of initial proceedings was 13.2%.

Until recently, very few birth mothers or fathers who lose a child in this way are offered any follow-up support, despite often facing multiple challenges including addiction, mental health problems and domestic abuse. Practitioners agree that this is a significant cause of ‘revolving door’ cases, whereby the same families lose a number of children in subsequent family court cases at significant financial cost to local authorities and emotional cost to those involved.

Since 2012/13, a number of new local services have been established to address this challenge. These include the DfE Innovation-funded Pause initiative and many others established by local authorities, often working in partnership with voluntary agencies (Ryan et al, 2019). Evaluations have been conducted for a number of these new initiatives (DfE, 2017; Blumenfeld and Taggart, 2018; Cox et al, 2015, 2017; Cox and McPherson, 2018; McPherson et al, 2018, 2019 and 2020).

## Salford response

The Strengthening Families Service was set up in 2014 as a direct response by Salford City Council to the growing number of women repeatedly losing their children to the care system due to a range of issues such as domestic abuse, poor parenting, crime, drug and alcohol abuse. Strengthening Families is an intensive service for parents who have had at least one child previously removed through care proceedings. It was initially set up to provide support for pregnant women who had had a previous child removed and were at risk of their unborn child also being removed from their care. Over time, and in response to the needs of the families the service was working with, Strengthening Families developed further to work with fathers as well as mothers, and to provide ongoing support for parents who had just experienced the removal of a child through care proceedings, were not pregnant and had no children living with them.

In 2020 Salford City Council published the Salford Strengthening Families Handbook which describes the service as providing support for parents in different ways at three different stages of their lives after losing their children through court proceedings: after a child has been taken in care; where the mother is pregnant again; and where families were successful in retaining care of their children.

Strengthening Families practitioners provide intensive support for parents through home visiting, one to one sessions and group work on a range of parenting courses. The programme aims to enable more children to stay safely with their parents and to break the cycle of repeat removals.

The team comprises a manager, 2 lead practitioners, 4 practitioners and 1 dedicated midwife: all are full time posts apart from the midwife who is 0.8 FTE. The programme delivers bespoke 1:1 sessions, group work sessions, or both. Practitioners adopt an ‘assertive outreach’ approach, often working outside of ‘normal’ hours and being flexible and creative in their approaches and venues for meetings.

### Programmes

The practitioners are all trained in delivering Incredible Years[[1]](#footnote-1) and Triple P[[2]](#footnote-2) parenting programmes. The groups that parents are encouraged to attend are:

* Health in Pregnancy and Parenting (HIPP) which takes place once a week, for two hours, for eight weeks. This was developed by the first midwife to work with Strengthening Families, the parenting practitioners and local health visitors. It is a bespoke group for women and their partners who have been referred into Strengthening Families. It is designed to be delivered to mothers/parents during pregnancy. It becomes a closed group after two sessions, so parents who are referred into the programme while a group is already running will get more 1 to 1 attention until they can attend the group.
* Baby Incredible Years. This is an evidenced based parenting programme which runs for eight sessions. It is delivered by Strengthening Families practitioners with other family support staff or Health Visitors and is delivered to a wider group of parents, not just those working with Strengthening Families. It is a post-natal group.
* Toddler Incredible Years which runs for 12 sessions, as above.
* Pre-School Incredible Years which runs for 14 weeks as above.

As well as providing direct intensive support to parents, the Strengthening Families team works in partnership with a wide range of service providers to access and coordinate the specialist help that families need from children’s services, health care providers, mental health services, drug and alcohol services and early years providers. In all three pathways, Strengthening Families supports parents as they work with a wider range of agencies to deal with practical issues such as housing, work and benefits and as they interact with agencies such as education and the police.

The support provided to parents under each Pathway is described in more detail in the section on feedback from practitioners and parents. The approach is similar whatever the pathway, except that Pathways B and C are more focused on parenting skills and parenting capacity than Pathway A. The service has begun to expand its criteria to fathers who have had children removed and not just mothers. Support is provided in different ways at three different stages in parents’ lives after court proceedings:

* Pathway A: Post proceedings early intervention and prevention, which supports parents during the weeks and months after their child has been taken into care. Strengthening Families supports parents as they come to terms with the ruling and begin to address some of their choices and behaviours that might have contributed to the judgement. Parents are helped to prepare for parenthood in the future and are supported to manage contact with their existing children appropriately. Support is available for a maximum of two years.
* Pathway B: Pre-birth pregnancy support and preparation for social work assessment, which supports parents who are expecting a child. Expectant mothers who have had a child removed, or whose partner has had a child removed, are referred as early as possible in their pregnancy and always before they reach 20 weeks. Strengthening Families works intensively with both partners to support them to grow their parenting skills, helping them learn how to provide a safe and loving environment for their baby. The service also works alongside children’s social workers to prepare for the required assessments to demonstrate that the baby will be safe and cared for. Support transitions to Pathway C when parents are able to take their baby home safely, or if the baby is taken into care.
* Pathway C: Post birth family support through to school readiness, which supports parents from the birth of their baby until their child begins school. Strengthening Families works alongside social workers, early years providers and healthcare professionals to continue to support parents to develop their parenting skills as their child grows and their needs change over time. Over a maximum of five years the support parents receive reduces, moving from intensive to ongoing until eventually parents exit the service when their child begins school.

### Pathways

The three different pathways through which the staff support parents and the elements of work under each pathway are set out in the chart on the next page.[[3]](#footnote-3)



The criteria for a referral directly into Pathway A is that a parent has recently had a child or children permanently removed through care proceedings. This could be a parent who has already been working with Strengthening Families on Pathway B, or it could be a parent who has had no previous contact with the service.

The criteria for a referral into Pathway B is that a mother who has had a previous child removed is pregnant, is at risk of having a further child removed and is under 20 weeks pregnant. Pathway C is for parents who have been through Pathway B and have been able to retain care of their baby.

All of the referrals analysed in this evaluation were made under pathway B, but parents would then have moved onto pathway C after the birth of their child (if the child remained with the parent) or pathway A (if their child was taken into care after birth).

Effective practice and the success of Strengthening Families are underpinned and assured by a set of five non-negotiable, essential features:

1. Early identification in pregnancy. The earlier they receive referrals the better the outcomes.
2. Relational practice and assertive outreach.
3. Support that lasts five years for families or up to two years for adults.
4. A consistent focus on support for parenting.
5. A continuous cycle of consultation with parents.

**Greater Manchester context**

As part of the wider Greater Manchester Children’s Social Care Spreading and Scaling of Innovation programme, all ten Local Authorities within the region have agreed to establish a Community of Practice model to spread and scale Salford’s Strengthening Families model. This will include consideration of the learning form the PAUSE project in Wigan and from the COMMA project in Stockport. This approach will also be used to deepen the evidence base, codification of the Strengthening Families model , establish better cost benefit analysis and in a way that will enable key practitioners to share knowledge, expertise and best practice.

At the time of writing, defining and proposing the Community of Practice is being led by Salford Council in partnership with the Innovation Unit. They will work initially with Rochdale Council (who have prioritised spreading and scaling Strengthening Families to their borough) and with Wigan Council (building on the PAUSE work). The group will then work with Manchester, Oldham, Bury, Bolton, Tameside, Trafford and Stockport Councils to build the wider Community of Practice. The programme will be supported by Research in Practice, the Family Justice Observatory (who have worked alongside Salford for much of the Strengthening Families project) and the Greater Manchester Combined Authority.

The aims and objectives are to:

* Develop a ‘new approach’ for Greater Manchester as opposed to a ‘new model’ (given that Strengthening Families and PAUSE are existing models) to tackle the issue of recurrent care proceedings.
* This would be informed by aligning three fields of knowledge – professional and contextual, new knowledge we create by collaborating and ‘public’ knowledge; theory research and great practice elsewhere.
* Facilitate the further development and implementation of a consistent asset based model thereby allowing Greater Manchester to adopt ways of working and sharing a common ambition across the board.
* Shape a system-wide approach to this cohort of families to improve outcomes and reduce demand.

**Service evaluation**

Strengthening Families is part of the scale and spread of innovation across Greater Manchester over 2019-20 and this prompted the decision to commission an independent evaluation of the service. This service evaluation report has been prepared by a team from the University of Essex. The team, led by Prof Pamela Cox, has completed evaluations and service development reports on five similar services:

* *Positive Choices*, run by Suffolk County Council.
* *Mpower*, run by Ormiston Families in Suffolk.
* *Rise*, run by the Marigold Children’s Centre in Southend, Essex.
* *Step Together*, run by Venus Charity in Sefton, Merseyside.
* *Stockport Comma,* run by Stockport NHS Foundation Trust.

Working in conjunction with Research in Practice and Lancaster University’s Centre for Child and Family Justice Research, the team has advised 11 further local authorities in England seeking to develop or extend services to reduce recurrent care proceedings (Ryan et al, 2019). It is also evaluating the Community of Practice for practitioners that is currently being developed by Research in Practice (funded by Public Health England) which aims to improve sexual and reproductive health support to birth parents who have had children removed from their care.

Prof Cox is a member of Pause’s evaluation advisory board. A number of Pause services, have been established in England in recent years following the extension of an initial series of DfE-funded pilots (Pause, 2018; McCracken et al, 2017). Dr McPherson recently led an evaluation of a parent-infant mental health service in Norfolk that works with edge-of-care families including those with previous removals (McPherson et al, 2018). Mary Ryan is an independent consultant who has been closely involved in the evaluation and roll out of Family Drug and Alcohol Courts (FDAC), an early service responding to recurrent care. As a Senior Associate of Research in Practice she has been closely involved in taking the messages from research into recurrent care into practice and service development. Vanessa Baxter is a Senior Research Officer at the University of Essex with extensive experience of social care research and analysis while working for Essex County Council.

# Situation Analysis

Salford was ranked as the18th most deprived local authority area out of 317 areas in England, according to the 2019 Indices of Multiple Deprivation. Within Salford the most deprived wards were Langworthy, Little Hulton, and Broughton, while the least deprived wards are Worsley, Boothstown & Ellenbrook, and Claremont.

The Mental Health Strategy for Salford (2019-2024) estimates that 36,357 people out of the 233,933 living in Salford (16%) are likely to have a mild to moderate common mental health problem. Low mental wellbeing rates are strongly linked to deprivation.

The number of looked after children in Salford fell between 2014 and 2017, but increased in 2018 and again in 2019 to 583 (a similar figure to that in 2014). The rate of looked after children was 111 per 10,000 children aged under 18 in 2014, then fell over the next two years before rising to 103 per 10,000 in 2018 and 2019. The Salford rate is significantly higher than the England average of 60 per 10,000 children in 2015 and 60 per 10,000 children in 2019. It is also higher than the North West regional rate of 82 per 10,000 children in 2014 and 94 per 10,000 in 2019.

There were 489 children subject to a Child Protection Plan in Salford as at 31st March 2019, a rate of 86.4 per 10,000 children (up from 278 children and a rate of 53.4 as at 31st March 2014). Again this is significantly higher than the England average of 43.7 per 10,000 and the regional average of 56.5 per 10,000 in 2019.

In 2018, 29 girls aged under 18 conceived for every 1,000 girls aged 15-17 years living in the Salford City Council area. This is higher than the England average of 16.7 per 1,000 and the North West regional average of 21.7 per 1,000. The area has a higher teenage conception rate compared with the England average (approximately 19 per 1,000). Just over half (54%) of teenage conceptions in Salford in 2018 led to an abortion, and 46% to a birth. Conceptions in areas of deprivation are more likely to result in births.

Over a five year period (2005-2012) Salford Council had experienced significant numbers of repeat pregnancies in parents who have had children removed, with 228 mothers and 644 children involved in repeat removal cases.

Over the same period, 65% of all looked after children were from mothers who had had more than 1 child taken into care.

There was an average of 17 months between first time mothers appearing in court with an infant and the second time that she appeared with another infant.

The hardest to reach families were resistant to accessing support or advice, and therefore safeguarding concerns left unresolved following the removal of a child. There was no support prior to 20 weeks gestation, which was identified as a missed opportunity. In addition, health inequalities meant that families were not accessing health services consistently.

Since the inception of the Strengthening Families programme in 2014, and according to Salford’s own data:

* 209 families have been referred under Pathway B.
* Another 15 parents were referred post-proceedings under Pathway A.
* 271 children had been previously removed from the care of the 209 families.

# Evaluation methodology

The evaluation has focused on the following questions posed by Salford Council:

* To what extent is the model effective in reducing the numbers of children being removed from families?
* To what extent does the programme impact on families’ well-being, resilience and stability?
* How do specific elements of the programme impact on families?’
* What are the factors that enable or challenge the achievement of the programme’s aims?
* What has been the impact of the Strengthening Families programme on parents?
* Have children that have been through the Strengthening Families programme achieved the expected level of school readiness?

This evaluation was conducted using qualitative feedback plus data collated retrospectively, based on the key datasets suggested within the toolkit created by a University of Essex research team to assess the impact of interventions seeking to reduce recurrent care proceedings. An overview of and guide to using the toolkit is available on the [Research in Practice website](https://www.researchinpractice.org.uk/children/publications/2019/may/working-with-recurrent-care-experienced-birth-mothers-resource-pack-2019/) or on request from the university’s Health and Social Care Research Service (hcrs@essex.ac.uk).

## Quantitative data

The data on which this evaluation is based was collected retrospectively by Salford Council. The University of Essex team provided a list of variables - based on its existing recurrent care services evaluation tool – that were essential, plus variables that would be desirable for the evaluation.

Some information could be extracted automatically from Salford Council’s case management databases, but much had to be extracted manually by practitioners based on case notes and their knowledge of each family. Of the total of 209 clients, 65 clients had been with the service for 3 or more years and were included in the evaluation. These 65 clients had 38 children and represented 37 families. All of these parents were referred on a date between May 2014 and February 2017 under Pathway B.

An initial ‘dip-sampling’ exercise was completed by three practitioners to look at the most resource effective way of searching available documents/assessments/forms to establish the information required. The practitioners identified a number of rules for the data collation to ensure that there would be no continuity issues:

* Use of the first official document recorded within a set period to obtain all answers for that set of data e.g. assessments, minutes or reviews. This does mean that at certain stages (e.g. point of referral) we are missing data that becomes available much later on, such as level of education.
* Use of the first official document recorded within the third year to get all of the answers for that set of data (e.g. assessments, minutes or reviews). This avoided the risk of obtaining conflicting data within the same year within different documents due to family fluidity (e.g. changes to relationship, housing status etc). This information was overridden by practitioner knowledge or recollection where relevant.

For the third year data, most of the information was based on practitioner knowledge, since due to cross threshold working there are not any set forms used to record information, unlike at the point of referral and following referral where practitioners consistently refer to Contact Records, Referral Records and Child & Family Assessments in Care First.

## Qualitative feedback

For the qualitative element of this evaluation three groups of people were interviewed by a member of the research team:

* Parents currently receiving support from Strengthening Families.
* Strengthening Families staff members and managers
* Other professionals working with parents in contact with Strengthening Families.

Parents: eleven parents were interviewed, eight mothers and three fathers, from a total of eight families. The three couples agreed to be interviewed together, even where they were no longer in a relationship. The parents were identified by Strengthening Families staff and the interviews took place in a private room at the Strengthening Families offices. The interviews were semi-structured, lasted from 45 minutes to an hour and it was made clear to the parents that whatever they said would be confidential and not impact on their case. The interviews were recorded and transcribed. The parents interviewed were at different stages in their working relationship with Strengthening Families. They included three parents who had been successful in retaining care of their babies very recently, five parents who had retained care of their children some years previously and whose children were older or approaching school age, two parents who were pregnant and hoping to retain care of their baby, and one set of parents who did not have any children with them at that time.

Strengthening Families staff: all eight members of staff and their manager took part in a focus group held at Strengthening Families offices. The focus group lasted for two hours and was recorded and transcribed. In addition, interviews were carried out over the telephone with a former manager of the service and the Head of Service for Early Help, who at the time of the interview held overall responsibility for Strengthening Families.

Other professionals: seven professionals who work with families in contact with Strengthening Families took part in interviews. The interviews were semi-structured, lasted between 30 to 45 minutes and were conducted over the telephone. Detailed notes were taken of the interviews. Those interviewed included four social workers (managers and staff), a housing officer, a young fathers’ worker and a health visitor.

The qualitative feedback was analysed using a thematic approach, identifying patterns and themes in the data in order to develop a rich and detailed account of the participants’ experiences.

**Participant recruitment**

The parents interviewed were all currently in receipt of services from Strengthening Families and had been asked to take part by the staff. It was not possible within the timescales of the evaluation to identify and interview more parents or to make contact and interview parents who had dropped out of the service. Other professionals were contacted following recommendations by Strengthening Families senior managers, again in order to facilitate interviews being carried out within a short space of time.

# Executive Summary

## Headline summary

Since being established in 2014, the Strengthening Families Service has (as at March 2020):

* Developed new provision to meet the needs of women experiencing or at risk of recurrent care proceedings in the Salford area.
* Established referral routes into the service.
* Recruited and trained practitioners working for the service.
* Engaged with 209 families, of whom 65 clients from 37 families have been tracked in this evaluation, plus 15 women referred post proceedings.
* Delivered a service that directly contributed to the avoidance of 118 children becoming looked after, representing annual savings on looking after these children of £3.8 million. This should be offset against staffing costs of around £940,400 in total over the five year evaluation period.
* Commissioned an independent evaluation from a research team at the University of Essex, using retrospective data.
* Developed good joint working between Strengthening Families workers and social workers and professionals from other services.
* Put into practice the principles underpinning the work of Strengthening Families.
* Delivered positive impact and improved outcomes for children and families.
* Developed contacts, and shared learning with, other agencies providing similar services around the country, including contributing to the spread and scale work on recurrent care services in Greater Manchester

## Referrals

The Strengthening Families Service received 224 referrals in total between 1st April 2014 and 31st March 2019, a small number of which were inappropriate referrals. This evaluation focuses on the data for 65 parents (28 couples plus 9 lone mothers) who were referred between May 2014 and February 2017 and who have worked with the service for at least three years.

Of these 65 parents, just over half were referred by midwives, with 26% referred from social care teams, 12% from Early Help and the others from a mixture of organisations.

18% of female clients had been in care, but no male clients had been. Another 55% of women and 14% of men, representing 38% of all clients, had had involvement with Children’s Social Care as a child.

Referrals to the service recorded a primary need for each client and also identified other needs for the majority:

* 30% of females and 43% of males had ‘previous children removed’ recorded as the primary need[[4]](#footnote-4).
* 14% of females and 43% of males had substance abuse as a primary or other need.
* 41% of females and 25% of males had mental health issues as a primary or other need.
* 32% of females and 29% of males had domestic abuse as a primary or other need.

## Client backgrounds

Concerning reported or known abuse 83% of women and 14% of men, representing 57% of all clients. 83% of female clients and 14% of male clients (representing 57% of all clients) were known to have suffered physical abuse from partners at the time of referral (the figure may be higher owing to unreported abuse). Additionally, 85% of women and 18% of men were reported to have suffered emotional abuse. While 52% of female clients were known to have suffered sexual abuse, no men had reported this.

At the time of referral, 45% of clients were co-habiting and 16% were married, while 31% were in a relationship and 8% were single. Regarding accommodation, 54% of clients were living in Housing Association accommodation, while 23% were living with family, 19% were renting privately and 3% were homeless. 67% of clients were unemployed, while 29% were employed full time, 2% were working part time and 2% were self-employed.

Of the 41% of clients known to be on medication for emotional problems at referral, the majority were female.

9% of clients were involved with probation services at referral to the service (4 women and 2 men).

At referral, 39% of clients had known problems with alcohol use (13 women and 10 men) while 36% of clients had known problems with drug use (10 women and 11 men) and 29% had a known problem with both drugs and alcohol use.

## Social and wellbeing outcomes

Partner abuse was identified among 20% of clients after three years, compared to 57% of clients at referral.

There had been a number of changes in relationships amongst the clients after three years, but the overall proportions co-habiting/married or in a relationship were similar, although there was a slight increase in the proportion who were single/separated. After three years there were more clients living in Housing Association accommodation or renting than at referral. There was little change in the number of clients who were unemployed after three years.

The proportion of clients on medication for emotional problems was very similar after three years (41%), although the number had increased from 16 to 19 clients. 7 clients taking medication at referral were no longer doing so after three years.

No clients were involved with probation services after three years (compared to 15% at referral).

Alcohol was a problem for just 14% of clients (4 women and 3 men) after three years, compared to 39% at referral. Drugs were a problem for 13% (3 women and 3 men) after three years, compared to 36% at referral. Drug and alcohol use were a problem for just 4% of clients after three years, compared to 29% at referral.

Although caution must be taken due to a small number of children, it appears as though the children of Strengthening Families parents performed better than looked after children in their level of development by age 5.

## Preventative outcomes

All of the female clients being tracked for this evaluation were pregnant at referral (since all were referred under Pathway B), and data is available for 38 children born to the families being evaluated since their referral to the Strengthening Families Service.

Within three months of their birth, 63% of these children had Child Protection status, while 16% were classed as looked after children. In terms of the final known status (as at case closure) for these children, 58% were in receipt of Universal Services:

Where previous children have been removed, recurrent pregnancies always result in recurrent care proceedings. All the mothers in the evaluation sample were pregnant and had had a previous child removed, so that we therefore assume that they all would have gone through care proceedings, which are estimated to have an average cost of £32,263 per case[[5]](#footnote-5). We do not know how many of the additional 17 children born (additional to the child that mothers were pregnant with at referral) were not the subject of care proceedings.

Cost savings for subsequent years can be inferred – with some caution. Babies removed from birth parents in these circumstances are often adopted and therefore do not present such high ongoing costs to local authorities. However, in the event that adoption arrangements cannot be made or break down, substantial ongoing costs in the form of long-term foster care and associated expenditure for looked after children could be incurred up to age 18. The estimated average annual cost of supporting each Looked After Child is £52,676 per child per year[[6]](#footnote-6).

Of the 38 children[[7]](#footnote-7) born to the families being evaluated, just 6 became looked after children while the rest remained with their families. If these 32 children in the evaluation sample had become looked after children, the annual cost to Salford could have reached £1.0 million. Over 18 years, this could have amounted to £18.6 million.

The data for the 110 children born to the families not part of this evaluation sample (but whose cases have been closed) show that 24 became looked after or were adopted. The avoidance of the other 86 becoming looked after would have amounted to £2.8 million per year or £49.9 million over 18 years.

This would represent total annual savings on looking after children for the whole cohort of 148 children born of £3.8 million, or potentially £68.5 million over 18 years. These savings are to be offset against the cost of staffing the service over that time, which was around £940,000 over the five year period 2014/15 to 2018/19[[8]](#footnote-8).

Strengthening Families also worked with 15 women referred on Pathway A which supports parents for u to two years after their child has been taken into care. Without intervention, and assuming Broadhurst et al’s (2015) calculation that the probability of recurrent care proceedings within this group within 1-2 years of initial proceedings is 13.2%, we estimate that 2 of these 15 women would be likely to face recurrent care proceedings. However, we do not have the data for these women to know how many of them did not, in fact, do so.

## Qualitative feedback from practitioners, professionals and parents

Interviews indicated that among those who work alongside Strengthening Families there is adequate clarity about the aims of the service, the nature of the work that they do, and referral criteria and routes in to the service. However, ensuring that the service is known by other professionals so that appropriate referrals are made needs constant attention, most commonly because of staff turnover in both children’s social care and midwifery services.

Pathway A is the least familiar to all those spoken to, and there remains some confusion about referral criteria and processes, but there was also recognition that this element of the service was needed.

There is support for the location of Strengthening Families within the Early Help Service. A consistent view was expressed by both parents and professionals that the different role played by Strengthening Families staff, compared with that of social workers, assisted in the engagement of families. It was agreed that when parents have had previous children removed through care proceedings they can feel hostile towards social workers and be reluctant to engage with them. Important differences identified were that Strengthening Families practitioners could visit parents more frequently, stay involved for longer and assist with practical issues, alongside supporting parents to improve their parenting capacity and understanding of professional concerns.

There is evidence of good joint working between Strengthening Families workers and social workers and professionals from other services. There is recognition of some tension at times between Strengthening Families staff and social workers but also recognition that there are clear systems for resolving disagreements.

There is evidence from the interviews with parents, and from interviews with others, of the principles underpinning the work of Strengthening Families, as described by staff and managers, being put into practice:

* A belief in capacity to change – parents spoke about the hope they were given by Strengthening Families staff
* Intensity of the work and the persistence of staff – demonstrated through the descriptions of frequency of visiting and other activities of staff
* The relationship-based approach – considerable evidence of the strong relationships staff develop with parents and their good working relationships with other professionals
* Openness and honesty of staff – their ability to challenge parents and to give difficult messages was described.
* The flexible and tailor-made approach to each family.

Interviews with parents and professionals give indications of the positive impact of the service and improved outcomes for children and families. These include families being able to keep their children at home safely; improved parenting; ability to manage finances better; and improved family functioning.

Parents highlighted the strength of the relationships established with them by the Strengthening Families staff. There is evidence of Strengthening Families staff providing a combination of practical support of a wide range combined with direct work focusing on parenting, relationships with children and healthy relationships with partners and other adults. Parents attending the range of groups offered to them were able to identify ways in which they had found these helpful, and what they had learnt.

Those interviewed believed that involvement with Strengthening Families improved parenting capacity and confidence and family relationships. They also noted that families who had worked with Strengthening Families were better able to engage with social workers and with other services and were more confident in seeking help when they needed it. There is general support for the length of Strengthening Families involvement in Pathway C from professionals and strong support from parents.

The early work with parents who are pregnant is recognised as very helpful by social work colleagues who carry out pre-birth assessments. Helping parents stay connected with the children they are separated from is something that was seen as helpful by other professionals and is clearly very important to parents.

Interviewees were asked what might improve the service and a range of suggestions were made including:

* Developing further the types of support for parents in Pathway A
* Developing better systems for collecting outcomes and publicising them, together with improved dissemination of information about the service.
* Widening the criteria for referral.
* Having fast track access to some essential services.
* Having a specific worker for fathers.
* Access to a small budget to enhance the team’s ability to provide practical support for parents.

# Recommendations

The Strengthening Families Service should:

* Develop an evaluation tool for future monitoring and evaluation of the three pathways, such as a client tracker (see the tool developed by this evaluation team, and detailed at Research in Practice, 2019). This should include sharing data between teams within the Council, including Education data.
* Create channels for more systematic service user feedback and consider suggestions made by service users in this report.
* Undertake systematic analysis of the reasons for service user non-engagement, taking into account new insights on trauma as a factor in non-engagement (see Research in Practice, 2019).
* Note that the Strengthening Families 3 pathway model is rare in this field, and should be further developed.
* Consider expanding clinical inputs into the service and the use of validated clinical measures to assess parents’ needs within, and responses to, the service, noting that this is especially important for parents experiencing more entrenched mental health conditions and challenges who would likely benefit from specialist psychological or psychiatric engagement.
* Recruit staff who can focus specifically on post-proceedings support, and consider at what stage this should be provided.
* Enhance the support offered to fathers, e.g. appointing a specific practitioner to work with birth fathers and new male partners where appropriate.
* Connect with similar services offered elsewhere in the northwest and across England and Wales in order to share, and gain further insight from, best practice in this field. In particular, SF should share their experience of developing their unique three pathway model with other services seeking to meet the needs of parents as well as those looking to become parents.
* Encourage or require their practitioners and managers to consult the new online resource pack, ‘Working with recurrent care-experienced birth mothers’, compiled by Research in Practice (2019, see [website](https://www.rip.org.uk/resources/recurrent-care/)) and join the online PHE-funded national Community of Practice on access to reproductive health care and related services to be established by Research in Practice.
* Continue to develop and deliver their valuable service with children, parents, families and practitioners.

# Detailed Findings from Service Data

## Referrals

Between 1st April 2014 and 31st March 2019, and according to Salford’s own data:

* 209 families were referred under Pathway B (209 mothers plus 67 fathers).
* Another 15 parents were referred post-proceedings under Pathway A.

This evaluation focuses on a sample of 65 parents referred on Pathway B who have all worked with the service for at least three years. This has allowed us to track progress for these families during their engagement with the Strengthening Families Service.

There is limited data on the families in the total cohort who are not in the evaluation sample. The mean age of mothers in the total cohort is significantly lower than in the evaluation sample while the mean age of fathers in the sample is higher than the whole cohort.

**Table 1: Age range of clients referred**

Evaluation sample Total cohort

|  | Females | Males | All clients | Mothers | Fathers | All clients |
| --- | --- | --- | --- | --- | --- | --- |
| 19 or under | 8% | 7% | 8% | 21% | 9% | 19% |
| 20 to 24 | 24% | 11% | 18% | 31% | 28% | 30% |
| 25 to 29 | 32% | 25% | 29% | 21% | 19% | 21% |
| 30 to 34 | 16% | 7% | 12% | 15% | 14% | 15% |
| 35 to 39 | 19% | 21% | 20% | 10% | 14% | 11% |
| 40 or over | 0% | 29% | 12% | 1% | 16% | 5% |
| Mean age | 28 | 36 | 30 | 25 | 30 | 26 |

A total of 271 children had been previously removed from the care of the 209 families in the total cohort. The number of previous child removals ranged from 0 to 10, with a mean of 1.4. The mean number of previous child removals within the evaluation sample was 1.2 (2.0 for women and 0.3 for men). (NB: The clients with no previous removals all had partners who had experienced care proceedings with a different partner.)

Over half of the total cohort live in areas ranked as being in the most deprived 10% of areas nationally, according to the Indices of Multiple Deprivation area rankings.

The 65 parents in the evaluation sample comprised 28 couples referred together and 9 mothers referred alone (without fathers). All were referred between May 2014 and February 2017 on Pathway B, but then moved to pathway A or C depending on whether or not they kept the child after birth.

Of these 65 parents, just over half were referred by midwives, with 17 referred from social care teams, 8 from Early Help and the others from a mixture of organisations (see Table 2 below).

**Table 2: Source of Referral**

**Female Male All clients**

|  | n | % | n | % | n | % |
| --- | --- | --- | --- | --- | --- | --- |
| Midwifery | 19 | 51% | 15 | 54% | 34 | 52% |
| Children's Social Care | 10 | 27% | 7 | 25% | 17 | 26% |
| Early Help | 4 | 11% | 4 | 14% | 8 | 12% |
| Bridge | 2 | 5% | 1 | 4% | 3 | 5% |
| Community Mental Health Team | 1 | 3% | 1 | 4% | 2 | 3% |
| Police | 1 | 3% |  | 0% | 1 | 2% |
| Total clients | 37 |  | 28 |  | 65 |  |

Of the 65 clients included in this evaluation:

* 37 were female (57%) and 28 were male (43%).
* 49 (94%) of those for whom ethnicity is stated (total n=52) were White British.
* 19 (29%) were aged 25-29 while 17 (26%) were aged 24 or under, 21 (32%) were aged between 30 and 39, and the remaining 8 (12%) were aged 40 or over: the mean age was 30. Male clients had a higher average age (36) than females (28).

Where information on care history was available (total n=58), 6 clients (10% of all clients[[9]](#footnote-9)) had been in care: this was 18% of women but no men. An additional 20 clients (38%8 of the clients this information is available for (=52) had had CYPS involvement as a child - this was 17 (55%) of women and 3 (14%) of men.

Referrals to the service recorded a primary need for the 65 clients. In addition, for the majority (n=61), other needs were also identified (see Table 3):

* 11 females (30%) and 12 males (43%) were referred due to a primary need that they had had previous children removed[[10]](#footnote-10).
* 15 females (41%) and 12 males (43%) had substance abuse as a primary or other need.
* 15 females (41%) and 7 (25%) males had mental health issues as a primary or other need.
* 12 females (32%) and 8 (29%) males had domestic abuse as a primary or other need.

**Table 3: Primary need and other needs identified at referral**

**Female Male All**

|   | Primary need | Other needs | Primary need | Other needs | Primary need | Other needs |
| --- | --- | --- | --- | --- | --- | --- |
| Previous child(ren) removed | 11 | - | 12 | - | 23 | - |
| Substance abuse | 7 | 8 | 3 | 9 | 10 | 17 |
| Domestic abuse | 7 | 5 | 5 | 3 | 12 | 8 |
| Mental health issues | 6 | 9 | 2 | 5 | 8 | 14 |
| Risk of physical harm to child | 3 | - | 1 | - | 4 | - |
| Chaotic lifestyle | - | 5 | - | 3 | - | 8 |
| Other vulnerability | 5 | 13 | - | 5 | 5 | 18 |
| None identified | - | 11 | 1 | 10 | 1 | 21 |
| Not known | 1 | - | 5 | - | 6 | - |
| **Total clients** | **37** | **37** | **28** | **28** | **65** | **65** |

(NB: The column totals exceed the number of clients as some clients were referred with multiple needs under the primary need and other needs categories.)

## Engagement with the service

The majority of parents referred to Strengthening Families engaged with the service.

However, 1 woman and 4 men did not engage with the service:

* The woman was 26, referred by Children’s Social Care due to domestic abuse, had had 4 children previously removed and had been a teenage mother.
* 1 man was 37 and co-habiting with a female client who did engage with the service, and both were referred by Midwifery due to alcohol, drugs and abuse. He had not had any previous children removed.
* 1 man was 18 and co-habiting with a female client who did engage with the service, and both were referred by Bridge due to their chaotic lifestyle, drug and alcohol misuse. He had not had any previous children removed.
* 2 men (29 and 34) were in a relationship with a (different) female client who did engage with the service. Both men had not had any previous children removed and did not appear to have issues such as substance misuse or domestic abuse.

The case was closed early (i.e. before five years) for 13 parents (9 women and 4 men). The main reasons for this were that the child had been removed, the threshold had been met or the parent had moved to a different local authority.

## Partner abuse

Partner abuse was reported for 32 (57%) of all clients where the data is available (n=57) but this represented 29 (83%) women and 3 (14%) men: there was no information about 9 clients, but it is not known whether this is due to missing information or that the clients had not experienced partner abuse. Partner abuse was only identified for 10 clients after three years, and for just 1 client at case closure (see Table 4 below).

**Table 4: Reported partner abuse at referral, after 3 years and at case closure**

**Female Male All clients**

|  | n | % | n | % | n | % |
| --- | --- | --- | --- | --- | --- | --- |
| At referral | 29 (n=35) | 83% | 3 (n=21) | 14% | 32 (n=56) | 57% |
| After 3 years | 9 (n=28) | 32% | 1 (n=22) | 5% | 10 (n=50) | 20% |
| At case closure | 1 (n=9) | 11% | 0 (n=9) | 0% | 1 (n=18) | 6% |

Where data is available at referral, 30 (83%) female clients and 3 (14%) male clients had suffered physical abuse from partners. 33 (85%) women and 4 (18%) men had suffered emotional abuse. While 12 (52%) female clients had suffered sexual abuse, no men had reported this. See Table 5 below.

**Table 5: Type of reported partner abuse at referral**

**Female Male All clients**

|  | n | % | n | % | n | % |
| --- | --- | --- | --- | --- | --- | --- |
| Physical abuse | 30 (n=36) | 83% | 3 (n=21) | 14% | 33 (n=57) | 58% |
| Emotional abuse | 29 (n=34) | 85% | 4 (n=22) | 18% | 33 (n=56) | 59% |
| Sexual abuse | 12 (n=23) | 52% | 0 (n=16) | 0% | 12 (n=39) | 31% |

## Client contexts: social, relationships and emotional

At referral 28 of all clients (45%) were co-habiting and 10 (16%) were married, while 19 (31%) were in a relationship and 5 (8%) were single. (NB: This data represents the 62 clients for whom there is data.)

After three years, 19 (35%) were co-habiting, 14 (26%) were married, 10 (19%) were in a relationship, 2 (4%) were friends, 5 (9%) were single and 4 (7%) were separated. The relationships are not known for 38 out of the 65 clients at case closure, so this data is not shown.

At referral After three years

33 clients (54%) at referral were living in Housing Association accommodation, while 14 (23%) were living with family and 12 (19%) were renting privately. 2 (3%) of clients were homeless. (NB: This data represents the 61 clients for whom there is data.)

After three years, 36 clients (65%) were living in Housing Association accommodation while 15 (27%) were renting privately, 2 (4%) were living with family and 2 (4%) were homeless. The 2 clients who were homeless at referral were living in Housing Association accommodation after three years, and the 2 clients who were homeless after three years had been living with family and in Housing Association accommodation.

At referral After three years

39 clients (67%) at referral were unemployed. 17 (29%) clients were employed, 1 (2%) was working part time and 1 (2%) was self-employed. (NB: This data represents the 58 clients for whom there is data.)

After three years, 39 clients (70%) were unemployed, 14 (25%) were employed, 2 (4%) were self-employed and 1 (2%) was volunteering.

At referral After three years

16 of the 39 clients (41%) where this information is available were on medication for emotional problems at referral: the majority were female, with just 3 men on medication for emotional problems.

The proportion was very similar after three years, although the number had increased from 16 to 19 clients: 7 clients taking medication at referral were no longer doing so after three years.

At referral After three years

6 of the 40 clients for whom this information is known were involved with probation services at referral to the service (4 women and 2 men). However, no clients were involved with probation services after three years.

23 clients (39%) had problems with alcohol use at referral (13 women and 10 men). However, alcohol was a problem for just 4 women and 3 men after three years. (NB: This data represents the 59 clients for whom there is data at referral and 51 clients after three years.)

21 clients (36%) had problems with drug use at referral (10 women and 11 men). However, drugs were a problem for just 6 clients (3 women and 3 men) after three years. (NB: This data represents the 58 clients for whom there is data at referral and 48 clients after three years.)

Both drug and alcohol use were a problem for 17 clients at referral, but just 2 after three years.

**Table 6: Client social context and wellbeing**

At referral After three years

|  | n | % | n | % |
| --- | --- | --- | --- | --- |
| Relationship Status |  |  |  |  |
| Co-habiting/Married | 38 (62) | 61 |  33 (54) | 61 |
| In a relationship | 19 (62) | 31 | 10 (54) | 19 |
| Single/separated | 5 (62) | 8 | 9 (54) | 16 |
| Housing status |  |  |  |  |
| Housing Association | 33 (62) | 54 | 36 (55) | 65 |
| Private rent | 12 (62) | 19 | 14 (55) | 25 |
| Living with family | 14 (62) | 23 | 15 (55) | 27 |
| Homeless | 2 (62) | 3 | 2 (55) | 4 |
| Employment status |  |  |  |  |
| Unemployed | 39 (58) | 67 | 39 (56) | 70 |
| Employed | 17 (58) | 29 | 14 (56) | 25 |
| Self-employed | 1 (58) | 2 | 2 (56) | 4 |
| Part time | 1 (58) | 2 | 0 (56) | 0 |
| Using medication for emotional problems | 16 (39) | 41 | 19 (47) | 40 |
| On probation or in contact with probation services | 6 (40) |  | 0 (53) | 0 |
| Problem with alcohol1 | 23 (59) | 39 | 7 (51) | 14 |
| Problem with recreational drugs2 | 21 (58) | 36 | 6 (48) | 13 |

1 E.g. do they ever drink so much they can't remember things the next day? Do they get in trouble when drinking?

2 E.g. do they use drugs regularly, does obtaining drugs get them in trouble? Do they take risks like injecting?

## Pregnancy and outcomes

The number of previous child removals (total n=63) ranged from 0 to 4: the mean was 1.2 (2.0 for women and 0.3 for men). The clients with no previous removals all had partners who had experienced care proceedings with a different partner.

29 clients (50% of all clients, n=58) had been pregnant while a teenager or were teen parents: this was 25 women (69%) and 4 men (18%).

All of the 65 parents in the cohort being evaluated were referred on Pathway B: should their child be removed from their care they would have moved onto Pathway C as a matter of course.

All of the female clients (n=36 as the data is missing for 1 client) were pregnant at referral (this information is unknown for 1 client). Data is available for 38 children born to the families being evaluated since their referral to the Strengthening Families Service – one mother had a second child following the baby they were pregnant with at referral.

Nearly two thirds (24) of the children of these families had Child Protection status within three months of their birth[[11]](#footnote-11), while 6 were looked after children, 5 were Children in Need and 3 were at a lower safeguarding status.

**Table 7: Status of children within three months of birth**

| Child status | Number | % |
| --- | --- | --- |
| Looked after child | 6 | 16% |
| Child Protection Plan | 24 | 63% |
| Child in Need | 5 | 13% |
| Team Around the Family | 3 | 8% |
| Grand Total | 38 |  |

In terms of the final known status (as at case closure) for these children, 58% were in receipt of Universal Services, while 11% were receiving Early Help Services. 16% were looked after children, 11% were Children in Need and 5% had Child Protection Plans.

**Table 8: Final known status of children**

| Child status | Number | % |
| --- | --- | --- |
| Looked after child | 6 | 16% |
| Child Protection Plan | 2 | 5% |
| Child in Need | 4 | 11% |
| Early Help | 4 | 11% |
| Universal Services | 22 | 58% |
| Total | 38 |  |

Data has been provided to the evaluation team on the final known status for all of the children born to parents working with Strengthening Families and whose cases have been closed. There were 148 children born to these families during the five years working with the service, of whom 17 were a second child other than the baby the clients were pregnant with at the time of referral. These 148 children include the 38 within the evaluation sample.

A third of the 148 children were at Universal status at the time of case closure, while 14% were adopted and 6% became looked after children (see Table 9).

**Table 9: Final known status of all children after case closure**

|  | First child (n) | Additional child(n) | All children (n) | All children (%) |
| --- | --- | --- | --- | --- |
| Looked after child | 9 | 0 | 9 | 6% |
| Adoption | 19 | 2 | 21 | 14% |
| Child Protection Plan | 10 | 3 | 13 | 9% |
| Child in Need | 10 | 0 | 10 | 7% |
| Special Guardianship Order | 11 | 1 | 12 | 8% |
| Early Help | 10 | 1 | 11 | 7% |
| Universal | 41 | 9 | 50 | 34% |
| Unborn | 1 | 0 | 1 | 1% |
| Miscarriage/abortion/deceased | 13 | 1 | 14 | 9% |
| Moved to another LA | 7 | 0 | 7 | 5% |
|  | 131 | 17 | 148 | 100% |

**Practitioner reported outcomes**

Practitioners noted other positive outcomes achieved for clients at the three year stage:

* Continuous/good engagement (11 women and 8 men) or engagement with the service (10 women and 6 men).
* Communicating well (2 women and 2 men).
* Accessing services/courses (16 women and 8 men).
* Positive relationships (6 women and 5 men).
* Good/improved home conditions (5 women and 4 men).
* Employment/volunteering/education (4 women and 4 men).
* Child(ren) remaining in parents’ care (7 women and 5 men).
* Engaging/re-engaging contact with previous child(ren) (10 women and 4 men).
* Maintaining positive change (2 women and 2 men).
* Children in Nursery provision/school (17 women and 10 men).
* Financial outcomes (4 women and 4 men).
* Children being in school and full engagement (2 women and 2 men).

Other outcomes recorded by one or two clients each included: improved confidence, determination and resilience; coping well with pregnancy or a new baby; strong extended family relationships; passing a driving test; moving house; engaging in community activities; addressing health concerns; engaging with previous children; shared care of previous children; employment; children being school ready or attending school; attending Health appointments; improved home conditions; and engaging well with older children.

**School readiness of children**

Data is available for 4 children of Strengthening Families clients in terms of whether they had achieved a good level of development by age 5 (according to the Early Years Foundation Stage data reported to Ofsted). Unfortunately, due to the Covid 19 situation, data on the children who will be 5 by the end of the school year of 2019/20 will not be collected.

In the school year 2018/19, 67.7% of all children in Salford achieved a Good Level of Development by the end of the Reception Year. However, the proportion of looked after children achieving this was just 50% while the proportion of children receiving free school meals (used as a proxy for poverty/disadvantage) was 60.1%.

Three out of the four children of parents being supported by Strengthening Families achieved a Good Level of Development by age 5. Although caution must be taken with this data as the number is very small, it does appear as though the children of Strengthening Families parents have performed better than looked after children.

# Feedback from practitioners and parents

Qualitative feedback was collected via face to face interviews, phone interviews and a focus group from:

* 11 parents (8 mothers and 3 fathers) from a total of 8 families.
* All 8 members of Strengthening Families staff and their manager.
* A former manager of the service and the Head of Service for Early Help who had overseen the set-up of the service.
* 7 professionals who work with families in contact with Strengthening Families (4 social workers, 1 housing officer, 1 young fathers’ worker, and 1 health visitor).

## Aims of the service

These were described by the Head of Service involved in the set-up of the organisation as: “to reduce the need for children to come into care and to break the cycle of recurrence’and byStrengthening Families staff as ‘our ultimate aim and what this service was set up to do was for children to remain safely in parents care…….. And then other things come from that don’t they, like we want the children to thrive, we want them to be school ready, we want them to develop well, we want good parent-child relationships.”

The aims of the service are well understood by professionals locally, with other professionals identifying the aims as:

*“Trying to avoid parents having recurrent care proceedings and helping them to keep their children if possible.” (Social Worker)*

Parents too were clear that the reason they had been referred into Strengthening Families was to improve their chances of being able to keep their baby once it was born.

Strengthening Families staff and other professionals also recognise that ensuring that the service is known by other professionals so that appropriate referrals are made is something that needs constant attention, most commonly because of staff turnover in both children’s social care and midwifery services.

“I’d say Strengthening Families is well known and referral routes into it are also well known. The only difficulty is the constant change of social workers, so managers do need to make sure staff are aware of the service.” (Social Worker)

“The issue in relation to making sure people know about the service is changing staff. Our midwife spends a lot of time telling the midwives across the 4 hospitals about our service. Keeping up our profile is a constant issue.” (Strengthening Families manager)

### Key principles underpinning Strengthening Families

The professionals who set up the Strengthening Families service and the staff who work for the service were very clear about the principles that underpin it and inform the approach taken by staff in their work with families.

A core principle underpinning the service is that it is an Early Help Service[[12]](#footnote-12) and there was a consistent view from Strengthening Families managers and staff, from parents and from other professionals that this was important because of the different relationships that Early Help parenting practitioners tend to have with parents compared with the relationship between social workers and parents, particularly if there are child protection concerns.

“I was adamant that Strengthening Families should be an Early Help service. We see that relationships between parents and social workers is much more adversarial once you have got into child protection procedures and care proceedings.” (Head of Service)

“I think it is important that someone else other than a social worker is working with the parents. Parents can be very hostile or evasive if they have had a previous child removed and Strengthening Families can negotiate with parents even if parents have strong feelings about the social workers. Strengthening Families can encourage them to take part in the assessment.” (Social Worker)

### Differences

This issue is explored further in the section looking at the perspectives on the difference between Strengthening Families staff and social workers. Other differences identified and seen as important were the fact that Strengthening Families practitioners could visit parents more frequently, could stay involved for longer with the family and could assist with many practical issues alongside providing parents with the support to improve their parenting capacity and their understanding of professional concerns.

“We’ve had some discussions about having a specialist pre-birth social worker in our team attached to Strengthening Families but to me there are questions around whether that would have a negative impact on the programme. Strengthening Families staff are more available, they can spend more time with the family and invest more in the relationship with them. Its focus is on supporting parents whereas social workers have a wider spread of things to focus on.” (Social Worker)

### Principles

Staff and managers also identified the belief in parents’ capacity to change and a non-judgemental strengths-based approach as key principles.

“One of the Strengthening Families principles is to be completely non-judgemental and to believe that everyone has the capacity to change.” (Head of Service).

“People are capable of change, just because somebody’s had a trauma, or difficulty in the past with their parenting role, doesn’t mean that they can’t make changes and do better in the future.” (Strengthening Families staff)

“It’s collaborative, we do things with you not for you, we set that out early and maintain that throughout the five years.” (Strengthening Families staff)

“We’re strength based. We highlight to parents’ things that they are succeeding at, that they’re doing well on and how they can use the skills they’ve learned in other areas. Sometimes you can be in a dire situation and we’ll find something that is going well and build on that and that’s really effective. Sometimes it’s the first time these parents have been told they’re doing anything well.” (Strengthening Families Staff)

Strengthening Families staff, parents and other professionals all gave examples of the ways in which staff persist in engaging parents or in ensuring that they are able to access the services that they need.

“You don’t give up and we won’t give in. It’s not about somebody maybe having a slip, and us going ‘alright, fair enough we’ve done all that work’, we consistently go back, and we consistently say you can do this, we can do this together, we go on that journey with them all the way.” (Strengthening Families Staff)

Parents were aware of the persistence shown by staff, one mother commenting on the persistence of practitioner working with her to help her obtain re-housing:

“X is… when she wants something done, you get it done ……. she is not stopping until it’s done. Which is a good thing. Because that’s what kind of person I need.” (Mother)

Another mother talked about the help she was offered to obtain the right medication from mental health services

“She just kept pestering Ramsgate house (Mental Health provision), pestering them and pestering them because they weren’t helping with changing my medication.” (Mother)

Other strengths highlighted by professionals were relationship-based practice and working with the whole family.

“The individual workers are very good at forging relationships with families and very good at understanding the impact of loss on parents.” (Social Work Manager).

“Families always seem to have good relationships with Strengthening Families workers” (Young Fathers’ worker).

There are very clear examples of the strong relationships developed by Strengthening Families staff with parents in the section on parents’ experience of the service.

“I think, what we do really well is we work with the whole family. So, for example, drug services would work just with the adult, social workers would kind of just, obviously just focus on the children, because that’s the right thing to do, but I think we’re really good at including the whole family, so that we’ll get grandparents involved, extended family …..grandparents have our numbers, aunties have our numbers, and yeah, we communicate with everybody.” (Strengthening Families Staff)

As well as being focused on building relationships with parents and believing in their capacity to change, Strengthening Families staff are fully aware of the importance of being open and honest about the reasons for child protection concerns:

“It’s about us being transparent about risk as well, because that underlies everything that we do really. It’s about managing that risk, and we have to kind of have to have some of those really awkward and difficult conversations with parents but I think because we’ve built such a good relationship, we can do that quite openly and honestly. So even though obviously there’s different agencies involved that are still managing that risk, I think we’re the ones that kind of really have those transparent conversations about that, to keep babies safe, and to stay at home as well.” (Strengthening Families Staff)

This was confirmed by other professionals:

“When I’ve done pre-birth assessments with Strengthening Families’ parents, Strengthening Families have always been really clear with the parent about the likely consequences and what I’ll be looking at – like what has changed since the last child was removed. They have always explained that I’ll be looking at capacity to change. They really help with reducing the tension between social workers and parents.” (Social Worker)

### Length of involvement

Strengthening Families staff support parents for up to two years for parents on Pathway A, and up to five years for Parents who start on Pathway B and continue to Pathway C. Other professionals working alongside them were positive about this relatively long period of support:

“I think the length of their involvement is useful. Quite often we are working with young parents who will take time to achieve change. I think that long-term support is helpful for them. Strengthening Families don’t have the pressure we have to close cases. For social workers the pressure to close starts after about 6-9 months even though the family may still support for longer. (Social Work Manager)

“The long-term support – up to five years- is reassuring for parents too. Normally interventions are shorter. With Strengthening Families parents get that consistency in the relationship and they know they can contact Strengthening Families.” (Social Worker).

“They know families really well; they work with them for so long and see them on an ongoing basis.” (Other professional)

Strengthening Families staff were clear that the lengthy involvement with some families was important because it allowed the relationship to strengthen which in turn enabled parents to disclose information about their past which they had not disclosed before.

“So, I think the five years though, I think what’s really come out of that is that ….some things don’t get disclosed until much later on. So, things like early childhood trauma… because you know, sexual abuse for example, is not something someone likes to share. But after two years of us working together, parents are then starting to share those things, saying this is something I really need to work on.” (Strengthening Families Staff)

It was also important because parents who had had previous children removed might well need support at different stages of their child’s development:

“So, you might find that the first six to twelve months with the baby at home is quite kind of easy with them. But it’s when those more difficult milestones that children go through start kicking in that some of the old problems come back - the walking, the talking, the weening and the potty-training. You know, all these different challenges that parents find difficult anyway. And our families sometimes find them even more challenging.” (Strengthening Families Staff)

“It’s that significant transition at five……. actually, entering the school system, and that kind of regime in terms of testing and outcomes for children. That’s crucial, that transition and that hand-over and that exit into those other services is crucial.” (Strengthening Families Staff)

Parents whose children had been at home with them for a few years also talked about why the support of Strengthening Families remained important:

‘Just basically what I’m worried about is my daughter got taken when she was just one, so it’s growing up like obviously, safety around the house and feeding, and like, toilet training and stuff like that that’s going to worry me, because I’ve not been through it, ……. but it’s the worry of right, if potty training…how do you do it and how do you go about it and stuff like that.” (Mother)

For some parents the prospect of this support coming to an end was a little daunting:

“So, in truth I am thinking I’m going to be a bit, a little bit lost. Because I’ve got that bond. You feel like you’ve got that connection and it’s like that connection is not going to be there because, when she’s five they go… Because X, she’s just there when I need the help with stuff… ‘When it finishes,” I said, ‘somehow I’ll still keep in contact because you’ve been there. You’ve helped me a lot to understand stuff.’” (Father)

### Contraception

Encouraging parents to use contraception and supporting mothers who have had previous children removed to access long-acting reversible contraception (LARC) is a feature of many services working with women who have had previous children removed. It is also a contentious issue, raising ethical and human rights considerations. Strengthening Families approach to contraception is to encourage women to access sexual health and contraceptive services and to help them do this but not to make it a condition of providing a service.

The issue of contraception is a more immediate one when parents have just lost a child through care proceedings but Strengthening Families staff were clear that for parents who had been able to retain care of their children following birth, contraception was always suggested by themselves and by health staff and actively pursued if necessary.

“If baby’s been removed, I would be saying, ‘I don’t want to see you go through this again. I think we need to recognise that you need to do a lot of work on yourself … this has been a really difficult time – let’s not go through this again.’ The majority of people want to go onto contraception, they don’t want it to happen again. If they take their baby home, it’s just done as a very normal conversation of, okay, so have you registered baby? Yeah, okay, have you applied for your benefits? Yeah, okay, have you booked contraception? No. Right – let’s do that now.” (Strengthening Families Staff)

An example given in the focus group of the persistence of the team was of one of the practitioners going to the sexual health clinic on the afternoon of Christmas Eve with a mother who had lost her child and waiting with her to ensure that she received a LARC implant. The mother concerned also talked about this:

“No, I’ve got the implant in, I got the implant in on Christmas eve and I’ve had that in since. Because in November when it all got finalised (care order on her baby) I got caught pregnant and I had a miscarriage, literally the day I found out, I miscarried. X said instead of it happening again and miscarrying, or having to go through the courts again to try and get the baby home, it’s better to go on the implant so we went and got the implant in.” (Mother)

Staff had also discussed as a staff group the reluctance of some women to make use of contraception, which they acknowledged they at times found hard to understand, but they were able to recognise why someone might be reluctant:

“I think some women, having had their baby removed, feel like ‘no, this is my right, and I won’t have this right taken away from me’. That’s why we go through all the options, so, these are your options. So you’ve got, you know, you’ve got the three monthly jab, you’ve got all the different options and they’re your options to give your body a chance to recover and, you know, to just give your mind a chance to recover. This is grief at the end of the day. These women are going through an awful time.” (Strengthening Families Staff)

## Ways of working

This section looks in more detail at the work of Strengthening Families staff with families and how the principles described above are put into practice. There is a growing body of research into effective ways of working with parents who have had previous children removed, the majority of whom will also have suffered adverse childhood experiences and often further traumatic events in their adulthood (Ryan et al 2019; Taggart et al 2020; Ruch et al 2018; Cox et al 2017; McKracken et al 2017, Learning and Work Institute 2016; Grayton et al 2017; Harnett et al 2018). These studies indicate that the principles underpinning Strengthening Families are those which are identified as being important for effective working with parents who have experienced recurrent care proceedings. Other research has highlighted the importance of working with adults in the family in order to safeguard and protect children (Sebba et al 2017 and McNeish et al 2017).

The Strengthening Families Handbook sets out the timelines and ways of working for the three different pathways (see p.6).Although the focus of each of the three pathways is different, the principles underlying the work and the ways of working are the same. There are regular home visits by one or two practitioners for parents on all pathways and for parents on pathways B and C there are group sessions around parenting. Staff provide additional support to parents through advice, assistance and at times advocacy in relation to accessing other services such as benefits, housing, mental health and adult treatment services. Staff work alongside other professionals working with the family, in particular midwives, health visitors, social workers and staff working to support families in housing services and services to support young people, such as Salford Young Fathers Project and Salford Foyer for homeless young people.

### Team approach

The team work closely together, which means that they can cover for each other when staff are sick or on holiday:

“We talk regularly about our cases. We all have a good handle on each other’s cases, and we can check things out with each other. We have an oversight of all the families that come through.” (Strengthening Families Staff)

Parents find this helpful:

“……..if X is off and I need to speak to her at that time, then there’s always somebody else there that I can ring and speak to about it.” (Mother)

### Flexible and tailor-made approach to different families

Within the framework of group work and, in some cases, child protection planning and processes, the team also take a flexible approach to how best to work with parents:

“I think this is again one of our strengths of the project, is that we do work creatively, and we do sort of think ‘come on let’s give it a go, let’s see what works here’, and sometimes things surprise you. Things will work that you might on paper have thought no it won’t. And sometimes, tried and tested things don’t work.” (Strengthening Families Staff)

## Referral Processes

### Referral to Pathway A

It was clear from interviews and the focus group that professionals were very familiar with the pre-birth and post birth support pathways B and C, but less familiar with pathway A offering post proceedings support for parents who had recently lost their children through care proceedings. This Pathway was described as developing organically, initially as a result of a parent losing their child at the end of care proceedings after receiving support from Strengthening Families during her pregnancy. Initially parents on Pathway A had received support through Pathway B and only recently has this Pathway been extended to parents who have not had previous contact with Strengthening Families.

It was also clear that there remained some confusion about the most appropriate time for this work to begin, linked to concern that Strengthening Families was better known locally as a parenting service which could lead parents to believe that their involvement with the service would help them challenge the local authority decision if work with them began before a final order had been made.

“There are tensions about the timing of the referrals in this case. We currently make a referral when we have decided that the child shouldn’t return home, but maybe it should only be made once an adoption has been made. We think that it is important from the start that the offer is for emotional and therapeutic support and planning for the future.” (Social Worker)

“This is one of the biggest areas we need to develop, working with parents who are not pregnant and have had their child removed. Parents are very angry and in denial at the point of the final care planning meeting where the decision is made to go for adoption, so we haven’t quite worked out the best time to contact them.” (Head of Service)

“We’ve been very clear that we can’t take a parent on that pathway, until court proceedings are completely finished………Because otherwise, what we find when we have tried to help a little bit, is that we muddy waters for the legal things, we give parents a false hope. And a parent needs to understand, it’s not about that child any longer. That this is about making you the focus now. So, that we don’t have another pregnancy or that we are preparing you to be assessed again should you become pregnant.” (Strengthening Families Staff)

### Engagement with parents embarking on Pathway A

The loss of a child through legal proceedings is often devastating for parents which can make engaging them particularly difficult.

“Sometimes, we’ve had names given to us and they go, why are you ringing me? Have you not had enough of me? Have you not destroyed my life enough? Why are children’s services interested in me?I haven’t got a baby.” (Strengthening Families Staff)

This can also apply to parents who have worked with Strengthening Families through the pregnancy on Pathway B but have not been successful in keeping their child, although the presence of a previous relationship does help:

“They’re kind of ready to lash out at anybody, they blame everybody, so it’s a tricky time for the relationship, but it’s part of our thing that we don’t run away from those difficult conversations. We’re the people that still go there and still… look, we’re concerned for your welfare. Come on – we need to support you with this, we’ll support your contact [with the child]. (Strengthening Families Staff)

Staff thought that more than half the parents who do lose their children at the end of Pathway B do agree to keep in touch with the service subsequently:

“Some go off radar for a while and then come back. …. And then they dip out again sometimes. That happens – it’s the nature of them. It’s why they’ve lost their child. A lot of the time, they’re still living chaotic lives.” (Strengthening Families Staff)

Sometimes continuing engagement is helped by a change of worker while other parents want to continue with the same worker.

“[Mother] has got a new worker now and that’s working much better. The engagement is much better between them because it is someone fresh who wasn’t involved in [the removal of the baby] (Strengthening Families Staff)

“[Other parents] will feel like, ‘no, I have spent time building a relationship with you; I trust you, and I want us to continue.’” (Strengthening Families Staff)

Staff stressed the importance of encouraging parents to feel that they had not been written off because their child had been removed:

“We like you, we still going to make time for you. And everybody hasn’t gone away. We are still here. We’ll still engage with you and take you for a cup of coffee and things like that. Take you for your [hospital] treatments and random things like that.” (Strengthening Families Staff)

### Focus of work for parents on Pathway A

Many of the ways in which Strengthening Families work with parents on Pathway A is the same as they work they do with parents on other pathways which is described in more detail below, but one distinction is that there is less attention to parenting skills and more attention on other support parents need.

“…..help with things like housing, benefits, with work and skills. Anything like that, sexual health a lot of the time.” (Strengthening Families Staff)

“We’d look at working skills, college places, confidence building, Together Women’s projects. We look at relationships and domestic violence work. Or we look at volunteering. (Strengthening Families Staff)

Staff were also very clear about the need for support to parents at this particularly difficult time because so many other services fall away at that point:

“….a lot of these parents, when they go home after the baby’s been removed, the midwives will try to contact them for a few weeks, and if they don’t get any access, they stop and they refer it back to the GP, and then the GP will only see them if they turn up. So, a lot of these families… when they really, really need support and they need someone to be chasing after them, actually don’t have someone doing that for them because there’s no baby there, so there’s no safeguarding risk. But there is a safeguarding risk – there’s a safeguarding risk to the adult. “(Strengthening Families Staff)

### Referral to Pathway B

The involvement of a midwife in the Strengthening Families team helps to ensure that referrals of newly pregnant women, who have had previous children removed and are at risk of having subsequent children removed, are timely. There is also a clear procedure for the referrals of pregnant women coming into children’s social care to be quickly passed onto Strengthening Families if the criteria are met. It was clear from interviews with the parents that contact with Strengthening Families frequently started early in pregnancy:

“…my midwife knew about it [previous removal] because I told her, and that’s when she told me about Strengthening Families. She gave me X’s number and I rang her straight away… I was worried that the same thing would happen again. I was eight weeks pregnant and then X came out to see us and then she talked about the support groups and stuff.” (Mother)

“X came when I was only a month pregnant.” (Mother)

The staff described their initial work with parents on Pathway B as follows:

“Our first job is to go out and do a joint initial visit to gain consent primarily because sometimes people are referred and they can tick a box and say consent’s been given, but sometimes parents don’t know what they’re actually agreeing to. So, we go out first of all and tell them exactly what our offer is, what they can expect to get from us, what the commitment level is that we expect from them as part of that.” (Strengthening Families Staff)

“An important part of what we do is to start unpicking past issues, so looking at the reasons why their children were removed from their care and to see if they have an understanding, or an acceptance, of what children’s services’ concerns were at that time. We often have to challenge their perceptions or their beliefs about what happened at that time, because we do work with parents that are still in the mindset of ‘the children’s services took my kids’, and they don’t see the responsibility that they had within that process, so having very challenging conversations when parents aren’t accepting their role in their children being removed. That can be… it’s quite tense sometimes, because you really are having to unpick all child protection reports. A lot of parents don’t like doing it because it’s like lifting the lid, peeling the plaster off that wound that they’ve tried to forget and put in the past.” (Strengthening Families Staff)

The staff message to parents is:

“you’ve got to be ready to talk about it, and ready to accept, yes, I made mistakes; this is what I’ve done to put those mistakes right, and here’s my evidence to show you I’m not just talking it – I have done some work.” (Strengthening Families Staff)

“I think some social workers think that Strengthening Families staff coach parents for pre-birth assessments, but I see them being very challenging to parents.” (Head of Service)

This early work with parents who are pregnant is recognised as very helpful by social work colleagues who carry out pre-birth assessments of parents:

“Some new social workers are pleasantly surprised about the intensive work Strengthening Families do with parents, particularly around getting them ready to have the baby.” (Social Worker)

Although there are some different views held by social workers:

“Another issue is that when we are doing pre-birth assessments and we want parents to do things, for example accessing particular services, they will take the parents to the service and we want to see if the parents can get there themselves. We say that we have given the parents a bus pass and we want to see if they can do it themselves.” (Social Worker).

### Frequency of contact with families

The level of home visits varied depending on the needs of the families and the stage of the pathway they had reached. It could be very intensive, particularly if there was a child protection plan in relation to a new baby:

“Their involvement with families is intensive, they visit more than once a week, particularly if there is a risk to the baby.” (Social Worker)

“And then they made an agreement that X and X [two Strengthening Families practitioners] are going to see me nearly every day until, like, for the first two weeks and then after that it was going to just drop to, like, four times a week and now I see them twice, three times a week, if that.”. (Mother)

“She come out like a couple of days a week, but if I needed anything, I could just ring her. And she’d be there like a shot, she’d just come straight away.” (Mother)

Some parents found the frequent visiting difficult:

“They came around, like, twice, three times a week. And I used to say to them, like, “It’s getting too much”. Because it is. It… I don’t know. It just felt like somebody was there constantly, watching me. And, like, basically I said to them “It’s… It’s getting too much”. So, then, they came around once a week. And obviously they said if I needed anything in between then to give them a call.” (Mother)

While others found it difficult but were also able to see the benefits:

“At first, it was really tense because everyone was around constantly and I wasn’t left on my own and it wasn’t…it didn’t feel so good but it’s what had to be done, but obviously without the Strengthening Families workers I would have felt on edge because they weren’t coming just to pressure me and be all awful, they would come and make sure I had everything for A (baby), and when I needed to go to the shop they’d go. And, like, just generally coming round to have a chat and make me feel a little bit at ease.” (Mother)

Other parents described the relatively flexibility of visiting and contact with Strengthening Families staff:

“If me and X are doing work, then she’ll come out once a week. Sometimes she comes out every two weeks, just like because she wants to see [child] and see how he’s developing but right now I am only voluntary, it’s not like they have to be there. It’s voluntary. But I prefer to keep them there and have the support if I need it.” (Mother)

“It’s just whenever she’s free really, or if I need to speak to her sooner she always finds time and books appointments for a different day just so she can fit it around speaking to me.” (Mother)

### Parenting Groups

As noted in the section describing the Strengthening Families service, a range of groups are offered to parents on Pathways B and C beginning with the Health in Pregnancy and Parenting Group, which is just for Strengthening Families parents and followed by a series of Incredible Years groups as children develop.

The parents who had their children with them described in detail the work they had done on the various groups they had attended and all of them were able to identify ways in which they had found these helpful, and what they had learnt.

“I remember 5 of us being pregnant, 5 of us doing it. It does help a lot, and then X put me forward for Baby Incredible Years. I was finding out stuff that I didn’t actually know, which was quite interesting to learn. I didn’t get past 6 months of actually having my child the first time [So the course] was how she grows, how she changes and how strong your bond actually gets with your child. It’s really good, I want to do the next one.” (Mother)

“It’s just generally development of a baby, like feeding ages, sleeping patterns, routines, then you just get together with a load of mums with babies, and obviously you find out from other mums how their coping mechanisms are and stuff like that. So with teething there might be one medicine you’ve heard is good, and they’ll tell you another and stuff like that so it’s really good yeah.” (Mother)

Some parents are reluctant to join a group so Strengthening Families staff would support them by attending initial sessions with the parent:

“I think it was a baby one at first, like getting ready for the birth and stuff. I was scared of going out in case people judged me or anything and so I asked X and X if they could come. And they did for a few times, and then I started going on my own. (Mother)

Other parents described how their confidence in attending groups had grown over time:

“I had to go onto a course which was Incredible Years, the baby one. I’m not one of those types of peoples that’ll do it, I prefer to do it one-to-one where I can understand it a lot more, but, then I realised I’m going to have to get used to other people. Then when I did this other course [for toddlers] and I thought, “Now, I’ve got the confidence now”. (Father)

Strengthening Families staff described how the parents they were working with did well in the mixed groups they began attending after the birth of the baby:

“Usually they do really well in these groups because we’ve done a lot of work with them beforehand. They know quite a lot of it and there will be other mums there that won’t. So, it’s a good confidence boost for them because they do sit there going, I know this. I know this. I’ve already done this. I already know this. I think it helps make them feel a bit more normal as well, because the groups I’ve been in, sometimes the Universal parents[[13]](#footnote-13), come with a lot of issues of their own.” (Strengthening Families Staff)

### Parenting support and advice

In addition to parenting groups Strengthening Families staff encourage parents to access other Universal Services on offer. Two parents below describe what they were encouraged to take up:

“Baby massage, stay and play. Like just to get me out socialising with other parents.! think from going to stay and play, that’s where my sons got his confidence from.” (Mother)

Staff noted that encouraging parents to do this is one way of moving from regular home visits to catching up with parents at other venues:

“sometimes, some parents get fed up of home visits. You’re intruding on their home. It’s like, alright. Well that’s great. Go to the children’s centre then and I’ll come and meet you in the children’s centre. We’ll meet you there. We’ll meet you at baby massage. Go on, it’s fine. We don’t have to be at your house. We can come there. (Strengthening Families Staff)

Parents talked about the advice they had received from Strengthening Families:

“Literally everything. So, at the start when I was pregnant, like, what you need to do while you’re pregnant, what meals you need to eat and what to avoid and, like, saying stuff about when the baby’s born because when you’re pregnant you’re going to be confused so they’re teaching you how to change a nappy, and feeding and just everything health, sleeping, safe sleeping and like that. Literally everything.” (Mother)

Strengthening Families staff also described how they help parents develop a strong relationship with their babies.

“It’s simple really, we observe and comment.And that’s it. And there’s no magic to it, it’s about saying, ‘oh look at how your baby’s looking at you’. Or ‘ I’ve got hold of him, and you just spoke, and he turned to you’. Or saying, ‘oh I just noticed that when you did that, he did this back to you’. Very, very simple. And very effective. (Strengthening Families Staff)

“Sometimes you catch a parent doing something amazing. Or during one of your group sessions you might go ‘oh my god, can everybody just turn and look at the wonderful mirroring going on there between mum and baby’. And they’re going ‘oh, everybody’s praising me’. And then they start taking videos themselves, don’t they? So, you go and visit them, and they go, ‘look they did it again and I videoed it to show you’. So, we do a lot of praise about things like that.” (Strengthening Families Staff)

### Work on relationships

As well as developing strong relationships with the parents they are working with Strengthening Families staff also work with the parents on healthy relationships as many of them have experienced domestic abuse, either as victims or perpetrators and have had few positive role models of adult relationships in their lives.

An example of this is from one mother:

“I’ve been doing some work with X on healthy and safe relationships. I find it very helpful. I was abused and it kind of affected the way I looked at men. Like I don’t know when, when you grow up without a father figure, and then you get abused and…it’s like you’re craving that father figure in somebody else. So, whoever shows you a bit of attention, you just fall for it. …I am not like that anymore. I don’t think about it. If I am thinking about myself, I’ll always question whether it’s right for D (child). Working with Strengthening Families, it’s helped me gain my confidence.” (Mother)

Other professionals noted:

“They talk to parents about healthy relationship, safe relationships, what parents need to work on and they do safety planning if there has been DV previously.” (Social Worker)

“A lot of the young people we work with haven’t had good relationships around them so in a way we are modelling that for them – trying to pick up examples of good relationships” (other professional)

### Direct work with children

As well as working with and providing support to parents, Strengthening Families staff also do some direct work with children whose parents are on Pathway C.

“They can help with behavioural problems in children. They will keep us informed and, if necessary, we will also go out to see the family, but Strengthening Families give good advice and often they manage situations themselves.” (Social Worker).

“A lot of the Incredible Years training is around play- building relationships through play, baby management through play. We will be the ones going to the parents’ homes in the week and doing the homework with them and with the child, and doing some modelling, we do a lot of role-modelling. Yeah. Parents don’t know how to play; we will do that with them.” (Strengthening Families Staff)

Staff gave other examples of their work with children:

“We’ve done wishes and feelings work directly with children. So maybe with a schoolteacher or something, if a child’s struggling in a particular area. In one case we were working with a family where the child had witnessed a lot of violence. He was quite violent towards his mum and we did some direct work there.” (Strengthening Families Staff)

“We are all trained to deliver speech and language sessions for a child that has been identified as having some delay with that. We have had ELKLAN training.” (Strengthening Families Staff)

### Helping parents stay connected with their children they are separated from

This work is done with parents on all of the three pathways. Strengthening Families staff see it as important to recognise that all the parents they work with, whatever pathway they are on are and will always be parents. The work they do to help parents stay connected with their children covers support in relation to contact, life story work and involvement in planning and decision making for children who are in care rather than adopted or with relatives under a Special Guardianship Order.

“And a big piece of work we do with adults after the removal of the child, is maintaining that you’re still a parent. …you’re still a parent and we encourage that bonding. So, we help with setting up letterbox contact. Because it’s not easy to set up and I sometimes wonder how parents without support services would know how to do that.” (Strengthening Families Staff)

“We look at life story work. So, the child needs a life story book to see where they came from and about the parents’ background. We will sit with parents and do the life story book. That parent knows that child is going to receive that at some point. It’s really important for them to kind of get their views across and their identity across”. (Strengthening Families Staff)

This was something that was seen as helpful by other staff:

“They support parents with life story work when children have been removed. That is much easier for parents than having to do that with the social worker. (Social Worker)

“We’ll do the memory box stuff. So, they’ll write a letter, contact letter which is heavily scrutinized. And then we will encourage them to write the letter that they would’ve chosen to have written that might’ve been full of more emotional stuff and they keep those separately. So that if your child, when your child, comes to find you, you have all this to say. This is what I wanted to say. This is what I thought about you. There’s a birthday card in there. There’s a Christmas card in there. This is what I would’ve done for you. There’s your first baby grow. There are the things you had in the hospital. That they got those things.” (Strengthening Families Staff)

The importance of this to parents was evident from their comments in interviews:

“All, like, all my letters that I’ve sent, cards that I’ve sent, [to her daughter that was adopted] I’ve ended up with them back, so I just don’t send them anymore. I just write them out and I put them in a box. C [child who has been adopted] got a box and D [child with her] got a box. (Mother)

“I’ve not heard anything about the letterbox contact. I’ve not heard anything, but luckily X is trying to chase it up for me, like at the minute she’s trying to get hold of the social worker to do the letterbox contact with me and it’s being difficult to get hold of her.” (Mother)

Strengthening Families also provide support to parents who attend reviews of their children in care

“We go to LAC reviews with them, make sure parents voices are heard, yeah. There’s a struggle with a lot of LAC reviews. A lot of our parents feel like they don’t matter. What they want to say comes out completely different to what they want to express. Just comes out as really angry. So, we can kind of help them have that conversation.” (Strengthening Families Staff).

### Practical help

The role of Strengthening Families’ staff in providing practical help is recognised by all they work with.

“Strengthening Families workers have a good knowledge of family support issues and the stresses that can be caused for example by debt or housing.” (Social Worker)

Examples of the range of practical help provided was given by parents, which included help with cooking, acquiring baby clothes, transport from the hospital to home after the birth of a baby, transport to appointments and going to counselling appointments with a mother to look after the baby.

“(Once I had come home with the baby) She helped me with cooking, because I couldn’t cook; like, benefits, just like, general things really. Like, if I needed someone to talk to, she would come out and speak to me.” (Mother)

“They always check the fridge and freezer and check that we got food and… Yeah so they keep us on our toes. They keep us really busy don’t they? They don’t say “right, you need to change that - change that” you know it’s ‘we’d recommend you do it’.” (Father)

“They gave us support for transport to get to appointments, they’d take us or they’d give us our bus passes” (Father)

This help also included advice and help with housing and benefits:

“I said to them one of the biggest things we need help with now is managing our debts, now baby’s come along. X’s going to be helping us with that.” (Mother)

“They’ve been helping me with trying to find somewhere better to live than shared accommodation. They’ve been helping with my benefits if I’m struggling, even if I’m having a bad day I can just ring them up and speak to them over the phone. They even take me out for a drink or something to eat.” (Mother)

Other professionals commented on the support that Strengthening Families offers parents:

“When families are re-housed that might be somewhere where there are single people or young people and then they quite often suffer from noise from their neighbours. Strengthening Families workers help them raise these issues or they raise them directly with us.” (Other professional)

“People aren’t always claiming what they can claim, and I help Strengthening Families liaise on their behalf with the rents team or with the CAB.” (Other professional)

“They can also help parents access mental health or substance misuse services. Strengthening Families workers are knowledgeable about local services and can help parents access them and can advocate for parents” (Social Worker)

## Relationships with other services

In supporting parents and their children on Pathways B and C and to a lesser extent on Pathway A, Strengthening Families staff work closely with social workers, midwives, health visitors, adult treatment and mental health services, other family support stuff, nursery staff and teachers, as well as with housing officers and people working in other services supporting parents, including Young Fathers’ workers.

### Strengthening Families seen as different from children’s social care

As noted earlier, it is seen as important by Strengthening Families staff and managers and by other professionals that the service is an Early Help service and is seen as distinct from children’s social care. Most parents saw the service as different from children’s social care, although they also recognised some overlap in the roles of different professionals working with them. A key difference for parents was the frequency of the Strengthening Families staff visits, the type of support they could offer, and the perception that Strengthening Families staff were there to support the parents in contrast to the social workers whose main concern was the child.

“The social worker, she was just like basically, doing the assessments. There is a big difference. Because, I’d only see the social worker… she came around to do the assessments and if there was, like, a child protection meeting or a TAF meeting, that’s the only time I would see her. Like, there were odd occasions where she’d just, like, do a… spot check, like she’d come just unannounced. But I think I remember her doing it once? And then… that was it.” (Mother)

“They’re the same, but they help me in other ways, like obviously I needed to start my council tax, they helped me do it. My housing benefit, they helped me do that. The basic stuff that I needed to do, they helped me do it. They [Strengthening Families] are a lot of help. Because, obviously, the social worker doesn't do certain things. She only does stuff about E [child]. They [Strengthening Families] help me, too... So, it's like, not all about E. If I need help with something, they'll help me do it. If I don't understand something, I'll ask them to tell me. So, they... they are really good.” (Mother)

“Social workers are obviously there to protect the baby, but also see issues and find out facts and they’re not really…they’ve got so many cases to deal with, they’re not really there for you if you need them, they’re there for the child if the child’s in danger or in trouble. Whereas, the Strengthening Families are there for you, so if you ever need anything you can contact them, and they’ll be there for you. And if you feel like you can’t deal with anything, can’t cope, literally they’ll come and help you with that, and tell you strategies, or, you know just come and see how you are. And sometimes if you need to, like, in my case now where you live alone, need to go and get a bath they’ll look after the baby or if you want to get something to eat and you’ve not eaten for a couple of days, but your baby’s poorly they’ll literally look after, they’ll just go out to the shop.” (Mother)

Social workers and Strengthening Families staff agree that their roles are different and that this assists with the initial engagement of parents.

“With pre-birth assessments we are just assessing parents. We don’t do direct work, we’re identifying what needs to be done. When we start our assessment Strengthening Families has done a lot of work to prepare parents for the assessment.” (Social Worker)

“Strengthening Families are not social workers and they are not linked to children’s social workers and parents see them as separate and that aids the relationship building. For parents there is stigma around social work involvement.” (Social Worker)

Most of the parents interviewed were positive about the social workers they had or had had, although they had all experienced changes in social workers working with them and described getting on with some better than others.

“She was really nice. She said it how it was and that’s how I like them.” (Mother)

One father talked about a number of different social workers and said:

“I ended up having Y which I felt more… I felt a lot more at ease because he was a male and I said I feel a lot better with male as a social worker, I feel a lot better because I felt like I can talk to them a lot better than females.” (Father)

In contrast, this father also spoke very warmly about his relationship with the female member of Strengthening Families staff who was working with him.

However, one mother was much more negative:

“I don’t trust them. (social services) I interact with them because I have to, but if I had a choice, I wouldn’t interact with them.” (Mother)

### Joint working between Strengthening Families and Social Workers

Strengthening Families staff and interviewees from children’s social care described very close working with children’s social care when parents were on Pathway B and also initially when parents moved onto Pathway C, although as concerns about parenting capacity and any potential risk to the child’s welfare reduced contact with children’s social care would also reduce.

Strengthening Families staff explained that they work with parents who are pregnant before a social worker is allocated to carry out a pre-birth assessment. Once a social worker has been allocated:

“then good practice is that we will email the social worker to say we’ve noticed you’ve been allocated this case, we’ve been working on it, can we do a joint visit? The parents tend to like that, don’t they. Because they’ve got us as a familiar face, and they’re keen to show a social worker then what they’ve done, so they’ll get their folders out and they’re keen to do that.

“And then we kind of take a little bit of a step back. Yeah, because in that meeting, you’re making it very clear to parents, ‘we are the same team, and we are sharing information.’” (Strengthening Families Staff)

Thereafter Strengthening Families staff attend the strategy meeting and any subsequent child protection meetings. The staff noted:

“We’re often the ones that take the most information to that discussion.” (Strengthening Families Staff)

They will provide input into the pre-birth assessment and will also provide information for the social worker to include in any court statements if a decision is made to take care proceedings.

If the child remains at home after the birth under a child protection plan Strengthening Families will be part of the core group implementing the plan:

“In CP cases Strengthening Families will be part of the core group and will come to all meetings…. Their knowledge of the family history is really helpful.” (Social Worker)

“If there is a CP or CIN plan then Strengthening Families staff do most of the direct work with the family because they know them and families contact Strengthening Families first about things rather than the social worker. I think the fact that they are non-statutory means that from a parent’s perspective they don’t hold the same power as a social worker.” (Social Worker).

It was acknowledged by Strengthening Families staff and social work managers that there are on occasions some tensions between them in relation to the direction of pre-birth assessments and the plans for the child.

“Relations between strengthening families and the social work team has got better over time. There have been some residual tensions over roles. We address these issues at management level and managers have good relationships.” (Social Worker)

“As child protection social workers, we’re safeguarding children and focusing on significant harm. Strengthening Families work with parents and know them better than we do, so they see the parents’ perspectives and not the child’s.” (Social Worker)

“We do have some conflicts with social workers. Some, not many, don’t get what we do – giving hope and strengths based. Others sometimes do very little work and seem to rely on us.” (Strengthening Families Staff)

“I think we have worked hard to have good relationships with social workers and we have adjusted our processes do we don’t tread on their toes when they are doing the pre-birth assessment.” (Strengthening Families Staff)

### Joint working (cont)

Interviews indicated that Strengthening Families staff would alert social workers to risks to the baby or child or to a deterioration in circumstances. One set of parents described how Strengthening Families had alerted social workers to problems at home which had led to their child being placed back on the child protection register and a social worker noted:

“I’ve always found communication with Strengthening Families to be very regular and they are always clear around safeguarding concerns and identifying risk. They are very good at keeping us up to date with their work with parents and letting us know what the outcome has been.” (Social Worker)

Strengthening Families staff now use the same electronic recording system as children social care, so they can each see each other’s recordings in relation to a particular family which makes communication with children’s social care very straightforward.

“Over the last 12 months they have moved to the same recording system which is really helpful. There wasn’t an issue about communication in the past but we had to ask for information, they didn’t routinely keep us updated. They always told us about important things.” (Social Worker)

One concern of both parents and Strengthening Families staff is the delay in the social worker carrying out the pre-birth assessment which affects many cases:

“I’m twenty- seven weeks and four days (pregnant) and we haven’t got a social worker yet. Even these (Strengthening Families) have been on their case about it too. Yeah, they’ve been on their case every week, but they say they’ve got a big backlog of referrals” (mother and father)

“It was a bit hit and miss because I didn’t have any assessments done when I was pregnant with him, no PAMS assessments or pre-birth assessments or anything. And the social worker just based the decision off the past babies, which annoyed me a bit because we had one social worker and she left half-way through the pregnancy. And the other one started and two weeks later I ended up giving birth like 7 weeks early.” (Mother)

Strengthening Families staff were concerned that although the local policy says that pre-birth assessments should start when women are between 20 and 22 weeks’ pregnant, too often in their experience it does not start until women are closer to 29 weeks pregnant.

“They [parents] are really at the point where they’re going, ‘come on! Ready for this,’ and then we’ve got a delay.” (Strengthening Families Staff)

Social workers also recognise the problem with delayed assessments:

“It is always a relief when Strengthening Families has been involved with a family pre-birth because there is so little time to carry out a pre-birth assessment.” (Social Worker)

### Joint working between Strengthening Families and other services

Strengthening Families staff described their relationships with schools, nurseries and health visitors as very good, as are their relationships with adult treatment services, helped by one of their senior parenting practitioners having a background in substance misuse treatment.

Professionals from other services also describe good working relationships with Strengthening Families. The quotes below provide examples of communication and joint working.

“We work together, we attend professionals’ meetings together, sometimes we do joint home visits. The relationship between us and Strengthening Families is good.” (Other professional)

“They support the work I’m doing with families, perhaps more than social workers do. Social workers don’t know the families so well, often because there is such a high turnover of social worker. I think that the fact that we support each other and that we value each other’s work does make a difference to parents.” (Other professional))

“Strengthening Families refer young fathers to me and then I work with the fathers and keep in communication with the Strengthening Families team or there are some cases where we work together and we do joint visits and joint sessions. Our joint work will be specifically focused on an issue, which is often the relationship between the couple. I find as a professional it’s helpful working with someone else. Strengthening Families workers bring a different but similar perspective around working with families in a flexible, innovative way, trying different things and experimenting with approaches, developing a response to the particular needs in ways that families will take on board.” (Other professional)

“They do very positive, constructive work with families. They are always ready to alert me to issues I might raise with the father.”(Other professional)

Strengthening Families staff identified some difficulties in accessing sexual health and mental health services. With both services the issue was the delay in obtaining appointments.

“You can get them to agree, and they say, ‘yeah, okay, I’ll go for it,’ and then you go in two, three, four weeks’ time, and the woman at the contraception clinic says, ‘have you had unprotected sex?’ And they go, ‘yeah.’ And they say, ‘well, we can’t give you contraception, then. You need to come back in four weeks and have a pregnancy test,’ and it’s like, for God’s sake, we need to be able to get them in on the day.” (Strengthening Families Staff)

“I’ve had meetings with the heads of the Sexual Health Services for Salford, and we sort of came up with a pathway, but then when we actually tried to use it, it didn’t work at all. It would be really helpful for our clients if they could be fast-tracked.” (Strengthening Families Staff)

“Getting access to mental health services is always difficult. It can take 9-12 months. People have to be in crisis. Then if they don’t turn up they come off the list. No-one goes out to see the parent.” (Strengthening Families Staff)

“Mental health is our biggest frustration. Pregnant women get perinatal support but if they lose the baby in care proceedings then the perinatal service won’t take them on.” (Strengthening Families Staff)

## Parents’ experience of the service

Parents were asked about their experience of being involved with Strengthening Families and their responses highlight the strength of the relationships between the staff and the parents they are working with.

“So, like the relationship between me and X, I’d say it’s very strong because I can open up to her. Like if somethings on my mind, I can just speak to her about it.” (Mother)

…”it’s like having a family member come round and see you, seriously. They just come round, have a chitchat sometimes, have a brew. And like if I need something, they will go to the shop. And they’ll just chat, see how I’m doing, see how I’m coping, see what’s new, and if they see any issues they’ll let me know, if there’s concerns they’ll let me know.” (Mother)

“Strengthening Families to be honest, are a big, big support for us. A massive support for us, you know. When we’re confused or we don’t know what to do or what’s the best idea to do for this… Or if we don’t understand something we can phone any one of them….” (Father)

“X praises me, so I think “you can do it, you’ve done it, be proud of yourself”, stuff like that. It’s nice to hear it off someone else, especially when you know you struggled the first time.” (Mother)

Parents acknowledged that relationships with Strengthening Families could also be strained at times, but this had not prevented them from continuing to ask for and receive support.

 “I’ve had my ups and downs with the workers, told them to eff off you know but once I feel comfortable it’s like with X you can have a laugh and the same with X. But when it comes to work then it’s done you know. X and X, they know a lot about me, they know when I’m feeling low, they know when I’ve got things to put up with.” (Mother)

“They’ve had to shout at us, but it’s the only way to get their point across, when they’ve been getting frustrated with us. But we know that they’re getting their frustrations out because they say they know that we could be good parents” (Father)

“At first, I wasn’t the best of people. I was sort of arrogant with them when they was coming into the house, I was like, “What are you doing here all the time?” and then, I thought, “Why am I being like that?” (Father)

Social workers and other professionals reported on feedback to them about the service:

“We do get some feedback. In one case we are working with the mother doesn’t like her Strengthening Families worker, but other women we are working with really value their support.” (Social Worker).

“I’ve had very positive feedback from families when things have worked well. Parents feel well prepared and well supported.” (Social Worker).

“They seem to be a team that clients are confident in contacting, whereas in the past they might just have given up with this team they confidence it will be taken forward” (Other professional)

## Impact of the Service

Strengthening Families uses the Family Partnership Model [[14]](#footnote-14), a framework for practice in early intervention work, which has been adopted in Salford for use across Early Help services. The tools used with this model encourage the identification of shared goals with parents which are reviewed at the end of the intervention, but this data has not been routinely collected and aggregated. In addition, Incredible Years parenting programme groups require the use of some standardised measures in order to chart progress in relation to such things as parent-child relationships and parenting confidence, but these have not been incorporated into the Strengthening Families data collection systems. The main way of measuring the impact of the service to date has been the status of the child in relation to child protection processes, as described by the Head of Service:

“Our measures of success are quite crude and are linked to the status of the child – is the child adopted, looked after, on a child protection plan, child in need or nothing. In terms of the impact on parenting we use the various measures that are used with parenting programmes that measure emotional well-being and parenting capacity.”

Salford City Council and Strengthening Families are addressing this issue and new systems are being put into place to support improved data collection and improved measurement of outcomes:

“We’re developing a kind of an assessment wheel. When we go out to meet parents, we will do an assessment with that family, and they can identify where they need support and it’s scored and then we will review it over the period and then parents can see a score reduce. That’s the way we can measure progress and we will tie this in very closely with the new data system.” (Strengthening Families Staff)

Interviews with parents and professionals give indications of the positive impact of the service and improved outcomes for children and families. These include families being able to keep their children at home safely; improved parenting; ability to manage finances better; and improved family functioning.

“Families who keep their children will often cite the support of Strengthening Families and the way in which Strengthening Families and children’s social workers have worked together as reasons for their success. The intensity and frequency of the work on the programme has had a positive impact on them.” (Social Worker)

“On the whole the work they do with parents is effective. I think there would be more cases where we removed children if they weren’t there.” (Social Worker)

“It is hard to say whether their involvement changes outcomes that wouldn’t have happened without them, but there have been some real success stories.” (Social Worker)

I’ve definitely seen changes in family functioning following involvement with Strengthening Families. (Social Worker)

Mention is also made of the positive impact of Strengthening Families involvement on other services, particularly children’s social care when parents are on Pathway B and C.

“When families work with Strengthening Families you see better housing, better parenting, more parents in employment – you can really see the difference.” (Social Worker)

“I usually find that people with Strengthening Families support manage to sustain their tenancy and that seems to be linked to the support they get” (Other professional)

“I haven’t come across a client who hasn’t benefitted. I have come across parents who haven’t engaged. Most parents say they benefit from Strengthening Families involvement. You sort of notice that parents increase in confidence and they are better are asking for help when they need it”. (Other professional)

### Impact (cont)

Social workers also commented that the impact of the service included making their task of engaging and assessing parents easier:

“They have helped parents to be very reflective. I think when parents have someone who isn’t a social worker that is helpful because parents have often had poor relationships with social workers in the past. The Strengthening Families team really encourage families to work with us in a meaningful way. They don’t put up barriers.” (Social Worker)

“I think that the activities they do with parents does help parents’ understanding of the impact of their past on their parenting. Parents feel prepared for the pre-birth assessment and are easier to engage because they’ve had the conversations about the past already and parents understand why I’m asking the questions I ask.” (Social Worker)

“Strengthening Families work is also really helpful for me because the information from them is so good.” (Social Worker)

Interviews with parents provided examples of the impact involvement of the service had had:

“Working with Strengthening Families it’s helped gain my confidence. Like, helped me to bond with my child, because I never thought I would. Also, now I’m going to college, and I want eventually to do Health and Social Care. I’ve had a voluntary work in Barnardo’s.”(Mother)

“I was lucky enough to get referred to them. Oh, yeah, I'd rather have them in my life than not have them in my life... because I might... I could have failed. I might have failed again if it... if it wasn't for X. Well, I'm glad now. I've not failed.” (Mother)

“….they’ve just made me grow as a person. They’ve made me think differently. Like, when they first came to start working with me, I was just low in mood. Now I am just…I have the confidence to say no to people.” (Mother)

“I’ve had Strengthening Families now since F was born, I did all the courses that they’ve put me on and yeah, they’ve helped me… they’ve helped me a lot with a lot of stuff, it’s given me the understanding that I needed.” (Father)

“Just literally they’ve helped a hell of a lot. Like, if they weren’t involved, honestly, I wouldn’t have C right now. Like, even the social workers said that, because they can do a lot more than other people can, and they can go a lot further, so basically like, yeah, if it wasn’t for them I wouldn’t have my daughter and I wouldn’t have a second chance. And now I’ve got her, and I’m trusted. I’ve got to keep my daughter and that’s how it’s staying.” (Mother)

## Things that could improve

Interviewees were asked what might improve the service and a range of suggestions were made including developing further the types of support for parents in Pathway A

“I think for me the psychological support about loss, particularly at the end of proceedings where parents have lost a child could be more developed.” (Social Worker)

Also suggested were developing better systems for collecting outcomes and publicising them, together with improved dissemination of information about the service.

“I’ve not seen any information on outcomes, and more feedback on this, on a more regular basis, would be really helpful”. (Social Worker)

I think a more evidence-based cost benefit analysis of the service would be helpful (Head of Service)

“Knowledge about the service is a bit hit and miss mainly because of the turnover of staff. It would be beneficial if there was more regular information to staff as a part of their induction. We have an ASYE programme and I’m not sure Strengthening Families is part of that. “(Social Worker)

Widening the criteria for referral or having fast track access to some essential services was suggested.

“I’m not sure, I suppose they could reach out more to women who have lost their children through proceedings and I think they should focus more on younger women. Quite often older mothers have better networks of support. Young mothers are often care leavers and are very vulnerable and lack support.” (Social Worker)

“I think the service should be expanded. Currently they only accept cases referred before 20 weeks and they also don’t take on cases where a mother has a child with them, so for example if a mother had a child removed, then moved away and had another child which she kept, but is now back in Salford and pregnant again with lots of problems, they won’t take her on.” (Social Worker)

“There are some cases which come in quite late where the family could really benefit from Strengthening Families involvement but they won’t take them on, so I would like there to be a bit more flexibility in the referral criteria” (Social Worker)

Other suggestions included having a specific worker for fathers, and the team having access to a small budget to enhance their ability to provide practical support for parents

 “I think it would be great if they had a specific staff member that worked with Dads.” (Other professional)

There could be a more direct and fast track route in mental health services (Head of Service)

I think a more evidence-based cost benefit analysis of the service would be helpful (Head of Service)

“I think finances for the team would be good. Staff end up paying themselves for things for parents. For example, one mother we have been working with has cancer and a very abusive partner. She had to go into hospital and she had no pyjamas or dressing gown, so the staff bought some for her. We could do with a small pool of money.” (Strengthening Families Manager)

# Conclusions

Salford Strengthening Families posed a number of questions for this evaluation.

**To what extent is the model effective in reducing the numbers of children being removed from families?**

* The model is effective in contributing to the reduction in the number of children removed from participating birth parents. Our evaluation suggests that Strengthening Families’ programmes (2014-2019) have prevented 118 children from being placed in care.

**To what extent does the programme impact on families’ well-being, resilience and stability?**

* Our qualitative self-report data suggests that the programmes have helped participating families in many respects, including improved parenting capacity, confidence and family relationships, and better engagement with social workers and with other services. Future evaluations could include the use of validated clinical measures of changes in participants’ well-being, resilience, self-esteem and decision-making capacity. We can recommend specific measures and advise on their use.

**How do specific elements of the programme impact on parents and families?**

* A common element of the success of bespoke programmes such as Strengthening Families is that they presume that different participants will respond to different elements of the programme. Our qualitative self-report data suggests that the majority of clients responded positively to the responsive and flexible structure of the programme. This structure allows trust to established between parents, families and practitioners, and this is vital to the impact of Strengthening Families and similar programmes.

**What are the factors that enable or challenge the achievement of the programme’s aims?**

* Key factors that enable the programme to achieve its aims are its bespoke programming informed by emergent good practice in this field, the strength of relationships with consistent key workers, retention of staff and joint working practices.
* A key factor that can make it challenging to achieve these aims is the lack of trust in services by the women which can make it difficult for them to engage with the service and establish relationships: this is an ongoing challenge for staff but they seem to manage this well. Also challenging is monitoring the progress of families across all three pathways and gathering routine monitoring and evaluation data.

**Have children that have been through the Strengthening Families programme achieved the expected level of school readiness?**

* The ability to make and sustain emotional attachments is recognised to play a key role in enhancing infant development and reducing the impacts of trauma. It is very likely that programmes such as Strengthening Families help to reduce the impact of adverse childhood experiences (ACE) by strengthening positive relationships within families, and between families and practitioners. Data on school readiness for this evaluation is only available for four children, but we consider it very likely that Strengthening Families has helped to lay vital foundations for school readiness.

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1. The Incredible Years® evidence based parenting programmes focus on strengthening parenting competencies and fostering parent involvement in children’s school experiences, to promote children’s academic, social and emotional skills and reduce conduct problems. The programmes are grouped according to age: babies (0-12 months), toddlers (1-3 years), pre-schoolers (3-6 years), and school age (6-12 years). See [website](http://www.incredibleyears.com/programs/parent/) for details. [↑](#footnote-ref-1)
2. The Triple P – Positive Parenting Program ® is a parenting and family support system designed to prevent – as well as treat – behavioural and emotional problems in children and teenagers. See [website](https://www.triplep-parenting.uk.net/uk-en/triple-p/) for details. [↑](#footnote-ref-2)
3. Salford Strengthening Families Handbook p.7 [↑](#footnote-ref-3)
4. The primary need is what was recorded on the referral: however, not all referrals recorded having had a child previously removed as the primary need, even though this is a criteria of referrals to the service. [↑](#footnote-ref-4)
5. This comprises legal aid costs, local authority costs, court costs and Children and Family Court Advisory and Support Service (CAFCASS) costs. Source is the Unit Cost Database developed for the Department for Communities and Local Government's (DCLG) Troubled Families Unit (2105). [↑](#footnote-ref-5)
6. Unit Cost Database developed for the Department for Communities and Local Government's (DCLG) Troubled Families Unit (2105). [↑](#footnote-ref-6)
7. One mother had a second child following the baby she was pregnant with at referral. [↑](#footnote-ref-7)
8. Staffing costs are based on the costs for the service’s practitioners and team manager between 2014/15 and 2018/19. [↑](#footnote-ref-8)
9. The proportion may be higher as it is not possible to state for certain whether or not the clients with missing information were previously in care or known to CYPS as a child. [↑](#footnote-ref-9)
10. The primary need is what was recorded on the referral: however, not all referrals recorded having had a child previously removed as the primary need, even though this is a criteria of referrals to the service. [↑](#footnote-ref-10)
11. Some children became looked after at birth while others became looked after shortly after their date of birth: for calculation purposes we have used the child’s status within three months of birth as being more representative of outcomes. [↑](#footnote-ref-11)
12. Early Help Services are early intervention services. The Salford Council website states that: ‘The purpose of an early intervention approach is to work in partnership to improve outcomes for children, young people and families. The aim is to address problems at the earliest opportunity before they are able to escalate and by helping to break the longer term intergenerational cycle of poor outcomes’. See Salford Council [website](https://www.salford.gov.uk/children-and-families/early-help-for-families/) for details. [↑](#footnote-ref-12)
13. Universal parents – meaning parents accessing Universal Services, as opposed to targeted services [↑](#footnote-ref-13)
14. Davis H and Day C 2010 Working in Partnership, The Family Partnership Model., further details are available [here](https://www.national.slam.nhs.uk/services/camhs/camhs-cpcs/family-partnership-model/). [↑](#footnote-ref-14)