

Finance and Resources Committee

10.00am, Tuesday 12 June 2018

Family Support Volunteer Service to Safe Families for Children Scotland - referral from the Education, Children and Families Committee

Item number	7.25
Report number	
Wards	All

Executive summary

The Education, Children and Families Committee on 22 May 2018 considered the attached report by the Executive Director for Communities and Families seeking approval to award a contract for the provision of the Family Support Volunteer Service to Safe Families for Children Scotland.

The report is referred to the Finance and Resources Committee for approval of the award of the contract.

Terms of Referral

Family Support Volunteer Service to Safe Families for Children Scotland

Terms of referral

- 1.1 On 22 May 2018, the Education, Children and Families Committee considered the attached report by the Executive Director for Communities and Families seeking approval to award a contract for the Family Support Volunteer Service to Safe Families for Children Scotland.
- 1.2 The contract duration would be for 36 months, with an option to extend for up to a further two periods of 12 months each. The total estimated value of the contract to the Council, including extensions, was £744,000.
- 1.3 Safe Families for Children Scotland were providing £38,500 of additional value through grant funding and other initiatives.
- 1.4 The Education, Children and Families Committee agreed:
 - 1.4.1 To agree, in principle, to award the contract for the provision of Lot 2 Family Support Volunteer Service to Safe Families for Children Scotland 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.
 - 1.4.2 To refer the report to the Finance and Resources Committee.

For Decision/Action

- 2.1 The Finance and Resources Committee is asked to agree the award of the contract for the Family Support Volunteer Service to Safe Families for Children Scotland.

Background reading / external references

[Webcast of Education, Children and Families Committee – 22 May 2018](#)

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Links

Appendix

[Family Support Volunteer Service to Safe Families for Children](#) - report by the Executive Director for Communities and Families

Education, Children and Families Committee

10.00am, Tuesday, 22 May 2018

Family Support Volunteer Service to Safe Families for Children

Item number

Report number

Executive/routine

Wards

Council Commitments [C34](#)

Executive Summary

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

- 1.1 The Education, Children and Families Committee is asked to approve the award of a contract 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

- 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

- 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%** 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

- 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

- 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

- 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

- 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

- 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

- 9.1 Please refer to main report.

10. Background reading/external references

N/A

Alistair Gaw

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11. Appendices

Appendix 1: Family Support Impact Report for Edinburgh City Council

Appendix 2: Family Support SW Comments

Appendix 3: Nottingham City Year 1 Report

Appendix 4: Summary of Tendering and Tender Evaluation Processes

Appendix 5: Volunteer Agreement and Code of Conduct

Safe Families for Children Scotland

Impact Report for City of Edinburgh Council

September 2016



Safe Families *for* Children
SCOTLAND

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

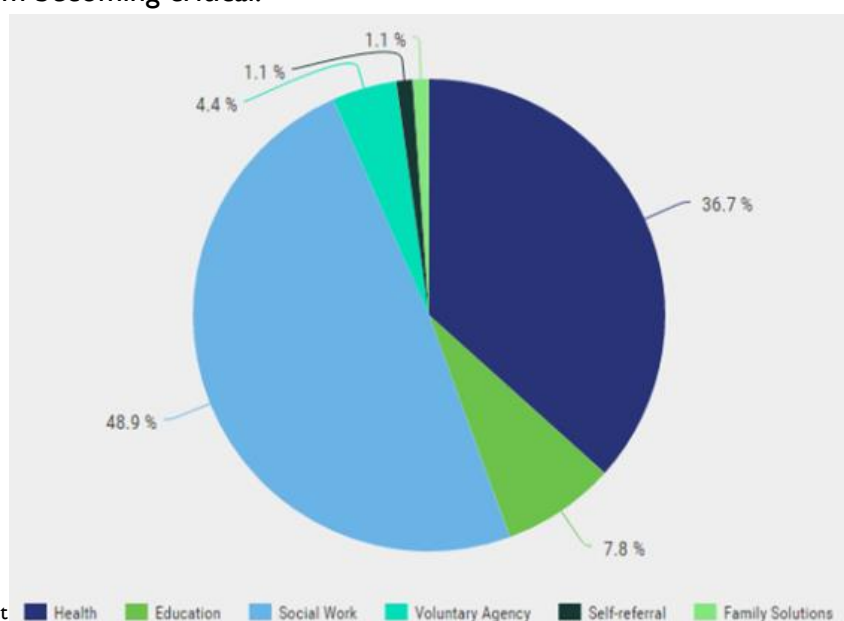
Volunteer recruitment has been mainly, although not exclusively, through churches. To date, in Edinburgh Safe Families have recruited and approved 67 volunteers with another 23 in process. This includes 27 Host Families, 32 Family Friends, 2 Family Coaches and 7 volunteers who are both willing to host 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 30th 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 I 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 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 grommets 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.²
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."



Safe Families *for* Children



Year One Report: July 2015 to July 2016

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Safe Families for Children

A. Introduction:

This report is a review of Safe Families for Children's partnership with Nottingham City Council between 22nd July 2015 and the 22nd July 2016. During this time Safe Families for Children has become an integrated part of Nottingham City Council's menu of services for vulnerable children and families, with referrals being made from social care duty and fieldwork teams, targeted family support, disabled children's team and the post adoption service.

B. Referrals:

During the first 12 months there have been **67 referrals** of which **44 have been actively supported**¹. This support breaks down as 55 adults and 130 children helped by 44 family friends and 112 bed nights provided by 34 host families.

Safe Families supports families as part of early intervention (category 1) and at the edge of care (category 2). Of the 44 active referrals, 26 (58%) were category 1 and 18 (42%) were category 2.

The referrals have come from:

- Fieldwork social care teams: 43% (19 referrals)
- Targeted Family Support: 27% (12 referrals)
- Duty Team: 18% (8 referrals)
- Disabled Children's team 5 % (2 referrals)
- Post adoption Support Team 7% (3 referrals)

C. Impact of Safe Families for Children on the flow of children going into care:

To understand the impact of Safe Families we have used the terminology of stock and flow. The stock is the number of children within local authority care at any one time. The flow is the number of children going into care over a specific time period. Typically the stock is made up of older children, who are accommodated for longer periods of time and who are likely to have a permanency care plan and the flow is made up of new entrants to the care system who may only stay in care for a short time before returning home. It is with this cohort of children that the greatest impact of Safe Families can be seen. Host families provide support and overnight stays to this group of children, where appropriate, which avoids these children coming into care on a short term basis.

When these families are supported by Safe Families as an alternative to care, there is a knock on effect, which is also important to note. Families are less likely to request short term accommodation in the future if they have received support from SFFC. Those families who have accessed short term care as a means of dealing with family crises can become desensitised to the prospect of their children spending time in the care system, so are more likely to request state intervention as a means of support in dealing with a future family crisis. In summary therefore, it is highly likely that

¹ Of the 23 that didn't engage the reasons were; 2 screened out by RCT, 6 assessed as not appropriate for volunteer support, 10 where the parent/carer declined support and 5 where the parent/carer disengaged post link-up with a volunteer.

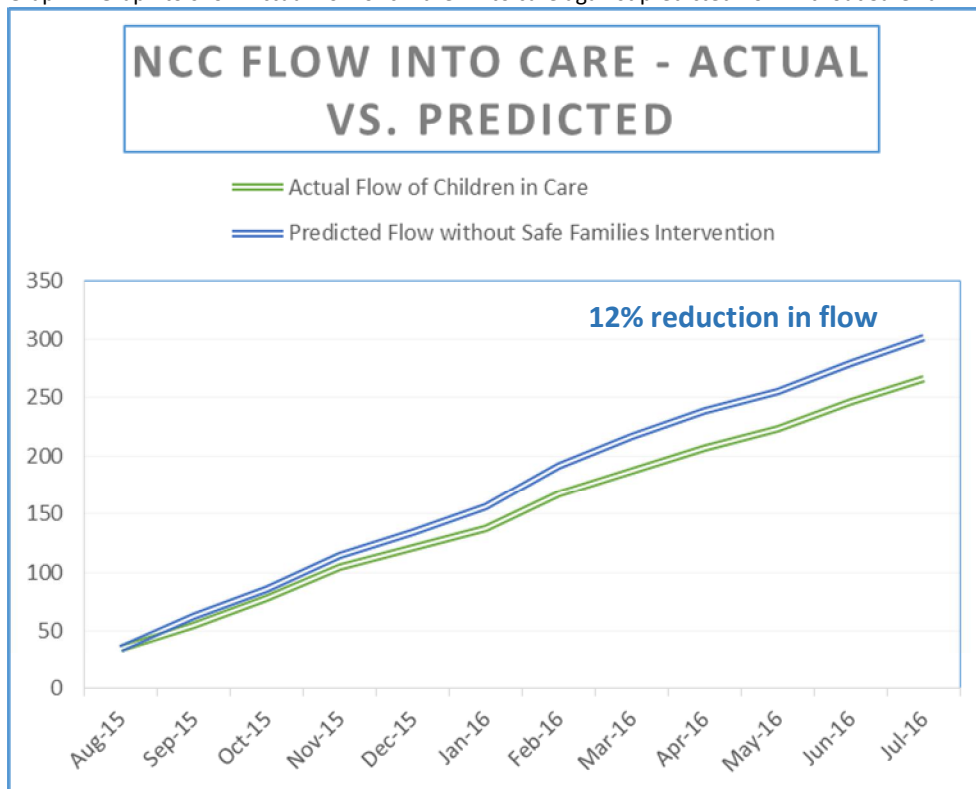
those children who receive Hosting support from SFFC will avoid repeated short stay episodes in care.

A review of cases (from July 2016 to July 2016) where Safe Families have been involved shows there are **35 children who would have been accommodated** if they had not been supported through volunteer intervention.

In almost 80% of these cases, this would have been for a short period of time due to the parent/carer being incapacitated in some way (e.g. hospital stay). In the remaining 20% of cases it is likely that the children would have entered care for a longer period as the issues related to ongoing family stress coupled with limited support networks. In both cases the intervention of Safe Families avoided these children being accommodated. See Appendix 1, Table 1 for detailed information on each case.

By avoiding 35 additional admissions into care **Safe Families for Children have reduced the flow of children in care by 12%**² over this 12 month period.

Graph 1- Graph to show Actual flow of children into care against predicted flow without Safe Families intervention.



D. Cost Benefit Analysis of Safe Families for Children:

A cost effectiveness analysis was completed in July 2016. A robust evaluation of each case was undertaken jointly between Safe Families and NCC staff to determine the likely service response and

² This is calculated by taking the total flow of children into care over the 12 month period (266), adding to it the number of children diverted from care (266+35 = 301) to give a total number that would have gone into care if Safe Families hadn't been able to respond. We can then calculate what percentage of children were diverted from care (35/301= 0.12 = 12%).

associated costs (see tables 2&3, Appendix 2). This analysis has only looked at avoided costs in relation to care placement savings. The analysis considered a range of scenarios between internal and independent foster placements as detailed in the table below. **The budget relief as a result of diverting these children away from short term cares ranges from 71k to 120k depending on the type of placement available.**

Cost avoidance	Amount (£)
Care Placements costs assuming all internal placements	£70,748
Care Placements costs assuming 70:30 split Internal vs IFA	£83,084
Care Placements costs assuming 50:50 split Internal vs IFA	£116,064
Care Placement costs assuming all IFA	£120,512

E. Additional cost saving implications

From the period of July 2015 to July 2016 SFFC has provided other savings through the **supply of resources**. These total £4,090. A breakdown of resources provided is included in Appendix 3.

44 supported cases have been reviewed to see if their status within social care / early help has escalated or deescalated during and after support. It is clear that over the 6 months of Safe Families involvement the majority of cases deescalate within social care and to date have not bounced back into local authority Children’s Social Care.

Looking at the 20 cases that have closed to Safe Families (usually after 6 months of involvement) 55% have deescalated or closed to social care and (to date) have not come back into social care, 2% have remained at the same level and 30% were emergency referrals where the issue is specific to a hospital stay or similar and Safe Families involvement was for just a couple of days/weeks and therefore reviewing escalation/de-escalation is not relevant.

Safe Families have also reviewed the input provided by the “Family Friends” who work alongside parents/carers and children. Appendix 4 details the support provided by the volunteer family friends and the impact this has in terms of increasing the family’s support networks, increased involvement in community groups, facilitating and promoting health and (other) appointments, support with filling in benefit forms and resolving accommodation issues etc. It is very difficult to attribute a direct cost benefit to these outcomes; however the fact that the support is enabling social work practitioners to close/deescalate cases suggests that it is effective in providing community based solutions that increases the resilience of the family and means they are less likely to become reliant on state support and intervention.

F. Impact of Safe Families on emotional and mental health of families:

Evaluation tools were used with the families at the point of referral, during support and at closure to determine the impact of support on overall wellbeing, anxiety and depression. A fuller analysis of the initial results of this is detailed in Appendix 5.

In summary:

71 % of cases increased in their Cantril’s ladder score (overall wellbeing measure).

86 % of cases maintained or increased in their Cantril’s ladder score (overall wellbeing measure).

75 % of cases showed maintained or reduced levels of anxiety.

75 % cases showed maintained or reduced levels of depression.

Perhaps most significantly there were 5 cases where the parent/carers anxiety and depression scored “abnormal” at the point of referral (a score of over 11 out of a possible 21). In 3 of these cases this score dropped all the way down into “normal” (below 7) by the point of case closure.

G. Case Studies & Feedback from Exit Survey:

Appendix 6 includes 4 case studies and the current feedback from volunteers, referrers and families taken at our exit survey.

Appendix 1: Review of Diversion from Care Cases

Table 1 – Cases where Safe Families intervention has avoided care placements

<u>Target</u>	<u>Direct /Indirect</u>	<u>Children</u>	<u>Review</u>
1	Indirect	3	Respite support and emotional support to parents to enable them to cope and manage their own health needs
2	Direct	1	Hosting of 1 child while mum is in hospital giving birth
3	Direct	2	Hosting of two children while mum is in hospital and then hospice (went home but later went into foster care as mum died)
4	Indirect	5	Respite support and emotional support to Grandfather sustained placement of children with him.
5	Direct	3	Hosting 3 children when mum went to hospital for emergency procedure
6	Direct	2	Hosting of 2 children when mum went into hospital to give birth
7	Indirect	1	Respite support and emotional support to mum enabling older son to remain in family home
8	Direct	2	Hosting of 2 children when mum admitted to hospital and dad in custody. Returned to mum that evening. ³
9	Direct	2	Hosting 2 children when mum had breakdown until alternative family members were found to care for children
10	Indirect	2	Emotional support and friendship to dad to support him in care of the children who had been recently placed in his care
11	Direct	2	Hosting of 2 children while mum is admitted to hospital with pre-eclampsia (hospital stay was extended and children went into foster care for 2+ months)
12	Direct	2	Hosting of 2 children while mum is in hospital giving birth
13	Direct	3	Hosting for three children while mum went to hospital for procedure (hosting was cancelled on the day) ³
14	Direct	4	Hosting 2 children on 2 occasions when mum went into hospital for emergency care
15	Direct	1	Hosting 1 child when mum went into hospital to give birth
		35	

³ In both these cases overnight hosting did not end up happening because the circumstances changed after the link-up with the volunteers. Case 8 - children picked by hosts and remained with them until 9pm when mum was discharged early from hospital. Case 13 □hosts arrived at family home to collect children but mum had changed her mind regarding procedure. These have been included in flow because the assumption in both cases is that S20 would have been initiated if Safe Families had not been involved.

Appendix 2: Cost Benefit Analysis of Avoided Placement Costs

Table 1 – Summary of budget relief in respect of avoided care placement costs to NCC

Case	100% internal	70% internal: 30% IFA	50% internal: 50% IFA	100% IFA
1	£1,353	£1,353	£1,353	£2,352
2	£200	£200	£200	£224
3	£2,200	£2,464	£2,464	£2,464
4	£43,296	£43,296	£75,264	£75,264
5	£300	£300	£300	£336
6	£1,804	£3,136	£3,136	£3,136
7	£2,706	£2,706	£2,706	£4,704
8	£14,432	£25,088	£25,088	£25,088
9	£1,353	£1,353	£2,353	£2,352
10	£1,804	£1,804	£1,804	£3,136
11	£400	£400	£400	£448
12	£300	£336	£336	£336
13	£400	£448	£448	£448
14	£100	£100	£100	£112
15	£200	£200	£224	£224
15 Families Total Relief	£70,848	£83,184	£116,176	£120,624

Table 2 – Detailed case summaries to illustrate budget relief in respect of avoided care placement costs to NCC

Case	Costs avoided (£)	Number of children	Narrative
1	£1,353 Care cost for three children for one week mum was in hospital. (3 x £451.00) plus care costs for one child @£100	3	Three children aged 10, 8, and 5. Both parents have physical health problems, which are impacting on their parenting. Mother has a hospital appointment for surgery and possible time as inpatient in hospital. Father has significant health problems and a diagnosis of depression. Recently his mental health has deteriorated. Father struggles to be sole carer while Mother is in hospital. 8 year old son's behaviour can be very challenging and parents struggle to reinforce boundaries. 10 year old is taking on caring responsibilities and needs a break. Daytime (and occasional overnight) hosting of all 3 children.
2	£200 Two days including overnight for one child (£100.00 x2)	1	Mum in early labour no networks with one year old child.
3	£2,200 Two children for eleven nights	2	Adoptive mum of two children, no family willing to support. Mum in late stages of terminal illness unable to care for children. Children hosted for 11 nights.

	(£100.00 x 22)		Subsequently went into foster care when mum died.
4	£43,296 Care costs of three children in care for eight months of this financial year. (£451 x 8 months) IFA would be £75,264	3	Grandfather is the sole carer and has Special Guardianships of his five grandchildren children. Requested children be removed and placed in care as he could not continue. Note: Consideration should be given to all five children being accommodated. If all five children were accommodated this would be a saving of £72,160.00
5	£300 Care costs of three children coming into care	3	Mother in a refuge with three children, medical emergency and hospitalised, and emergency accommodation required.
6	£1,804 Care costs for two children for two weeks. (£451.00k x 2)	2	Pregnant diabetic mother, no recourse to public funds, two young children. No networks. Needed support whilst going into hospital for delivery and recovery. Family moved out of area
7	£2,706 Six weeks at £451.00	1	Fled DV and moved to Nottingham. Son has challenging behaviour and has been previously LAC. MST to reintegrate the child back to family home. Hosting of younger sibling to facilitate this. Case came back to EoC to consider accommodating son again however support in community and hosting of younger sibling working to sustain family situation.
8	£14,432 Care costs for two children until the end of the financial year. (£451 x 2 x 16 weeks)	2	2 children aged four and two The LA has previously accommodated the boys as their mother was unable to meet their needs. Whilst in the care of the LA the plan was adoption, but an independent social work assessment concluded that the boys could return to their father. He describes himself as a weekend dad and has struggled with caring for the boy's fulltime. After a period of settlement he stated that he no longer wanted / could care for the boys. Potential for the plan to breakdown and the children returning back to LA care. FF provided emotional support to dad alongside EOC hub support. Dad now coping well.
9	£1,353 Care costs for one week care and 2 weeks care. (£451 x 3 = 1,353) IFA Costs £784.00 per week x 3 = £2,352.00.	2	Mum requested children are taken into Care. Multiple toxic stresses. 14 nights and a five night given while family members were found for the children. A low end estimate has been used in this case, but there was a real possibility of the children coming into care long term.

10	£1,804 Two weeks of care for two children @451.00 = £901.00	2	NRTPF emergency admission and recovery from operation, children now in temp foster care
11	£400 Two children for two nights (£100.00 x 2 x2)	2	Mum fled DV to a refuge. no English language, no support network. Hosting whilst Mum gives birth. Mum still in refuge- monthly hosting for 2 nights for 2 children
12	£300 Three children overnight (£100.00 x 3)	3	Mum booked for termination of pregnancy, no family networks to care for the children. Complete (Nb. Children collected but then cancelled as mum changed her mind re termination)
13	£400 Two children overnight on 2 occasions (£100.00 x2 x 2)	2	Mum in DV relationship and missing health appointments, requires hospital examination and requires overnight support for children. Hosting providing during 2 x emergency admissions
14	£100 One night care for the six year old. £100.00	1	2 x children one and six. Three older children live with birth father contact order in place. Mum had a C-Section in December. Mum and dad are both estranged from their families. They currently have 2 children in their care – 21 month old who is tube fed and son who is 6 and has a development delay. The referral was for care of the 6 year old while mum is having C-section. Felt dad would not cope. Mum is anxious at the thought of the LA having to provide care for son. Lots of previous LA involvement with previous children living with birth father. Complete
15	£200 1 night for 2 children	1	Mum admitted to hospital and partner in custody. HF collected children to host and then mum discharged from hospital so children returned home at 9pm.
15 families Total relief		35 Children	

Appendix 3: Resources provided

Table 3 – details of resources provided by Safe Families for Children

Case	Costs (£)	Detail
1	1000.00	Family holiday
2	100.00	Microwave and toys for the children
3	50.00	Toys, fridge, microwave
4	200.00	2 x beds
5	400.00	Bed and redecorating
6	140.00	Skips hire to clear garden (front and back)
7	250.00	Cooker
8	300.00	Baby seat, baby sling, baby monitor, baby bouncer, washing machine
9	400.00	Washing machine
10	1000.00	Fridge freezer and home decorating
11	750.00	Decorating 3 bedrooms and living room, clearing and planting in garden, chests of drawers, wardrobes, bed.
12	400.00	Fridge, baby bouncer, toys, curtains, bookcase
Total relief	£4,090.00	

Appendix 4: Analysis of Impact of Family Friend Support

Case	Number of volunteers	Support provided and direct impacts; including, where available SDQ (Strengths and Difficulties Questionnaire) scores of the children.
1	4	Family Friend meeting weekly with mum, supporting with parenting, taking 3 year old with disability to nursery, emotional support, introductions to local church and toddler groups to increase networks and reduce isolation. Acted as an advocate in getting a closer nursery place for 3 year old.
2	1	Family friend met weekly with mum, offering emotional support and friendship as mum manages her mental health needs having come out of a DV relationship.
3	6	Daily rota of volunteers provided love and cuddles to baby M on neo natal ward over 5 week period while foster carer found and court case ruling.
4	2	A couple provided both family friend and host family support while both parents dealt with physical and mental health issues; providing regular weekend activities for 1-3 of the children. The parents had reduced anxiety knowing there were people who could host the children in a crisis The 11 year old formed a particularly close friendship with the host family's son and they will now be at the same secondary school. Friendship continues beyond case closure to Safe Families.
5	2	A family friend took the 3 children out monthly for weekend activities to give mum a break and provide the children with fun away from the family home.
6	5	A family friend met regularly with grandad to provide emotional support, a male his age to engage with and offer space to process his bereavement. Multiple family friends took the children in smaller sibling groups out for activities or overnight. Grandad able to build attachment with the children through 1-2-1 time, Grandad able to get to key hospital appointments, reduced anxiety knowing there were people who could host the children in a crisis. Friendship continues beyond case closure to Safe Families.
7	1	Family friend met weekly with mum teaching her to read English and building her confidence both as a mum and with her literacy. Friendship continues beyond case closure to Safe Families.
8	2	Family friend(s) met regularly with mum who was separating from her DV relationship. Helped her to access and visit hostel and alternative housing. After two attempts to move mum decided not to leave relationship.
9	1	Family friend meeting weekly with mum to provide emotional and practical support as she comes to terms with her ex-partners incarceration and becoming a single parent of 5 children.
10	3	Family friend to meet weekly with mum to provide an outlet that is just for her and support with parenting. Host family who provided the whole family with a summer holiday in their back garden with hot tub, hamper and activities.
11	2	Family friend to support isolated mum to make links in the community and build confidence. Mum now volunteers at local toddler group weekly and has built a friendship group at her local church. Friendship continues beyond case closure to Safe Families.
12	2	Family Friend for (adoptive) son who is selective mute and has challenging behaviours/attachment disorder. To give the parents respite and time with their other son. Family have greater capacity to cope with day to day

		challenges. Family join adoptive parent support group run by Safe Families volunteer.
13	7	Family friend met fortnightly with mum offering emotional support to cope with the aggressive and threatening behaviour of her 17 year old son. Multiple family friends took the 12 year old son out during the holidays enabling mum to get to work and the son to have positive role models.
14	4	Family Friends and Host Families who supported mum and her two sons through admission to hospital for the birth of her unborn child. Emotional and practical support for mum. The oldest child's Strengths and Difficulties score dropped from 28 to 8, which is extremely positive.
15	2	Family Friend has met regularly with mum and younger daughter. Providing emotional support to mum and building a relationship with the daughter. Family friend has then hosted the daughter to allow mum time with her son who has been through EOC and MST and displays very challenging behaviour.
16	1	Family friend has met regularly with dad; they have a number of shared interests and so have been able to do "bloke" things together as dad adapts to his new role as a full time parent. Building dad's confidence in his parenting and being a point of contact if he is struggling and needs a break.
17	5	Family friend supported mum and children intensively through hospital stays and birth of new child. Providing regular childcare for the children and emotional support to mum. She has helped her with forms, housing, as an advocate regarding housing issues and offering to be her guarantor.
18	4	2 sets of family friends who took the 3 children out alternate weekends; providing positive interaction away from the family home and respite for dad.
19	1	Family friend to meet with mum weekly and provide emotional support as she moves out of DV relationship. Mum now has full time job. Friendship continues beyond case closure to Safe Families.
20	3	Family friends and host family are supporting a mum and grandad with a young child through mum's terminal cancer. Providing emotional and practical support. Providing them with a break from the daughter and peace of mind that there are volunteers available that she knows and trusts who can have her in an emergency and as this moves towards end of life care.
21	2	Family friend to meet regularly with mum as she struggles with 3 children and post-natal depression. Family friend to build relationship with oldest child whose behaviour is more challenging, to allow mum time to connect with the younger two.
22	2	Family friend providing regular daytime hosting of the two older children to give mum a break as she cares for her new born child. Mum has greater capacity to cope with challenges.
23	1	Family friend met regularly with mum, helped to increase her confidence, access local toddler groups and networks, helped resolve issues regarding her rent with her private landlord, re-facilitated contact with the adoptive family of her daughter, supported her to access counselling.
24	3	Family friend met weekly with mum, offered emotional support, helped to get to medical appointments, through her experience of working with people with DV supported mum as she ended her DV relationship. Friendship continues beyond case closure to Safe Families.
25	3	Family friend and host families supporting isolated mum and new baby. Have enabled mum to rebuild her relationship with her mum who is now involved in her life having rejected her when she got pregnant. The family friend has linked her to a law firm where she has been offered work experience and

		someone who has been through a similar experience who is keen to mentor her.
26	3	A Family friend met regularly with mum for coffee to provide emotional support. Two other FFs took the 3 older children out for fun to offer mum some respite. Over the durations of support all 3 children showed significant drops in their SDQ scores. Friendship continues beyond case closure to Safe Families.
27	1	Family friend met fortnightly with mum; offering her shared experience of having a child with developmental delay, supporting her through a potential eviction and house move and providing emotional support through the many chaotic happenings in her life.
28	2	Family friend who meet weekly or more with parents as they settled into independent living; helped with form filling, accessing benefits, sorting our arrears, house move and encouraged them in their parenting. Parents are now connected in their local community and have increased confidence.
29	2	Family friend met fortnightly with younger child who was elective mute. Allowing him time away from the home and his disabled brother, offering attention that was specific for him. Just as we were closing the case M spoke to the Family friends for the first time. Relationship with M and volunteers continues.

Appendix 5: Evaluation to Date; Impact of Safe Families for Children on the Emotional and Mental Health of the families

We have completed initial and follow-up evaluations with 12 of the 20 cases that have closed. We used two evaluation tools:

Cantrills Ladder: Cantrills ladder asks the family to rate where they feel they are on the ladder with the bottom rung being “the worst possible life” and the top rung being the “best possible life”. Each arrow below represents one step up the ladder between referral and closure.

71 % of cases increased in their Cantril’s ladder score.

86 % of cases maintained or increased in their Cantril’s ladder score.

Name	Cantril’s Ladder (number of steps up or down the ladder)
1	↗(+1)
2	↗(+2)
3	↗(+2)
4	↗(+1)
5	↗(+1)
6	↘(-2) ⁴
7	↗(+4)
8	↗(+2)
9	↗(+4)
10	↗(+1)
11	→
12	↗(+1)
13	↘(-1)
14	→

Hospital Anxiety and Depression Scale (HADS): This asks a range of questions, which provides a score on the anxiety and depression felt by the parent; this score is ranked as normal, borderline or abnormal. Three arrows (↘) represents a drop from abnormal to normal and two arrows represents a drop either from abnormal to borderline or borderline to normal and one arrow represents a drop within the same band.

75 % of cases showed maintained or reduced levels of anxiety.

75 % cases showed maintained or reduced levels of depression.

Perhaps most significantly there were 5 cases where the parent/carers anxiety and depression scored “abnormal” at the point of referral (a score of over 11 out of a possible 21). In 3 of these cases this score dropped all the way down into the “normal” (below 7) by the point of case closure.

⁴ The results of this case were significantly influenced by the asylum status of the parent; she has been waiting for this to come through for over 4 years and this is impacting all aspects of her life.

Name	Anxiety	Depression
1	↗	↘↘
2	→	↘↘
3	↘	↘
4	↘↘	↗↗
5	↘	↘
6	↘↘↘	↘↘↘
7	↘	↘
8	↘↘	↗
9	→	↘↘↘
10	↗	↘↘
11	↗↗	↗
12	→	→

*↘ = down arrow indicates reduction in score.

*↗ = up arrow indicates increase in score.

The number of arrows represents the degree of change. For the anxiety and depression scales each arrow represents a drop between the categories abnormal – borderline – normal. For Cantril's Ladder each arrow represents a change on the rung of the ladder.

Appendix 6: Case Studies and Feedback from Exit Surveys

Feedback from Exit Surveys

"Ruth McDonnell was my first volunteer and I would give her 10 however all the other volunteers could never match up to her!"

"Both my volunteers were lovely people"

"Thank you very much for everything you've done for us."

"It's brilliant you've helped me out a lot. I've found a friend."

	Responses	Q1 Avg	Q2 Avg	Q3 Avg
Family	14	8.79	9.00	14
Referrer	8	9.25	10.00	10.00
Volunteer	10	9.00	8.30	9.30

Family questions:

Q1. How did you like the help given by Safe Families for Children? (score out of 10)

Q2. How did you like your Safe Families for Children volunteers? (score out of 10)

Q3. Would you recommend Safe Families to a friend? (Y/N)

Q1. How did the support provided perform against your expectations? (score out of 10)

Q2. How likely would you be to recommend another family to Safe Families? (score out of 10)

Q3. How likely would you be to recommend Safe Families to colleagues? (score out of 10)

Q1. How well do you feel Safe Families supported you during the hosting/befriending? (score of 10)

Q2. How positive was the overall experience for you (and your family)? (score out of 10)

Q3. How likely will you be to support another family in the future? (score out of 10)

Case Study 1 (photo is of mum) : Single mum, with 3 year old with Cerebral Palsy and a newborn baby



Reason for Referral: B was referred to us in March because she was due to have a second child and had no one to care for her 3 year old (with Cerebral Palsy) when she went into hospital and then for ongoing support to build community networks. She had come to the UK from Nigeria seeking asylum.

Support provided: We linked a couple, who had previous experience of working with children with cerebral palsy, in to support the family. In the end we were not needed to care for the 3 year old while mum gave birth but have been supporting her weekly since then. The volunteers have helped with weekly trips to get her son to nursery (which would otherwise be 2 bus journeys away), they have gone with her to a local Children's Centre and local church where she is building new contacts, and they have provided emotional support.

Outcomes:

Cantrills ladder score has increased from 4 out of 8 to 5 out of 8.

Depression score has reduced from Borderline to Normal. Anxiety score has remained Abnormal. Safe Families are looking to close the case in September, the volunteers are going to continue to support mum.

“My volunteers are amazing – for me, my new born and especially my 3 year old with cerebral palsy. They’ve helped us practically by shopping, DIY, gardening, lifts to and from nursery and looking after my children including taking them out. They have made life less stressful and I’m less isolated and emotionally they give me so much support and listen to me. I don’t know where we would be without them, we love them.”

Case Study 2 – Parents with learning difficulties and newborn twins

“SFFC have helped us move house and helped us with our twin girls. If we could rate the work that Safe Families has done for us it would be 10/10 every time! Our family friend is very supportive and has helped us fill in so many forms that we would have struggled to do ourselves”

Reason for Referral:

Mum and Dad were moving from a residential assessment unit out of area back to Nottingham with their twin babies. There were concerns around mum’s mental health and functioning with both her and dad having some level of learning needs and mum having had children removed from her in the past.

Support provided:

We linked in a family friend who met regularly with both mum and dad; helping with a whole range of practical needs including form filling, helping them sort out their relevant benefits, helping them sort out some concerns re arrears with their rent, help with budgeting and attending appointments with them. In the early days following their move there was a lot of intensive support from health and social care around the family; we remained an important non statutory support through this and then gradually increased support as statutory support was removed. We provided daytime hosting for the twins to enable the parents to attend a court date together. We supported the family with a house move; providing a van to transport all their belongings and daytime hosting of the twins so that they could pack and unpack. Once settled in their new home we provided a team who painted the bedrooms and lounge. During the duration of support we provided high chairs, wardrobes, 3 chest of drawers, shelves, plants and a mini-climbing frame and slide for the garden.

Outcomes:

Cantrill’s ladder score increased from 4 out of 8 to 8 out of 8.

Anxiety and depression scores were both normal at the start, but both scores decreased minimally within that band.

Case closed to social care.

Case Study 3 – Mum of two children who has reached crisis point

Reason for referral

Mum turned up at her sister’s house with her two children (aged 9 years and 14 months) threatening suicide, under the influence of alcohol and saying she could no longer care for her children. There had been a pattern of her breaking down and the two sisters caring for the children on previous occasions. This time the sisters said they would not do this again and stated that the social care needed to step in to take the children.

SFFC Support

Safe families provided overnight hosting which avoided the children being accommodated. The SFFC staff attended the property and spoke with the mum and her 2 sisters as well as the 9 year old, explaining the support we could providing, gaining their consent and gathering basic information on both children. The SFFC staff then took the 2 children to the host family. In the morning mum was calmer and said that she wanted to get help and then have her children back. Dad had been contacted and agreed to have the 14 month year old and the aunty was willing to think about caring for the 9 year old. We continued to host over the weekend and then on Monday the 14 month year olds Dad came and collected him and Aunty agreed to care for the 9 year old so long as a residency order is put in place to ensure mum can't keep changing her mind. We agreed to continue to host the 9 year old for a further week while these plans we put in place. During this time the 9 year old has been attending school with the host family's children for the first time in 2 months. We will continue to support the aunt in her care for the 9 year old as appropriate.

".... we would love he could to keep in touch with the family as I'm so grateful for everything they did for him and I know he really enjoyed his stay there. They seem like a truly wonderful family....."
(Aunt of a young child who was temporarily hosted by a volunteer family when mum hit crisis point before going back into the Aunt's care)

"...finding a placement at such short notice for two siblings can be very difficult and they may have needed to be split up which would have been very distressing for the children. SFFC staff and the host family were supportive and assisted us wherever they could to ensure a smooth and successful host was accomplished. The outcome was fantastic for all concerned although the siblings were split they are residing with family members, this was achievable as the time the children spent with the host family enabled the siblings family members to pull together to be able to offer them a home. It was a pleasure to work alongside SFFC and I appreciate the service offered" *(Social Worker from Duty Team)*

Outcomes:

Children diverted from care

Minimum direct cost saving of £1,353 Care costs for one week care and fourteen nights care (£451 x 3) or if IFA then costs saving increases to £2,352.00 (£784.00 per week x 3)

Case Study 4 – Single mum of 2 children with physical and mental health needs

Reason for referral

Support needed for a single mum of two children, aged 11 and 14 years. Mum has a number of underlying health issues and no family support. She often misses health appointments due to fear that she will have to stay in hospital. She has no one who can look after the children if she is hospitalised. She has recently taken an overdose and suffers from depression and mental health issues. She is currently in a domestic violent relationship, and the children often witness the violence.

SFFC Support

We linked 4 volunteers to the family, one family friend, one host family and a resource friend. The host family met the children on a couple of occasions so that they would be familiar and trusted if/when hosting was needed and the family friend met up with mum on a weekly basis to provide emotional support. The two children were subsequently hosted overnight in March when mum collapsed after a routine appointment as was kept in overnight and again later in month when mum was admitted to hospital with suspected appendicitis. During the duration of our support mum split

from the partner and he no longer resides in the family home. Our resource friend helped to re-wallpaper the hallway and we also supplied her with a fridge freezer.

Outcomes:

Children avoided entering care on two occasions.

Cantrill's ladder score increased from 1 out of 8 to 5 out of 8.

Anxiety and depression scores were both abnormal at the start, both scores decreased within that band.

The Strengths and Difficulties questionnaires showed a reduced total difficulties score for both children both with the older daughter showing a significant reduction from a score of 22 to 15. .

Minimum direct cost saving of avoided care placements of $\text{£}100 \times 2 \times 2 = \text{£}400$ and $\text{£}1,000$ physical resources

Appendix 4 – Summary of Tendering and Tender Evaluation Processes






Contract	CT0526	
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 st and Canongate Youth) Lot 2 – Safe Families for Children Scotland	
Price / Quality Split	Quality 70	Price 30
Lot 1	Criteria	Weighting (%)
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%
Lot 2	Criteria	Weighting (%)
	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	










Volunteer Agreement




General

-  I confirm that I understand the objectives and principles of Safe Families for Children (Safe Families) and am in support of them.
-  I agree to conduct myself according to the expectations detailed in this document.
-  I agree to inform Safe Families for Children 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 Safe Families for Children staff and understand that final decisions relating to the escalation or closure of support for a family remain with Safe Families.
-  I agree to accept and follow advice from Safe Families for Children relating to ongoing personal relationships with supported families and understand such relationships do not come under the umbrella of support from Safe Families for Children.

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 Safe Families for Children 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 Safe Families for Children.
-  Unless specific consent is given I will not disclose the reasons why a child and/or parents are receiving Safe Families for Children support to anyone outside of the Safe Families for Children 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 Safe Families for Children agrees to this.
-  I acknowledge that it is wholly inappropriate and a breach of Safe Families for Children policy to display any photograph of Safe Families children in my care on the internet or any form of social media.
-  I agree to seek advice from Safe Families for Children if I am uncertain regarding questions of confidentiality and information sharing.
-  I agree that Safe Families will disclose my address to parents/carers for the purposes of overnight hosting.

Use of own transport

-  I agree that all private vehicles that I use during involvement with Safe Families for Children 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 Safe Families 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 Safe Families for Children.
-  Act in the best interests of children and families referred to Safe Families for Children.
 - ✓ 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 Safe Families for Children support, irrespective of age, gender, race, disability, sexuality, social or economic status, lifestyle, culture, religion or beliefs.
-  Be familiar with and abide by Safe Families for Children procedures, with particular care to be taken in all aspects of safeguarding.
-  Respect the confidentiality of those referred to Safe Families for Children, 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 Safe Families for Children 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 Safe Families for Children child.
-  Keep Safe Families for Children 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 Safe Families for Children 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 Safe Families database as appropriate.
-  Make sure that any promotion / advertising of Safe Families for Children services is accurate.
-  Remain in regular contact with the allocated family support manager being clear 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.