

# Education, Children and Families Committee

10.00am, Tuesday, 22 May 2018

## Family Support Volunteer Service to Safe Families for Children

Item number	7.13
Report number	
Executive/routine	
Wards	
Council Commitments	<a href="#">C34</a>

### Executive Summary

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This report seeks the approval of the Education, Children and Families Committee to award a contract for the provision of a Family Support Volunteer Service to Safe Families for Children. The contract duration will be for 36 months, with an option to extend for up to a further two periods of 12 months each. The contract start date will be 1st July 2018. The total estimated value of the contract to the Council, including extensions, is £744,000.

## Family Support Volunteer Service to Safer Families for Children

### 1. Recommendations

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- 1.1 The Education, Children and Families Committee is asked to approve the award of a contracts to: Safe Families for Children Scotland for the provision of Lot 2 Family Support Volunteer Service from 1 May 2018 for a period of 36 months, with options to extend for a maximum of two 12-month periods at an estimated value of £744,000.

### 2. Background

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- 2.1 The Edinburgh Integrated Plan for Children and Young Person's Services (2017-20) sets out our ambition that "Edinburgh is a truly child-friendly city, and that all partners will work together to achieve this."
- 2.2 As part of our ambition City of Edinburgh Communities and Families is committed to a shift in the balance of care to reduce the need for children and young people to be looked after and accommodated.
- 2.3 We wish to support parents and primary care-givers to maintain children in their homes and to prevent the need for children to be Looked After by the local authority whenever safe to do so.
- 2.4 We are aware that adverse circumstances facing parents and primary care-givers can have an impact on their ability to provide the optimum care, nurture, opportunities for safe play and positive experiences that all children need to develop their full potential. Periods of illness, personal loss or other life stresses impinge on all families. Extended family networks, friends and community supports play a vital role in supporting families at times of crisis. However, we are aware that some parents and carers are isolated from wider family support networks to help them and their children through times of crisis. Without support some parents and care-givers can struggle to meet the needs of their children leading to social work intervention and children becoming Looked After.
- 2.5 We wish to support and encourage local communities to develop support networks for local parents and carers who are facing adverse circumstances and who are isolated from supports.

### 3. Main report

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- 3.1 During 2014 council officials and elected members were approached by Safe Families for Children UK (SFFC) a newly formed organisation in the UK. SFFC had adapted a model developed in the USA of recruiting, training and supporting volunteers to offer support and respite care to families in crisis and brought this to the north east of England. SFFC were looking for a pilot site in Scotland to offer support to families to prevent children becoming accommodated. During these discussions City of Edinburgh elected members and officers were keen to establish if this model could work in Scotland to support families and prevent the need for children to be accommodated. It was agreed that SFFC would begin to recruit volunteers in Edinburgh and accept referrals from social workers and health visitors in the south west of the city.
- 3.2 Prior to SFFC commencing work in the city social work managers examined the recruitment, selection and approval process that SFFC were using in England to ensure that this was both safe and appropriate. In Edinburgh we also uniquely put in place an agreement that a children and families social work manager would sit on the SFFC volunteer approval panel. This means that a CEC social work manager scrutinises all the application and assessment papers in respect of volunteers and has a say in who is approved and for what sort of role.
- 3.3 All SFFC volunteers go through a screening meeting, application form, training session, 3 references, PVG, assessment interview – the assessment interview is based on the competency framework which local authorities use to assess foster carers. The sections involve motivation; skills; ability to work in partnership; managing stress; applicant’s parenting style and how they were parented – also capacity to reflect on that; how is their faith practically worked out and looking at how that would affect a placed child; experiences in their lives and health issues. Applicants can be challenged throughout this process. This material is drawn together and then presented to a panel including a social work manager from the City of Edinburgh council. Volunteers are then asked to sign a volunteer agreement before being finally approved and issued with an ID badge.
- 3.4 SFFC was launched in Edinburgh during October 2014. From 1 April 2015 SFFC were supported with a small grant of £33K per annum from the City of Edinburgh Council. All other funding that SFFC has sourced to cover costs in Edinburgh has been via charitable donations, most notably from the Vardy Foundation and the STV Children’s Appeal.
- 3.5 During September 2016 SFFC prepared an impact report for the City of Edinburgh Council (appendix 1). At that point SFFC had received 89 referrals. SFFC class referrals from social workers where children are at risk of being accommodated as category 2 referrals. Referrals from social workers or other professionals for families in need are referred to as category 1 referrals. Of 89 referrals as of September 2016, 24 (27%) had been category 2. SFFC had matched 45 of these

89 referred families to volunteers which had benefited a total of 98 children and were in the process of matching a further 10 families to volunteers.

- 3.6 Feedback from social workers was very positive and included comments indicating that SFFC volunteer involvement had prevented children becoming accommodated and had significantly reduced risk to children who were registered on the child protection register. (appendix 2)
- 3.7 This early experience demonstrated that SFFC were able to recruit, support and train large numbers volunteers who were able to offer support including crisis respite care to families on the edge of care.
- 3.8 This experience of SFFC in the City of Edinburgh mirrored the experience of Nottingham who had been early adopters of SFFC in England. A review of cases in Nottingham (from July 2015 to July 2016) where Safe Families have been involved showed that there were **35 children who would have been accommodated** if they had not been supported through volunteer intervention provided by SFFC and that **SFFC had reduced the flow of children in care by 12%2** over that 12-month period. (see attached Appendix 3)
- 3.9 During 2015/16 Dartington Research engaged in an evaluation of the early work that SFFC were carrying out in England. This report concluded that “Early evidence from the programme in England suggested that it had the potential to support many vulnerable families at low cost, including a significant proportion of those children that were on the edge of the care system. This early evidence also found that:
- the programme did not evangelise on behalf of the Christian church
  - the initial transfer of the programme from the U.S. to the North-East of England had realised a steady stream of volunteers
  - the programme fitted well with local government’s need to forge new relationships between public services and civil society
  - the real benefit to local authorities would be in the potential to reduce the flow of children into foster and residential care
  - the programme was scalable.”

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

- 3.10 During 2016/17 CEC officers began to explore ways in which we could finance an increased service from SFFC to allow the service to cover the whole of the city. Through discussion with finance and procurement officers we agreed that the CEC should explore the market to establish if any third sector agencies could provide a

similar trained volunteer service to support families and offer overnight respite to children.

- 3.11 CEC officers had considered whether a similar service could be replicated in-house by the council for a similar or lesser cost but concluded that it could not for the following reasons: a) experience suggests that while the council has provided some services which included recruitment of volunteers, we have not been able to do so on a similar scale in the past and it would be better to build on the strengths and networks which are already being developed by the third sector b) the “on costs” of providing a council service are usually higher than commissioning from a third party c) we have not been able to recruit respite foster carers to the extent that would meet the needs of all the children who are referred as needing this form of care.
- 3.12 A Prior Information Notice (PIN) was published via Public Contracts Scotland on 22 February 2017. The PIN, which provides transparency by making interested parties aware of the future contract opportunity, provided briefing information and advertised the co-production event which was held on the 23 March 2017.
- 3.13 An open tender was published on the 21 September 2017.
- 3.14 A summary of the tender process is provided at Appendix 4 of this report.
- 3.15 Two bids were received by the deadline of 23 October 2017.
- 3.16 The tenders were evaluated based on most economically advantageous tender (MEAT), weighted 70:30 for quality and price. Quality being of greater importance due to the nature of the service.
- 3.17 Two tenders were assessed as meeting the qualification criteria and were therefore taken forward for evaluation of technical (quality) content. The quality assessment was undertaken by a varied team including Headteachers, a senior Social Work manager and a commissioning specialist.

Provider	Quality	Price	Total
Safe Families for Children Scotland	48/70	29/30	77/100
Provider 2	21/70	30/30	51/100

- 3.18 The recommendation for award of contract is based on the applicants' score and the outcome of further due diligence to ensure that robust and fit for purpose service(s) will be in place. The designated Contract Manager in Communities and Families will be responsible for contract and supplier management, and will work closely with all providers to ensure that outcomes are achieved.

## 4. Measures of success

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- 4.1 To date SFFC have supported 98 families in Edinburgh. 37 of these are families currently receiving support from SFFC. A unique service that SFFC supply is “hosting” which involves trained volunteers looking after children for a day or overnight. Since launching in October 2014 SFFC have provided the following number of “hostings”.

Year	Hosting Instances
2014/15	11
2015/16	49
2016/17	127
2017/18	114

These are instances which can mean a volunteer taking a child out every week as 1 instance or it may mean a family offering overnight respite. These numbers include 134 overnight stays in the homes of host families. To put this into perspective it is almost impossible for us to find respite foster carers for families on the verge of breakdown. Our Family Based Care (FBC) service finds it extremely difficult to recruit and maintain respite foster carers to support families in the community who are on the verge of breakdown or crisis. Respite foster care is almost entirely used to support existing foster carers have a break. These 134 nights provided by SFFC far outstrip anything we have ever achieved via paid foster care for families in the community.

- 4.2 Additionally, we have referred families to SFFC when a parent has absolutely no family support and has had to go into hospital. SFFC have then used volunteer host families to look after the children. SFFC have also been able to offer ongoing supports to these families. In the past we would have gone to the open market to buy in foster care, but that would have been temporary foster care only, usually outside the city, and we would not have had the ongoing support built in to these very isolated families that SFFC offer.

Year	Hosted 'Hospital'
2015/16	2
2016/17	5
2017/18	3

- 4.3 The awarding of the contract will allow SFFC to expand their service in the city to benefit families and children across the city. This will prevent family breakdown and lessen the number of children requiring to become accommodated in foster care.

## 5. Financial impact

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- 5.1 The total estimated value of the contract to the Council, including extensions, is £744,000.
- 5.2 Safe Families for Children Scotland are providing £38,500 of additional value through grant funding and other initiatives.

## 6. Risk, policy, compliance and governance impact

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- 6.1 This is a high-risk provision due to the high value and the purpose of the service is to help vulnerable families. The provider(s) will therefore be required to evidence acceptable arrangements in respect of business continuity and will link in with the Council's Senior Resilience Specialist.
- 6.2 As part of the financial risk assessment for Lot 2, it has been determined that extra measures will be required to support Safe Families for Children Scotland to reduce risk and impact of failure. This will include 13 payments throughout the year to support cashflow and the contract will be monitored closely by finance and the service area designated contract manager. Additional financial guarantees will be sought from Safe Families for Children Scotland.

## **7. Equalities impact**

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- 7.1 An Equalities Impact Assessment was completed on 11 April 2017 with service reference number 2017CF17. All recommendations have been addressed throughout the process.

## **8. Sustainability impact**

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- 8.1 No significant environmental impacts are expected to arise from this contract.
- 8.2 This procurement has adhered to policy on Sustainable Procurement and Implementing Community Benefits guidance.
- 8.3 Community benefits offered by Safe Families for Children Scotland includes Student Placements. Safe Families have developed a relationship with Edinburgh University School of Social Work and Political Science and will offer a 6-month training opportunity for students. In addition, they regularly help schools with the yearly Youth Philanthropy Initiative. This enables students who wouldn't otherwise know about family support to research this for a public presentation. The provider also links in with local churches to support families in other ways through a whole range of children's activities, parent and toddler groups, food banks, debt services, counselling and addiction services.
- 8.4 The designated Contract Manager will be responsible for monitoring delivery and reporting of community benefits by individual providers. In addition, the Contract Manager will link in with the Council's Employability team to ensure that the Community Benefits are targeted for use with specific people who require the opportunity.

## **9. Consultation and engagement**

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- 9.1 Please refer to main report.

## **10. Background reading/external references**

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- 10.1 Nottingham Conference Powerpoint
- 10.2 Volunteer Agreement and Code of Conduct
- 10.3 Host Home Safety Checklist
- 10.4 Volunteer Assessment with Supplementary Questions



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## **11. Appendices**

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Appendix 1: Family Support Impact Report for Edinburgh City Council

Appendix 2: Family Support SW Comments

Appendix 3: Summary of Tendering and Tender Evaluation Processes

# Safe Families for Children

## The Nottingham Context

10 January 2018



**Helen Blackman, Director – Children’s Integrated Services**



**Nottingham  
City Council**

# Nottingham City Council Context

- We are in the third year of our partnership with Safe Families for Children.
- 75 children were diverted from care during years 1 and 2.
- 82% of children supported in years 1 and 2 have fully closed to social care (and stayed closed).

## Year to date:

- 134 children have been supported.
- 60 children have been supported at the edge of care.
- 22 children have received hosting.
- 113 bed nights have been provided.



## Our aim is to improve family wellbeing, resilience and functioning:

- 100% of families have reported increased confidence.
- 83% of families have reported increased social networks.



# Nottingham City Council Context

- Great compassion and community in Nottingham.
- High levels of need - 63% of children are living in poverty (42% nationally).
- 4<sup>th</sup> most deprived LA according to the Indices of Deprivation Affecting Children Index – deprivation, high rates of child poverty and intergenerational worklessness.
- Judged ‘good’ in 2017 Inspection of Local Authority Services.



# National Picture



- The LGA has estimated that there will be a £2 billion funding gap in local authority children's Services.
- Impact of austerity in real terms.

## Need:

- There are 4 million children living in poverty.
- We have more demand on our services than ever before.



# National Picture



- The government has consistently stated its ambition to build ‘a country that works for everyone..” To achieve this aim, the Association of Directors of Children’s Services believe we must invest in children and young people to build a country that works for all children and their families.

**We need ‘a country that works for all children!’**



**Nottingham**  
**City Council**

# Why SFFC?

Providing resources, capacity and energy.

## The difference that good parenting and care makes to children and their families

- Attachment
- Emotional regulation
- Self esteem
- School readiness
- Aspiration and achievement



# What we are doing locally to improve parenting and care for children

- SFFC
- Edge of Care Hub
- Priority Families
- Targeted Support Team
- Working differently





# Therapeutic work with families with more complex needs

- MST
- MST CAN
- Changes to residential care and fostering service

On the horizon:

- PAUSE



Nottingham  
City Council

# Regional Work

- Strong regional approach and partnership.
- Consistency for children and families.
- Regional protocols; CSE, Missing Children, UASC, SEND
- Sharing best practice.

East Midlands



# A massive



On behalf of everyone at  
Nottingham City Council.



**Nottingham**  
**City Council**

# Questions








**Nottingham**  
**City Council**









## Volunteer Agreement

### General




10.2

-  I confirm that I understand the objectives and principles of SFFC and am in support of them.
-  I agree to conduct myself according to the expectations detailed in this document.
-  I agree to inform SFFC if there are any changes to my circumstances, family life, home environment or other aspects included in the process of my recruitment. For example: contact details, those who live in the household, those who spend significant time there, home suitability or readiness for guests, issues affecting safety or supervision of children.
-  I agree to adhere to the professional advice of SFFC staff and understand that final decisions relating to the escalation or closure of support for a family remain with SFFC.
-  I agree to accept and follow advice from SFFC relating to ongoing personal relationships with supported families and understand such relationships do not come under the umbrella of support from SFFC.

### Confidentiality

-  I agree to treat all information regarding referred children and referred families with respect and with careful consideration for confidentiality.
-  I agree to follow SFFC procedures and guidance for information sharing and will only share personal information I have received in accordance with consents given to me to do so, or within circumstances specified from time to time by SFFC.
-  Unless specific consent is given I will not disclose the reasons why a child and/or parents are receiving SFFC support to anyone outside of the SFFC network.
-  I will not disclose to the child information that the parents/carers have specifically requested to be kept confidential from the child, unless changes in circumstances or the safety of the child determine otherwise and advice given by SFFC agrees to this.
-  I acknowledge that it is wholly inappropriate and a breach of SFFC policy to display any photograph of SFFC children in my care on the internet or any form of social media.
-  I agree to seek advice from SFFC if I am uncertain regarding questions of confidentiality and information sharing.

### Use of own transport

-  I agree that all private vehicles that I use during involvement with SFFC will be correctly insured, taxed and with valid MOT, according to the legal requirements for the vehicle and the purposes for which they are being used.
-  I agree that, whilst any SFFC children are in my care, they shall only be transported in vehicles driven by an individual holding a valid driver's license and appropriate insurance. The same for any times when I am involved in offering transport support to their parents/carers.
-  I agree always to transport children in my care according to current regulations for transporting children of different height, weight and age.

### I hereby agree with the terms of this agreement:

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

Printed Name: \_\_\_\_\_



## Code of Conduct

### Staff and volunteers acting on behalf of Safe Families for Children must:

- 👤 Always behave with honesty and integrity, making sure that their behaviour does not damage the public's confidence in them or in SFFC.
- 👤 Act in the best interests of children and families referred to SFFC.
  - ✓ Make decisions according to the best interests of the referred child and family, with their safety as of paramount importance.
  - ✓ Treat all with respect and dignity, committed to the highest standard of SFFC support, irrespective of age, gender, race, disability, sexuality, social or economic status, lifestyle, culture, religion or beliefs.
- 👤 Be familiar with and abide by SFFC procedures, with particular care to be taken in all aspects of safeguarding.
- 👤 Respect the confidentiality of those referred to SFFC, sharing information only when necessary and only with relevant and appropriate people and seeking to maintain the dignity of the subject of the information.
- 👤 Communicate respectfully and effectively with referred children and parents/carers, with other SFFC workers, and with workers of partner agencies, choosing the method of communication appropriately.
  - ✓ e.g. some matters are best dealt with by email, other matter by telephone or sometimes through a face to face conversation.
- 👤 Not to allow someone who has been identified as a risk to children to have contact with a SFFC child.
- 👤 Keep SFFC informed of any issues or incidents arising relating to conduct or competence.
  - ✓ e.g. any criminal offences, police cautions, disciplinary proceedings or work suspensions.
- 👤 Maintain an appropriate level of knowledge and competency.
  - ✓ i.e. make use of available training, and request further support and/or training as needed
- 👤 Act within the limits of their knowledge, skills and experience, referring matters on to SFFC management if a situation becomes problematic
- 👤 Limit their work or stop if their performance or judgment is affected by their health.
- 👤 Keep accurate records, using the notes function on the SFFC database as appropriate.
- 👤 Make sure that any promotion / advertising of SFFC services is accurate.
- 👤 Remain connected to a local church for ongoing personal pastoral support.
- 👤 Remain in regular contact with the allocated family coach and to be honest about challenges, concerns and any accidents or incidents of concern during care of a child or engagement with a referring parent or carer.
- 👤 Effectively supervise tasks delegated to others.
- 👤 Exercise care regarding any risks of infection.
- 👤 Seek advice if any expectations for conduct are unclear.

*Adapted from: Standards of conduct, performance and ethics Health and Care Professions Council 2012*



## Host Home Safety Checklist

10.3

As you offer to take care of someone else's child, together we want to make the stay as safe as possible for that child. You don't know them in the same way that you know your own children, if you have children, and therefore it is even more important that you remind yourself of good home safety tips.

We also want your home to be a natural home environment, and that you can become the equivalent of extended family and friends for the child and their family, if this develops, so a balanced, common sense approach to health and safety is needed.

Below are some basic questions, though not an exhaustive list, to help you decide on any actions that need to be taken to maximise the safety of your home and that may prompt you to seek further advice if needed.

<b>General Safety Factors</b>			<b>Notes</b>
Is electrical equipment in good repair? Do not use items with poor wiring, or dangerous faults. Assess if you should get your wiring checked.	Yes	No	
Are sockets used appropriately ie not overloaded?	Yes	No	
Are heating sources safe? - appliances fixed to the wall - fireguards in front of open fires -	Yes	No	
Do you have safety covers for accessible power points? Important for young children	Yes	No	
Are smoke detectors fitted and working? Do you test them regularly? NB The fire service offer a free visit and fitting and having smoke alarms is essential in SFFC.	Yes	No	
Is a Carbon monoxide detector fitted?	Yes	No	
Are gas fires and gas water heaters serviced annually?	Yes	No	
Are any glass doors protected eg with safety glass so as not to be vulnerable to being broken or causing injury?	Yes	No	

Are fragile objects in places safe from being broken and/or causing injury?	Yes	No	
Are windows safe? Are upstairs windows secure from small children opening them and climbing out?	Yes	No	
Are window or door keys easily accessible if needed in the event of a fire but out of reach of small children?	Yes	No	
Is the furniture safe? Check you do not have old or damaged items that may cause a child injury?	Yes	No	
Are the floors safe from any loose or uneven floor coverings that would be a hazard?	Yes	No	
Are the stairs safe? Are any gaps in banisters safe – max 4 inches?	Yes	No	
Are you committed to using stairgates as needed?	Yes	No	
Do you know what you need in the event of a young child?	Yes	No	
Do you have a well equipped, in date, accessible first aid box?	Yes	No	
Are any doors lockable? If so, how will you either prevent small children locking themselves in a room or have a quick and easy means of letting them out?	Yes	No	
If you have any building work planned, can you ensure a safe environment for children?	Yes Or N/A	No	
Have you got buildings and contents insurance?	Yes	No	
Are any firearms safe and secure? Please give details to SFFC and ensure they are not visible and securely locked away. You must an appropriate license as applicable.	Yes Or N/A	No	



<b>Kitchen/Bathroom</b>			
Are your kettle flexes short?	Yes	No	
If the oven doors get hot, can you protect children from being burned by them?	Yes	No	
Are knives and other utensils out of reach of small children?	Yes	No	
Are cleaning liquids, shampoos, medicines etc. out of reach of small children?	Yes	No	
Do you keep poisonous liquids etc in their original containers so that older children will not use them by mistake? Are they stored safely?	Yes	No	
Is the kitchen sufficiently free from clutter and also from damaged surfaces that may harbour germs?	Yes	No	
Have you made safe any electric fires which could be turned on by a small child?	Yes	No	
Have you made safe any pull cord switches which could be dangerous?	Yes	No	
Is there a thermostat on the hot water control to prevent scalding?	Yes	No	
Do you have a fire blanket for the kitchen?		No	
<b>Bedroom</b>			
Are the beds/cot safe? Think about cords of blinds or lights that could be reached by children? Do not have items in the cot with young babies and keep away from heat sources.	Yes	No	
<b>Outdoors</b>			
Has a trip device been fitted in the	Yes	No	

electrical circuit to prevent fatal shock?			
Are gardening/DIY equipment, chemicals etc., stored safely out of sight, out of reach, locked? Are sheds and garages locked?	Yes	No	
Are garden fences and gates secure and in good condition?	Yes	No	
Are swings slides etc securely fixed and in good condition?	Yes	No	
Are greenhouses, ponds and water tanks covered or fenced off?	Yes	No	
Are you clear whether children will need to be supervised when in the garden and commit yourself to having shared family rules for safety.	Yes	No	
<b>Vehicles</b> <b>You need to agree and sign for the following statements</b>			
I understand and commit to checking up to date regulations for transporting children of different height, weight and age, and only transporting children in my care according to these.	Yes	No	
I understand and agree that all vehicles I use on the road are correctly insured, taxed and with valid MOT, according to the legal requirements for the vehicle.	Yes	No	
I understand and agree that only those who hold a valid driver's licence will transport SFFC children in our care and will only do so according to the specifications of the licence.	Yes	No	

Although this checklist is primarily for your own use, it is helpful for Safe Families for Children also to have a copy so that we can assist you with any queries that arise from this and we can link it to any observations made by us on visits to your home.

Also, by dating your answers, it will give a useful prompt to you when you may need to revisit the questions. Annually is advisable.

I am sufficiently aware of health and safety issues within the home, to be able to offer a safety level as can reasonably be expected within the community YES/NO

I am unsure about some elements of safety within the home and would value some support in checking these out YES/NO

I commit to the legal requirements with regard to transporting children, as summarised in the three statements above. YES/NO

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Signature of Host Family

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Date

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Signature of SFFC Assessor/Family Coach\*  
\*delete as appropriate

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Date

**Safe Families for Children. Volunteer Suitability Assessment Form. iPad friendly.**

Name of Assessor		Date of Assessment			
Host Family		Family Friend		FF (at home care)	
<b>Details of the adults applying to be approved as a Host Family/Family Friend</b>					
Names			DOB	Vol. ID	
Job/employer:					

Other people who live in the household

Note: *all adults living within a 'hosting' household or regular visitors who would come into contact with staying families should have an Enhanced PVG check.*

First Names (all)	Surname	DOB	Relationship to applicant	Seen	Spoken to individually

Any Additional Information (i.e. missing from the application form):

**A) Motivation and the role:**

Comment on the applicants reasons for becoming a SFFC volunteer:

Why do you want to become a volunteer for safe families?

What attracted you to this volunteer position?

How did you find out about Safe Families and why would you like to get involved?

What are they looking forward to about it?  
 What appeals to you about the role?

Are the whole family in agreement? How do the children feel about hosting?  
 What does your partner think about you undertaking this role?  
 Have you talked to your children about it? What is their understanding of the role?

**Volunteers may have specific skills.**  
*Please specify any areas of particular experience or skill (insert initials of adult with the skills)*

Experience of specific needs and conditions:		Relevant skills:	
Disability		Language <i>(specify below)</i>	
ADHD			
Autism		Medical <i>(specify below)</i>	
Other <i>(specify below)</i>			
		Other <i>(specify below)</i>	

What are the strengths/skills/experiences the applicant believes they bring to the role?  
*(in particular with working with children/young people)*  
 Why do you think you would make a good volunteer for SFFC? Have you done anything like this before? Prompt: Career experience, church experience eg, Sunday school, volunteer roles

What difficulties or uncertainties do they identify they might have with the role?  
 What do you think your weak points might be? What training would be useful for you?

What benefits/positives do they expect for themselves and/or the family?  
 What are you hoping volunteering will give you? What do you think your children will gain from you volunteering?

Do they see themselves able to invest in an on-going relationship with parents, and how much getting alongside during a particular time of 'crisis'?

Discuss possibility of continued relationship after SFFC closes case officially. NB May not be appropriate – SFFC may assess that it isn't safe for volunteers to continue in relationship.

**B) Availability & Circumstances**

Give an idea of level of availability including variations in times and seasons (eg school terms):

Anytime		Evenings		Daytime		School holidays		Weekends	
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Are there any specific times?

Please note any current health difficulties or home/family situations affecting availability?

Is there anything that might affect your availability such as health problems or family situations?  
Explain Database system where periods of time can be blocked out.

If Hosting give an indication of preferences, i.e. age, gender, number of children:

**C) Family History, the Current Family and Social Networks**

How do they describe their home life? *Personalities/Activities/Interests/Visitors*

How would someone else describe your home and family?  
What does a typical week look like?  
What do you like doing as a family?  
Who visits your home on a regular basis?

What is your attitude to smoking or alcohol use?

Smoking:

Alcohol: If you were hosting would you be happy to abstain for that time if necessary?

*It is helpful to understand something of the experiences of the family in order to match well to their strengths and understanding of others' circumstances.*

How does the applicant describe how they were parented and how they parent?

What was your Mum/Dad like? How would you describe your relationship with her/him? Did they have jobs?

Do you feel you had a happy childhood?

How do you feel your experiences as a child have shaped the person you are today?

In what ways do they follow this model, and in what ways do they react against it?

Do you share any characteristics with your parents? Have you parented in a similar way?

Is there anything that you have consciously done differently?

Discipline used in each family of origin? Any excessive or inappropriate punishment?

*Applicant's own view on discipline now? Explain SFFC policy of no physical chastisement*

What did discipline look when you were growing up? And with your own children?

Document that you've discussed SFFC policy of no physical chastisement.

If not parents: If you were looking after a child and they were acting up how do you think you'd deal with it? Do you feel confident that you could deal with bad behaviour? What strategies are you aware of?

### **Children in this household**

Comment on: Sibling relationships, Health of Children, Behaviour of Children,

*Special needs of children: e.g. Learning, Development, Health, Mental Health*

*Issues such as Substance Abuse, smoking.*

How would you describe your children?

How do they get on with each other?

What has been their experience of sharing your time/their possessions?

Have any of the following been experienced (in families of origin or as adults)?  
*Domestic Abuse, Child Abuse, Young Carers, Significant health difficulties (physical or mental health), experience of learning difficulties, substance or alcohol misuse, traumatic events. Other?*

Have you experienced anything that you would describe as major trauma in your life?  
If they answer no then run through above list

Have they had any Social Care involvement, whether for self or others, children or adults?  
*Include here if they have made any application to be a foster carer or adoptive parent and details of the outcome.*  
*If applicable gain consent for further information.*

### **Coping and Support**

How do they cope with stress and challenge? How do they cope with disagreements?  
*Consider challenges in volunteer role and coping capacity and strategies.*  
*Where does the family's support come from primarily?*

How have you managed and responded to any stressful episodes in your life?  
Can you recall a recent stressful incident/issue? Who did you confide in and why? How was the matter resolved?  
How do you deal with problems and disagreements both as a couple and individually?



<b>Relationship status:</b>	
What is your current relationship status?	
How long have you been in this relationship?	
What are the strengths of the relationship?	

<b>D) Values and Beliefs</b>	
What are the key values that they prioritise? What's important to the family? <i>How will their views affect them in the role?</i>	
Give some examples if volunteer is struggling to answer eg. Family, hospitality, equality, honesty etc.	
Do they have any experiences with different cultures and learning to understand others in terms of identity, culture, race etc? Are they willing to help preserve the child and family's culture and heritage?	
What contact have you/your family had with people of different ethnicities and faiths? <i>If you were asked to care for a child from a different racial/cultural/religious background to your own, how would you feel and what would you do?</i>	
Religion/Spiritual Beliefs: <i>Give an idea of participation in church or faith-related activity (may be covered earlier)</i> <i>E.g. church attendance – give name of church; midweek groups, service or mission activities:</i>	
How does the family express faith within the home? E.g. praying together <i>Try to perceive how it may impact a child staying.</i>	
What role do religious/cultural practices play in your household?	

<b>PVG</b>	
PVG applied for	Yes - No

Do they expect anything to come back on their PVG?	Yes- No
<i>If yes, please specify:</i>	
PVG Returned: Date	
Any Issues on PVG:	

<b>E) Home Safety Check</b>	
	YES – NO
Are there any pets in the home? Give details, i.e. do uncaged animals go everywhere or are there restrictions? Are there any concerns regarding safety?	
Are there any particular issues regarding safety or risk to children or young people in the neighbourhood?	

<b>TRANSPORT</b>	
Will the volunteer use household vehicles to transport an SFFC child?	YES – NO
Please prompt the applicant/s to contact the car insurance company to discuss their policy	
Name(s) of drivers(s)	
What other modes of transport might be used?	
Are there any concerns regarding a child's safety whilst travelling with the volunteer(s)?	

Are any questions answered 'No' on the Host Family Safety Checklist? <i>If so, give details of any safety issues arising and plans to address these.</i>	
Home Safety Checklist complete?	YES – NO

Were actions agreed by volunteers to ensure safety of children? *Describe below*

On looking around the house, particularly communal areas such as kitchen, lounge, bathrooms and garden, and the areas where a child would sleep, are there any concerns regarding safety or any hazards?

*Give details of implications. (Aware of possible day care)*

Assessor write Bio Summary for transfer to volunteer record on SFFC Database.

Assessor opinion on suitability, with any points that peer review / accreditation panel need to consider.

Summary Conclusions	YES / NO
Does the volunteer have sufficient understanding of and alignment with the role e.g. children returning home, compassion, no reimbursement?	
Does the volunteer demonstrate healthy and appropriate motivation for the role?	
Does the volunteer demonstrate the capability to cope well with the demands of the role?	
Does the volunteer have good understanding of the limits of the role and the importance of working in partnership?	
Is the volunteer willing to accept feedback, supervision and training?	
Are there any unresolved safeguarding issues or questionable suitability for the role?	
Are there any issues concerning finances or stability?	

Training Date:	Attended:	
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## Safe Families for Children Scotland

### Impact Report for City of Edinburgh Council

September 2016



Safe Families *for* Children  
SCOTLAND

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## 1. Introduction

This short report seeks to illustrate the impact that Safe Families for Children has made in Edinburgh since starting nearly two years ago. All data is taken from the Safe Families database which has been designed specifically for the charity and enables Safe Families to run a range of reports on referrals, support provided, volunteer recruitment and approval, and length of support. The Safe Families Team would be delighted to show CEC Officials how the database works and how reports can be run on a variety of data.

## 2. Background

Safe Families for Children Scotland was launched in October 2014 at the Claireany Christian Trust Exchange Conference. Originating in Chicago in 2003 Safe Families for Children is a volunteer led early intervention project that seeks to prevent children from experiencing neglect and abuse, to reduce the number of children entering the care system and to stabilise families in a time of crisis. Safe Families for Children Scotland is a registered charity (SCO45295) and is a partnership between Claireany Christian Trust and Safe Families for Children UK.

In the United States, Safe Families for Children has now grown to be a national charity working in 35 states and 65 cities with over 20,000 children benefitting. In cities such as Chicago most referrals for assistance are now coming to Safe Families before they are passed to statutory agencies. Along with a range of interventions this has led to a 50% decrease in the number of children being received into care in the Chicago area.

Across the UK, Safe Families for Children began in 2013. So far Safe Families in the UK have recruited 2776 volunteers from 556 churches, worked with 831 families, provided 1334 bed nights and impacted the lives of 2044 children. Safe Families in the UK are now working with over 20 Local Authorities across 6 'Hubs' which include Greater Manchester, Mersey, Midlands, North East, South Coast, Wales, and of course Scotland. Other Local Authorities have expressed interest in partnership working.

## 3. The Power of Prevention

The new report published by the Scottish Public Health Network in May 2016 entitled 'Polishing the Diamonds' helpfully outlines the devastating effects of Adverse Childhood Experiences (ACE's). The report shows that children who experience 4 or more ACE's are:

- almost 4 times more likely to smoke;
- almost 4 times more likely to drink heavily;
- almost 9 times more likely to experience incarceration; and

- some 3 times more likely to be morbidly obese.

Those with higher ACE scores were also at greater risk of:

- poor educational and employment outcomes;
- low mental wellbeing and life satisfaction;
- recent violent involvement;
- recent inpatient hospital care;
- chronic health conditions;
- having caused/had unintentional pregnancy aged <18 years; and
- having been born to a mother aged <20 years.

While responding to ACE is complex and long term, one of the key recommendations in the report for prevention is tackling social isolation, increasing community connectedness and building social capital. This is exactly what Safe Families does. It is a great example of the community responding to others in the community who need help in a time of crisis. We have recently linked a young 23-year-old mother with a retired Health Visitor. The support from the volunteer has enabled the young mother to successfully engage with services, and as a result of the volunteer providing some day hosting, the mum has been able to access work.

#### **4. Safeguarding**

Given the vulnerability of the families worked with, safeguarding is a key priority as demand for Safe Families grows and develops. We have developed Safeguarding procedures which are all contained in an Operational Manual. We recruit and train our volunteers carefully and they all need to go through the process of: application, PVG application or update, 3 personal references, volunteer training, assessment, approval panel and volunteer agreement. Only once all these steps are completed will a volunteer be matched to a family. Our Approval Panel always has external representation from the Local Authority Children and Families Social Work Team.

While Safe Families is a charity that seeks to recruit and deploy volunteers, it has qualified staff who oversee all aspects of safeguarding. In Edinburgh our Family Support Manager, Lyn Hair, is a very experienced social worker with over 30 years' experience. Lyn reviews all assessments and manages the Family Support Worker in Glasgow. The Scottish Programme Director for Safe Families is also an experienced social worker who has recently qualified from Strathclyde University with a post graduate Certificate in Social Work Management. The Safe Families for Children Scottish Board consists of the current Chairman (Robert Gordon) and Chief Executive (Iain Gordon) of Claireany Christian Trust, Rachel Tooth an experienced GP from Craigmillar, and Richard Vardy who is a local businessman.

#### **5. Progress in Scotland**

Over the last two years Safe Families in Scotland has worked with City of Edinburgh Council, Midlothian Council and Glasgow City Council. Safe Families are in discussions with other Local Authorities around Glasgow and Edinburgh about potential partnership working.

Safe Families currently receives funding from the City of Edinburgh Children and Families Service Grant scheme. This amounts to £33,000 per year (2016-2019) with an agreement

that Safe Families will work with 23 families in 2016-17, 30 families in 2017-18, and 33 families in 2018-19.

## 6. Volunteer Recruitment

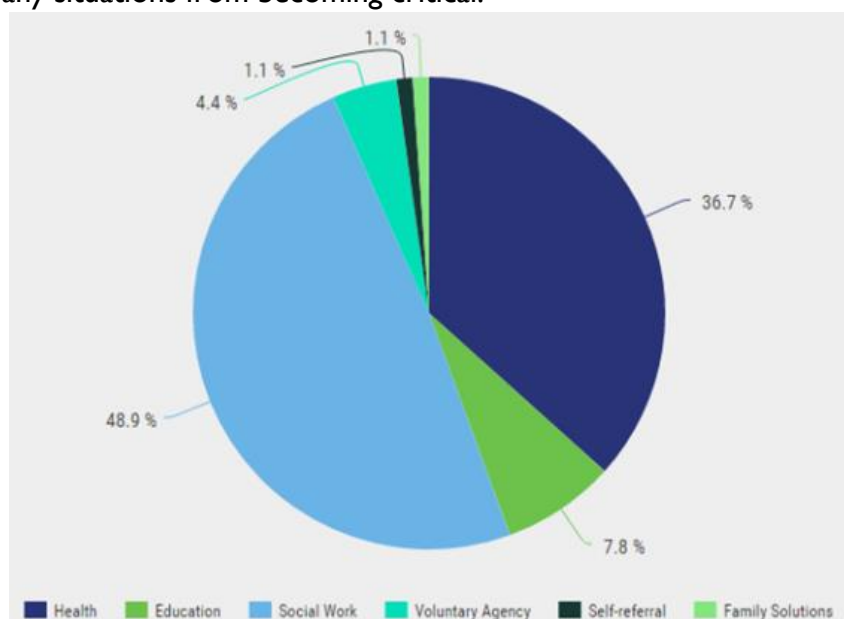
Volunteer recruitment has been mainly, although not exclusively, through churches. To date, in Edinburgh Safe Families have recruited and approved 67 volunteers with another 23 in process. This includes 27 Host Families, 32 Family Friends, 2 Family Coaches and 7 volunteers who are both willing to host and befriend families. We are also actively recruiting in Midlothian, and depending on the location of a referral, volunteers from Midlothian may be linked with Edinburgh families and vice versa. The Safe Families database enables the project to e-mail or message volunteers quickly when referrals are submitted.

## 7. Referrals

Since launching in October 2014, Safe Families in Edinburgh have received 89 referrals. All referrals are asked to outline the level of social care involvement including none, voluntary, Looked After at home, LAAC, and CPO. Safe Families would regard all referrals where there is no social care involvement or where social care involvement is voluntary as a prevention referral (Category 1), while all other referrals would be regarded as diversion or edge of care (Category 2).

Of the 89 referrals, 65 (73%) have been category 1 while 24 (27%) have been category 2. We have matched 45 of these 89 referrals to volunteers which have benefited a total of 98 children. We currently have another 10 referrals that have been assessed and are waiting to be matched. From the start of April 2016 we have matched and started to work with 10 newly referred families; we are linking a further 5 families; 11 are in assessment; and we have closed 9 cases. Based on these figures, we will have worked with the 23 agreed referrals before 30<sup>th</sup> September 2016.

As can be seen from the graphic below we are still receiving most of our referrals from Social Workers, but we are getting an increasing amount of referrals from Health Visitors and Head Teachers. It can be difficult to quantify interventions that are not yet known to social work, but as the case studies below indicate we believe the work of Safe Families is preventing many situations from becoming critical.



Over the last 2 years, 31 referrals have been closed without support for a variety of reasons: the situation has been resolved, support has been received from elsewhere, the situation has become too critical, the family cannot be contacted, no available resource, or the referral was inappropriate.

## 8. Impact

The majority of referrals to Safe Families in Edinburgh have been category 1 referrals (prevention). Many referrals are coming from health professionals (mainly Health Visitors) (37%) or increasingly from social workers on duty. We believe that the impact that Safe Families volunteers are having prevents many of these cases from further crisis and longer term social work intervention. We recently worked with an unallocated case where a mum walked into her local GP Surgery saying she could no longer care for her two sons (both of whom had ADHD). Volunteers are now taking the kids out at the weekends to give mum a break and the mum has not been back to the Duty Team.

Since starting in October 2014, the project has provided 42 bed nights in Edinburgh where children have stayed with a Host Family. Since April this year the project has started recording Day Hostings, and over the last 5 months we have provided 22 days again in Edinburgh.

A few months ago, we carried out a review of our work thus far and are continuing to improve how we monitor and evaluate the impact of the project. Recently Edinburgh has introduced an outcome framework based on the Shanarri outcomes, and we are seeking to incorporate elements of this in our assessment and evaluation process. Out of a sample cohort of families who we followed up, (i.e. have had questionnaires returned or have been working with the family for a significant length of time) we can report the following results:

- 60% reported a reduced risk of their children becoming 'looked after'
- 80% reported an increase in parental confidence
- 80% reported feeling less isolated and more socially connected
- 80% reported a reduction in parental stress
- 50% reported an increase parental skills
- 50% were reported an improvement in parent/child relationship

This is very encouraging and is evidence of Safe Families working toward stabilising families in times of crisis. The reduction of risk measure, primarily with responses from social work professionals, suggests that we are reducing the numbers of children going into care. None of the children we have worked with have gone back onto the Child Protection Register, in cases where they had previously been listed.

Currently we use a questionnaire for parents looking at the areas of social connectedness, parental resilience, parenting skills, support, and parent-child relating. This is complemented by asking referrers or other professionals involved with the family their assessment on these areas but also including a question on reducing risk. Another tool which has been recently introduced is Cantrill's ladder, which allows parents to rate themselves and can be used as a base line measurement as well as a review tool. Input is also received from attending Child Planning Meetings and Professionals' Meetings.

## 9. Feedback

Some of the more informal feedback we get from families can be really powerful. Here are a few quotes and stories.

Jane Smith, one of the first mothers Safe Families worked with, said after several months of support that: 'I knew my son had something to look forward to, and I had something to look forward to. I started getting up. I started getting myself dressed every day. I got myself a job. At one point last year, I was in my bed all the time because I was feeling depressed. It brought me out of that.' Similar feedback, often unprompted, has been received from other parents who Safe Families have helped.

'This woman you've sent me is amazing!' Mary Brown said, after she received help with caring for her new-born baby and also legal help from her Family Friend. (See Case Study 6.)

Another of our Family Friend volunteers drove one of Emily Jones's grandchildren to and from his bereavement counselling appointments after his mother died. The Family Friend stopped by on Christmas day to drop off a present for the boy, and afterward, Emily told our Family Support Manager that 'he is such a nice man, so caring and thoughtful.'

With most of the families we work with, the impact goes beyond their positive relationship with the volunteer. When Gillian Harrower was referred to us, she wouldn't trust anyone taking her daughter overnight due to her history with domestic abuse. After a few months of getting to know one of our Host Families, our Family Support Manager asked Gillian how Safe Families for Children had helped her so far. 'I've learned to trust people again,' she said.

## 10. Conclusion

As Safe Families has grown and developed in Edinburgh, we believe we have had a significant impact on the lives of at least 45 families in Edinburgh. As our volunteer numbers grow we can increase our impact to reach more families in more locations across the city.

We now have an experienced and established team that is able to recruit, train, retain and deploy significant numbers of volunteers to work with more families than we are currently funded for through the CEC Children and Families Grant.

We believe that the work Safe Families is doing in Edinburgh is saving City of Edinburgh Council a significant amount of money. As the case studies below show, a number of LAAC placements have been avoided due to Host Families providing support; children have been removed from the Child Protection Register; Social Work cases have closed; and pressure on Social Work resources has eased considerably.

On the basis of the evidence in this report and in the Case Studies appended to it, we believe that the current level of funding allocated to Safe Families in Edinburgh is insufficient to meet the level of presenting need. We also believe that any additional funding allocated to Safe Families would return to the City of Edinburgh Council financial benefits in excess of the level of funding increase agreed in addition to the tangible physical, emotional, psychological, and social benefits experienced by the families supported by the project.



In the case studies below, the impact on families is evenly split between de-escalation of social work involvement and avoidance of LAAC placement. Even on the basis of these eleven cases, we estimate that the financial saving to City of Edinburgh Council is in excess of £100,000. This gives a savings to cost ratio of more than 3:1.

Further funding of Safe Families will yield similar levels of saving. An increase in annual funding from £33,000 to £100,000 will yield additional savings of over £200,000.

It is requested that on the basis of financial savings alone, City Edinburgh Council increase annual grant funding from £33,000 to £100,000 with immediate effect for financial years 2016/17, 2017/18, and 2018/19.

## Appendix I

### Case Studies

The following case studies illustrate the impact the Safe Families involvement has had in the lives of children and families in Edinburgh. In each case study the main beneficial outcomes are highlighted. While it is not known to Safe Families the precise financial saving to City of Edinburgh Council in each case, it is hoped that it will be clear to City of Edinburgh Council readers the savings that have accrued to the Council and the significant saving to cost ratio of the project.

Savings will be dependent, in part, on the severity of need presented in each case; the greater the severity of need – the greater the potential saving. In determining severity of need and therefore cash saving, Safe Families assign referrals to one of two categories of need.

#### Category 1 or Category 2

**Category 1** – problems emerging and escalating

**Category 2** – edge of care or diversion from care

When deciding on which category to use, looked after (at home) would be considered edge of care as would kinship care, where Safe Families have been asked to support the kinship carer at a particular stressful time, thus helping to maintain the placement. Emergency involvement to help a family stay together while other plans are put in place would similarly be considered, as would step down from care or helping a rehab home package. Offering support when there is hospital treatment which means admission has also been counted.

#### **Definition of ‘edge of care’**

While ‘edge of care’ is not defined on the current referral form, the referrer is asked to tick one of the boxes in this section:

Current level of social care involvement

None  Voluntary  Looked after (at home)  LAAC  Kinship Care  CPR

So far Safe Families in Edinburgh have had 24 Category 2 referrals, and we have gone on to offer support to 15 of these. These are the families we have worked with:

- Chalmers
- Jones
- Fraser
- McDonald
- Bell
- Roberts
- Watson
- Gemmell
- Harrower
- Findlay
- Hogg
- Gillespie
- Murray
- Townsend
- Day

- 3 of these were supporting kinship care – (Gemmell, Murray, Jones)
- 2 are looked after at home – (Bell, Roberts)
- 1 was overnight stay due to hospital admission – (Fraser)
- 4 were emergency support provided, 3 going on to longer term support – (Gillespie, Watson, Chalmers, Townsend)
- 1 was step down from care – (Day)
- 4 were support in rising concerns – 2 of these would be lower tariff but at point of referral problems could escalate very quickly – (Findlay, Harrower, Hogg, McDonald)
- We have two newer edge of care referrals, in assessment.

HF – Host Family; FF – Family Friend; RF – Resource Friend

## Individual Cases

### I. Parent/Carer: Chelsea Chalmers

**Child/ren:** Charlie Collins age 4  
Poppy Collins age 3  
Lorna Collins age 2

#### Category 2

**Referrer:** Social Work Team Leader and Health Visitor

**Family Circumstances:** Parents with three young children, two oldest had been accommodated for c. 18 months up until April of this year. Mother has three older children, all LAAC. Substance misuse and domestic violence are long standing concerns.

**Reason for referral:** Parents had disclosed illicit drug use in previous week on top of prescribed methadone and their relationship was strained. Father was asked to leave the home, and Chelsea was advised to get a supervised methadone script. Needing support to hold family together over the coming weekend, and to give Chelsea a break and help her get stable again. Serious consideration given to obtaining a CPO earlier in the week. If Safe Families hadn't got involved, children would very likely have been accommodated.

#### Service provided:

Two HFs provided day hosting for Charlie and Poppy on Saturday and Sunday over the weekend. Referral active again for longer term support.

#### Impact:

Immediate crisis averted and Chelsea given space to get her script established and supported to manage the implications of her partner not being around. Situation held well over the weekend. Children well cared for and had fun!

If we had not stepped in, the risks would have escalated and the children may well have needed to be accommodated as the family may well have found it difficult to comply with the plan put in place to avert the need for the CPO.

## 2. Parent/Carer: Trudy McDonald

**Child/ren:** Anne McDonald age 11  
Rose McDonald age 10  
Sara McDonald age 4

### Category 2

**Referrer:** Children and Families Social Worker

**Family Circumstances:** Trudy has had mental health issues for many years. She had PND following the births of Rose and Anne, and continuing problems. She was being assessed for borderline personality disorder and had disclosed self-harm recently and also buying valium. Anne is being assessed by CAMHS for ASD, Rose has a learning disability, Ebs Palsy, ataxia and hypertonia. Sara is lively and gregarious. Trudy is on her own but has a partner. Previous relationships have been abusive and violent – Anne was a ‘shaken baby’, the perpetrator being Anne’s Dad. The children were removed from Trudy’s care at that point, but Trudy fought and worked to have them returned to her.

**Reason for referral:** Concerns over recent disclosure of self-harm and substance misuse, very isolated, although managing many appointments for herself and the children. To help Trudy talk, get her out of the house, and become more connected locally. Also to improve confidence in herself and her parenting.

**Service provided:** Family Friend, weekly visits, building up a relationship which helped Trudy focus on solutions and plans. Helping Trudy get out and about.

At the beginning of 2016 Trudy suffered a ruptured bowel, with subsequent septicaemia. She was gravely ill so the children were accommodated voluntarily with Trudy’s sister. Safe Families introduced hosting to help support this placement once plans were clearer and help in the return of the children to Trudy. This hosting was for Anne and Sara. Anne is very anxious about overnight hosting so have concentrated on day time support. The Family Friend for Tracey is no longer needed, but hosting for children is ongoing.

**Impact:** Recent evaluation with Trudy showed improvements in areas such as confidence, family relationships and parenting skills. Trudy is in a much better place now, she has accessed services that support her with mental health consistently, she has repaired relationships with her family, notably her sister. Her physical health still causes concerns, but the self-harm is not evident now and she is much happier. Safe Families were part of a multi-agency plan to help Trudy manage her family and get to a point where she was coping with her mental health and accessing support for herself. The FF became an advocate for Trudy but the focus shifted after Trudy became ill. Our involvement released some of the pressure on the family enabling them to stay together.

### 3. Parent/Carer: Laura Gillespie

**Child/ren:** William Gillespie age 4  
Caitlin Gillespie age 3

#### Category 2

**Referrer:** Community Nursery Nurse and Health Visitor

**Family Circumstances:** Laura is on her own with her children after separating from her husband. There have been a number of separations but this time he has left and has no communication with Laura or his children. Laura has few friends or family locally and has suffered with severe depression for some time.

**Reason for referral:** Laura has become very depressed recently, has emotionally withdrawn from her children and has been expressing suicidal and self-harm intentions. She feels very guilty over this. She needs support to help her manage her children who are expressing challenging behaviour to get her attention.

**Service provided:** Initially, weekend support through day hosting to give Laura a break and reduce the stress in the home. The initial referral came in after a week where professionals were very concerned as her mood was very low and she was expressing suicidal thoughts. During the week there is support from professionals and EYC. Safe Families provided this on emergency basis for a number of weeks and then put in place a Family Friend and Day hosting with the same family fortnightly. Emergency hostings from Sept 2015 – Jan 2016. FF from Jan 2016 and regular day hosting until June 2016.

**Impact:** Situation initially provided necessary support and helped Laura to get a rest, do shopping, and manage the weekends. FF support was short-term but the regular hostings at weekends helped get the children out and about, give Laura some space, and generally reduce risks. Family is still together, Dad has now asked for access and Laura seems to be coping with this.

Initially the emergency care provided at weekends helped monitor Laura, and reduce the stress in the family which in turn reduced risk of Laura breaking down or becoming angry with the children. The risks would have escalated, and the family could have been subject to CP procedures.

### 4. Parent/Carer: Natalie Watson

**Child/ren:** Katy Watson age 2

#### Category 2

**Referrer:** Social Work Team Leader and Health Visitor

**Family circumstances:** Natalie lives on her own with Katy in the Pilton area. She has a long history of chaotic substance misuse. She has three older children all accommodated.

When pregnant with Katy, she began a recovery programme (substitute prescribing) and is now drug-free. She is very isolated and has difficult relationships with family.

**Reason for referral:** Since Katy's birth Natalie has relapsed twice. At the point of referral her CPN had been off sick and she had a recent bereavement. This had resulted in her relapsing again, but a plan is now in place to help with this. The referral came in just as the plan was starting asking for support over a weekend where it was felt the risk of her using was high. The request was for day hosting as Natalie is terrified of Katy being removed from her.

**Service provided:** Emergency day hosting provided over that first weekend. However, have offered continued support through host family offered every second weekend with added support of the HF taking Katy out every Sunday to attend the local church. Natalie has joined church Mums on swimming outings and picnics but hasn't quite made it to local MOPS group (parents' group).

**Impact:** Katy is still with Natalie, there has been no significant relapse and Natalie is accessing support with her substance misuse. There have been small steps in helping her engage more locally.

Initially the first weekend gave support which kept the family together as the increasing substance misuse was risky and would have led to CP procedures being initiated. Continued support has enabled the family to address these issues.

## 5. Parent/Carer: Anila Fraser

**Child/ren:** Ali Mohammed age 3

### Category 2

**Referrer:** Self-Referral after being advised to do so by social worker.

**Family Circumstances:** Lone parent with three year old child living in Craigmillar. Originally from Pakistan. Came to England to study but under pressure from family married a British Asian man (in a Muslim ceremony). Marriage was difficult. There was domestic abuse – she lost a child through miscarriage reportedly after a DA incident. Fell pregnant again and husband left her. In immigration processes she has been assessed as having no recourse to public funds so receives financial assistance weekly from SW for Ali. Anila feels marginalised and very alone here.

#### **Reason for referral:**

Social isolation, very low mood, anxious as well as benefits had been stopped. Finding demands of three year old daughter exhausting. Anila has some physical health problems – hospital admission planned.

#### **Service provided:**

Family Friend to provide a listening ear, to encourage and support Anila in her parenting. Encouraging her to go out with Ali. Host Family to look after Ali when Anila was admitted to hospital.

If we had not provided an overnight stay for Ali, she would have been accommodated with foster carers.

**Impact:**

The Family Friend will meet up regularly, perhaps coming to an arrangement to enable Anila to attend a women's group, thus reducing her isolation. Anila was able to have the necessary operation as Ali was looked after. This avoided a foster placement, reduced her anxiety at that time considerably and allowed her to concentrate on her own health.

**6. Parent/Carer: Mary Brown**

**Child/ren:** Faith Madras age 6 months

**Category I**

**Referrer:** Social Worker from the hospitals service

**Family Circumstances:** Mary was trafficked into the UK and worked as a domestic slave in London. She managed to escape to Edinburgh five years ago and about a year ago discovered she was pregnant. The pregnancy and birth would be complicated due to her being H.I.V. positive. She has good support from her church but is reticent to disclose her health situation as she is afraid of being judged. Since friends from church tended to accompany her to GP appointments, she wasn't able to get the care she needed.

**Reason for referral:** Mary's health and reluctance to disclose her situation meant she might not get the care necessary for her and the baby. She also tended to be passive, and there were safeguarding concerns about her ability to care for the baby once she gave birth.

**Service provided:** Family Friend to accompany Mary to hospital appointments and to help her care for the baby after she was born. The Family Friend visited weekly to help Mary manage care of Faith. This has ranged from advice on bottle feeding (hygiene and sterilization) to bathing and offering general support and encouragement. The volunteer had other skills which also came into play. After the birth, Mary received communication from two male friends claiming that they could be Faith's father. One of these men was using the same lawyer's firm that Mary was using to manage her residence status. The volunteer helped Mary write a very professional letter pointing this out as this was a conflict of interest. In all the continuing communications regarding requests for DNA tests, etc., the volunteer helped Mary manage this calmly. Recently Mary has had intimidatory texts from so-called friends, which has resulted in the police being involved.

**Impact:** Mary has had guidance and help as she transitions into motherhood and has been able to care for Faith in a way that will prevent passing H.I.V. onto her. The volunteer's help with communication to the lawyer's firm has reduced Mary's anxiety considerably and allowed her to focus on caring for her baby. The FF has also offered advice and support in managing the most recent events with the texts. The volunteer is now concentrating on helping Mary make other local connections through playgroups etc and helping Mary with her reading.

The volunteer provided such valuable support that without it Mary would have struggled with her parenting, and compulsory proceedings may well have had to be brought into being.

## 7. Parent/Carer: Claire Peters

**Child/ren:** Donna Peters age 1  
Harry Peters age 2

### Category I

**Referrer:** Health visitor

**Family Circumstances:** Claire Peters was a single parent awaiting a hip replacement when she was referred to Safe Families. Her physical condition was deteriorating, and the referrer had concerns about her mental state as a result of trying to cope with looking after Harry. Due to Claire's limited mobility, Harry was largely confined to the sitting room of his home where he spent all day from rising to bed at 9pm. Harry needed more stimulation and physical activity.

**Reason for referral:** Claire was increasingly unable to take Harry out of the house and was distraught by her inability to give him the physical activity he needed. She had some support from Home Start and from a Health Visitor, but she was still unable to cope.

**Service provided:** Homestart and other agencies, a befriending agency and a childminder had become involved but Claire was trying to fill in the PIP form (disability benefits) and was finding this difficult. She also was finding managing the garden difficult. We provided FFs to cut the grass and hedges. We also asked a FF to help her with the form (this volunteer was skilled in this area) and manage the correspondence afterwards.

**Impact:** Giving the garden a tidy up kept it safe and suitable for Harry to run around in. Helping with the form saved a huge amount of anxiety for Claire. This in turn helped her to be more emotionally available for Harry and for the other tasks she has to cope with. If she needs hospital treatment she is aware of Safe Families and the support we can offer. The simple tasks provided by volunteers have had strong beneficial results for the family. Stress levels reduced which meant the mother could meet the needs of her children more effectively.

## 8. Parent/Carer: Maya Mandela

**Child/ren:** Colin Taylor age 3  
Hope Taylor age 4  
Mike Taylor age 2

### Category I

**Referrer:** Children and families social worker



**Family Circumstances:** Maya has no recourse to public funds and lives alone in Criagmillar with her three boys. She has no family in Scotland and a very limited network of friends. She suffered domestic abuse from her ex-partner and now is trying to make a life on her own for her boys. She is very motivated to get the best for her family but is beset by worry about her immigration status. She is from Ghana.

**Reason for referral:** Request to help look after two children while the parent takes the third to hospital for a scheduled operation.

**Service provided:** FF support offered to take the two older children to school and pick up from school on the day of the operation. Also helped Maya access the Edinburgh Clothing Store, offered FF support to take children when she had lawyer's appointments, offered lifts to Midlothian hospital when Maya became ill and needed a scan. Maya began to attend a computing class locally, but always had to leave 20 mins early to pick up the youngest child. FF then picked up the child each week to help Maya access this course. Furthermore, an African volunteer occasionally visited Maya.

**Impact:** Maya's boys are lively and great fun but taking them places is a bit of a challenge so offering help with managing appointments allowed her to concentrate on important events such as lawyer's appointments. Getting access to the computer course has allowed her local connections and also learning a new skill which she hopes will help in the future. The African volunteer's informal contact was greatly valued. Maya said, 'We talk Africa'. All in all, reducing stress, helping Maya be less anxious and therefore helping her look after the boys better. Maya has just been granted leave to stay in this country.

If Safe Families had not been involved, other care would have needed to be provided for the children to get to school, when there were health care emergencies. Maya would not have had the full benefit of her computer class. She is now talking about accessing college courses.

## 9. Parent/Carer: Shona Singh

**Child/ren:** Jaimie Singh age 5  
Jill Singh age 4

### Category I

**Referrer:** Education Welfare Officer

**Family Circumstances:** Shona was attending ERI and waiting for a date for an operation/procedure for a gynaecological problem. Her daily pain was so severe that she was unable to take Jaimie to school or Jill to nursery, and she was also worried about what would happen to the children when she went into hospital. Shona was very isolated – she is separated from her husband because of domestic abuse and fled to Edinburgh from Glasgow. She does not want to make contact with any Asian families in Edinburgh because of fear that her ex-husband will find her and kidnap the children. She often spoke of not being able to go back to Pakistan for fear that the children would be taken from her.

**Reason for referral:** Hosting support if Shona would be admitted to hospital. Support in taking the children to school and nursery and bringing them back home again. Someone for

Shona to talk too. Other agencies also involved – Family solutions, Homestart and the headteacher from school.

**Service provided:** FF took on the responsibility for Fridays in the plan of support. Safe Families also looked after the children to allow Shona to attend hospital for a scan. During the Summer holidays, the FF support continued and FF and Shona took the children out to the park etc.

**Impact:** The children continued to attend school and nursery and to fully participate in this. Shona had more company and used the FF to talk about her situation and this enabled her to access healthcare. Now her health is improving, nothing ominous has been found and she is much better physically and psychologically. Safe Families helped the children get to school/nursery on Fridays. Now, the FF has identified that the boy has a reading problem and is encouraging Shona to liaise with school. Safe Families involvement prevented escalation of social care involvement.

**10. Parent/Carer:** Jacqui Erskine  
Jimmy Cunningham

**Child/ren:** Kenny Cunningham age 4  
Ralph Cunningham age 2

**Category I**

**Referrer:** Health Visitor

**Family Circumstances:** Jacqui has significant mental health issues. She is under the care of a psychiatrist and GP. The clear diagnosis has not yet been decided, but there is evidence of some bipolar depression and some psychotic symptoms – at times these have been of significant concern. She is on medication for both of these, and Jacqui has regular visits from a Community Mental Health Nurse. Jimmy suffers from depression; he sees a GP and is on medication. Jacqui has constant gynaecology issues and is anaemic. Kenny has some developmental delay and doesn't manage change well. Despite a history of domestic abuse and an on/off relationship, Jimmy and Jacqui were doing well parenting their boys with support from professionals. However, when it came to light that there were concerns regarding the health and wellbeing of Jacqui's younger siblings, Jacqui began taking on a parental role for her siblings (ages 12 and 15). This added stress was in danger of potentially tipping the family.

**Reason for referral:** Jacqui manages complex family situations and is in a difficult relationship which isn't entirely supportive to her. FF requested to just have someone to talk too, help her with household tasks and help in attending appointments. Possibly FF for Jimmy as well. Possible hosting for the children although recognised that Kenny might not cope with this.

**Service provided:** FF providing support. Sometimes difficult to be consistent but recently is in a better pattern. FF is available every fortnight. Sometimes Jacqui will forget or something else happens and gets in her way.

**Impact:** Someone to listen to Jacqui who seems to be trying to be a support to others while struggling herself. Jacqui enjoys the outings to get shopping and have a coffee with the

FF. Recently there have been significant stresses in the family but Jacqui seems to be managing these better.

## **11. Parent/Carer: Gemma Green**

**Child/ren:** Paul Gordon age 3

### **Category I**

**Referrer:** Health Visitor

**Family Circumstances:** Gemma is a care leaver and is now a young single mum who is parenting her 3-year-old son. She has just finished a college course. Gemma was her own mother's carer up until her death last year, and she continues to be a support to her sister and family; however, Gemma has no practical support for herself. Paul is now exhibiting developmental delays and needs both practical and emotional support.

Paul started to suffer from ear infections and febrile convulsions associated with these at 15 months old. At this time, he appeared to be struggling with his balance and would fall regularly. He has had grommits inserted now. He continues to have some rather awkward movements with poor spatial awareness, but he is falling less. Paul's speech is delayed, and he had been referred to SALT. He has also been referred to and seen by the Community Paediatrician.

Apart from Paul's issues with ENT, balance and speech, there have been increasing concerns about other aspects of his development and behaviour. These include him having poor coordination and concentration. He doesn't like noises and is working more at an age of a 2 year old. Paul is struggling more recently with eye contact. Mum works very hard with him, and there is evidence of very good attachment between mum and Paul. Mum has voiced concerns about his behaviour in general, and he presents as a child who is irritable and frustrated at times.

**Reason for referral:** The Health Visitor was very concerned about Gemma's isolation and lack of positive support. Gemma has an ex-partner who is involved in drugs and is very unstable so has almost nobody to turn to for advice and support. While Gemma is coping at a superficial level, it is clear that there isn't a great deal of resilience and the situation could require more social care input fairly quickly.

**Service provided:** Safe Families matched Gemma with a retired Health Visitor. Given Paul's complex health challenges this has been a great match. The volunteer is now meeting Gemma regularly, offering Day Hosting to Paul and attending Child Planning Meetings to support Gemma.

**Impact:** The biggest impact is that Gemma had been able to start a part time job. Lynne has been able to take Paul while Gemma works for a few hours in a Beauticians. This has had a tremendous effect on Gemma's confidence. Lynne has also been able to offer parenting advice and support around Paul's complex health issues. The support of the Safe Families volunteer has prevented further escalation of social care involvement.

## Appendix 2

Direct feedback from Children and Families Social Workers in South West Edinburgh who had referred families to Safe Families for Children for support during 2016.

1. "The befriender support has been really positive and mum has found this invaluable. It has provided mum with opportunity for herself to share her concerns and stresses, and in turn help her confidence. Both children's names are now off the child protection register and the case is closed to social work"
2. "SFFC provided a befriender for Ann once a fortnight. Ann greatly enjoys this experience and mum was supportive of this. Mum herself could be quite vulnerable. This did reduce risks – Ann began to present as a much happier and settled child – mum was positive about the service and asked for a volunteer for her own support. Ann remains with her family and we were able to end the social work involvement. This is a highly valuable resource and my experience is that, especially for families who struggle with social work involvement, they find this service very supportive and helpful.<sup>2</sup>
3. "SFFC have provided a volunteer who visits once a week. The volunteer is older than the parent and has a grown-up family of her own. The volunteer has provided emotional support in the few weeks since the child was born, giving advice on making up milk, and encouragement in her parenting skills. I understand that the volunteer has also provided practical support in lifts to the shops. The parent appreciates the one to one time the volunteer is able to offer. The service has exceeded my expectations, SFFC had a volunteer in place in good time for the child's birth and took pains to match the parent appropriately. The parent is happy with the volunteer and often talks about when she has been to visit."

**Appendix 4 – Summary of Tendering and Tender Evaluation Processes**

<b>Contract</b>	<b>CT0526</b>	
Contract Period	3 years with the option to extend by a further 24-month period	
Estimated Total Contract Value (including extensions)	Lot 1 – £6,934,580 Lot 2 - £744,000	
Procurement Route Chosen	Open OJEU tender under the Light Touch Regime	
Tenders Returned	3	
Name of Recommended Supplier(s)	Lot 1 - The ASL Consortium (Barnardo's Scotland, Children 1 <sup>st</sup> and Canongate Youth) Lot 2 – Safe Families for Children Scotland	
Price / Quality Split	<b>Quality 70</b>	<b>Price 30</b>
Lot 1	<b>Criteria</b>	<b>Weighting (%)</b>
Evaluation Criterion and Weightings	Effective collaboration and mobilisation of peer-peer, co-production, volunteers, community resources and technology	15%
	Management and Staffing	10%
	Service delivery	40%

	Implementation and Contract Management	10%
	Equalities	5%
	Added Value	10%
	Community Benefits	5%
	Fair Work Practices	5%
<b>Lot 2</b>	<b>Criteria</b>	<b>Weighting (%)</b>
	Volunteer recruitment, vetting, training and support.	40%
Evaluation Criterion and Weightings	Management and Staffing	10%
	Service delivery	20%
	Implementation and Contract Management	10%
	Equalities	5%
	Added Value	5%
	Community Benefits	5%
	Fair Work Practices	5%
Evaluation Team	Council Officers from Communities and Families	