Family Lives 'Instructions Not Included' befriending pilot

Final evaluation report

2013

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1.1 Acknowledgements

We are grateful to all the parents, volunteers and staff members involved with 'Instructions Not Included' who participated in interviews, focus groups and data collection. We would also like to thank Family Lives for access to data and information about the project. Special thanks to Family Lives project leads Alison Phillips, Claire Walker and Lucy Edington, and Pepper Harow, Volunteer Programme Manager, for their invaluable support and to Sally Sillence at Family Lives who provided support with the project database.

Coram: Evaluation Partner

Coram's mission is to develop, deliver and promote best practice in the care of vulnerable children, young people and their families. Coram provides consultancy in service improvement, needs assessment, and evaluation for other public and voluntary organisations

Published by Coram 2013

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Executive summary

This final report represents the conclusion of an independent evaluation of the 'Instructions Not Included' (INI) pilot parenting and family support programme, delivered by Family Lives, and funded by the Department for Education. INI was designed to trial a volunteer-led model of delivering parenting and family support for vulnerable families, to develop and disseminate best practice and to raise public and practitioner awareness of parenting and family support. Family Lives received £1.3m to fund the project from April 2011 to March 2013. Coram was commissioned in July 2011 as the evaluation partner.

This report examines the pilot's performance over the two years, focusing on the development of the befriending volunteer service. The report considers the development of the INI befriending model, how it worked in practice, outcomes and impact produced and its cost effectiveness as a model of family support. INI also disseminated best practice and raised awareness of family support among key practitioner groups and offered an online parenting programme. These aspects are not included in this evaluation.

Key Findings

INI fulfilled an ambitious remit by drawing on parenting capacity from within the community to deliver high quality support to families. Volunteers proved successful in delivering high quality therapeutic-based support through informal meetings with parents. Parents responded well to the support offered, valuing the emotional support and the opportunity to take time out from their family life to talk about issues. Parents were receptive to the empathy and support offered by the 'friendship' element of the relationship as well as appreciating the more challenging element presented by the parenting skills framework on offer. The unique character of befriending support encouraged parents to think creatively about their situation, identify solutions and take positive action. INI befriending had particular efficacy in dealing with children's behaviour problems and progress in these areas seemed to have an impact on the parent's sense of self efficacy and control.

The project achieved the following key outcomes:

- The project had a positive effect on parents' mental well-being and parenting style, as well as on their children's behaviour; these are all key protective factors for achieving long term child outcomes.
- Volunteers found the experience highly rewarding, gaining personal satisfaction as well as transferable work skills.
- The operational costs of INI were comparable to other individual family support services and other befriending services.

Detailed Findings

Parents and children

- Parents who took up befriending were more at risk of family pressures than the general population.
    - 57% were lone parents compared to 26% of families in the general population
    - 40% had more than two children compared to 14% of families in the general population.
- The child about whom parents were most concerned displayed substantially higher levels of behavioural problems than the general population:
    - 62% of children were classified as exhibiting 'abnormal' behaviour compared to 10% of the general population (SDQ Total Difficulties clinical behavioural scale).

Outcomes

- Children's behaviour scores showed statistically significant improvement at intervention end compared to pre intervention:
    - 74% reduction in the number of children whose behaviour was classified as 'abnormal' (SDQ Total Difficulties).
    - 12% improvement in average score for Conduct problems (SDQ).

- Parenting self efficacy scores showed statistically significant improvement at intervention end compared to pre intervention:
    - 16% average improvement for parenting Control (TOPSE).
    - 15% average improvement for parenting Discipline and setting boundaries (TOPSE).
    - Widespread qualitative reports of improved parent self-confidence.

Implementation

- Strong referral relationships developed with Children's Centres, schools, and family-oriented health services but limited engagement from GPs.
- High calibre volunteers were recruited who showed commitment to the befriending role.
- Volunteer-led delivery model required complex systems and procedures.

Conclusions

- INI delivered support to 144 families at an operational cost of £320,000, averaging at £2,245 per supported family. These figures suggest that INI is a cost effective model for delivery of support for parents and families.
- The model shows particular effectiveness in outcomes related to children's behaviour management and the sense of control over parenting responsibilities.

- Volunteers were an effective means of delivering high quality therapeutic support to parents.
- Any risks associated with a volunteer-led delivery can be mitigated through robust systems and procedures.

1 Introduction

1.1 Overview

This final report presents the findings of an independent evaluation of the 'Instructions Not Included' (INI) pilot parenting and family support programme, delivered by Family Lives, and funded by the Department for Education (DfE).

INI was designed to trial a volunteer-led model of delivering parenting and family support for vulnerable families, to develop and disseminate best practice and to raise public and practitioner awareness of parenting and family support. Family Lives received £1.3m to fund the project from April 2011 to March 2013, under the 'Families and relationship support' theme of the DfE's Voluntary and Community Sector (VCS) strategic grants programme.

Coram was commissioned in July 2011 as evaluation partners for the INI project, focusing particularly on assessing the emerging INI pilot model of volunteer-led support. The framework for evaluation covers process and outcome evaluation approaches, to understand both implementation and impact.

This report examines the progress of the pilot over the two years, focusing on the development of the delivery model, assessment of outcomes and impact on parents, the experience of volunteers and the cost effectiveness of service delivery.

1.2 National policy context

Parenting has received a high profile in recent public debate. The August 2011 riots in England prompted discussions about the role and quality of parenting among the general public, media, and politicians alike. Most recently, particular focus has turned to those families facing multiple disadvantages; the government has set up the Troubled Families Unit, tasked with 'turning around' the lives of an estimated 120,000 'troubled families' by 2015.

These developments are part of a wider shift under the current and previous governments, placing families and early intervention at the heart of welfare policy. The current government highlighted this in the 'Foundation Years approach' of its social mobility strategy, a key aspect of which is the recognition that "all parents benefit from parenting support and advice, and some will benefit from relationship support"(Cabinet Office, 2011). The approach takes on board the findings of recent policy reviews – most notably the Field and Allen Reviews, which stressed the importance of parenting and family support to improving children's life chances (Field, 2010), and social and emotional development (Allen, 2011). The approach also builds on a drive by the previous government to focus on 'early years' and family-centred interventions to address social exclusion and reducing inequality, including the Sure Start Initiative, Think Family pathfinders, Family Intervention Projects, and Intensive Intervention Projects (Flint, 2011). There is, then, a firmly

established strand of government policy rooted in addressing the needs of parents and families.

Policy does not operate in a vacuum, however, and government funding has shaped the development of parenting and family-related policy and its rationale. The financial imperative to address parenting and family needs – particularly where those needs are complex – has increasingly been emphasised in the context of the prevailing economic climate. The government's Troubled Families programme is clearly framed by the aim to reduce the costs of the target families to the state: "We can no longer afford the luxury of fruitless, uncoordinated investment." (CLG, 2011). Moreover, as with other public service provision, the constrained funding environment has affected the extent to which parenting and family support interventions can be delivered (e.g. Action for Children, 2011; Children England, 2011; Community Care, 2011).

At the same time, organisations and practitioners reported that there is an increase in demand for family-focused services (e.g. Action for Children, 2011; Home-Start, 2011). The national context for parenting and family support services is therefore characterised by the competing demands of limited funds and apparently increased needs. Consequently, as with the rest of the public sector, alternative models of service delivery may be necessary if the government is to meet its policy aims. The 'Big Society' vision, the government's response to reforming public service delivery, is still taking shape. Nonetheless, with an expressed aim to put "more power in people's hands – a massive transfer of power from Whitehall to local communities", and with social action making up a central part of the agenda, it is clear that the VCS is expected to have a critical role in addressing service needs and developing effective service models (Cabinet Office).

1.3 Family Lives and the pilot rationale

While VCS involvement in some services will be a departure from the norm, the sector already has a strong presence in parenting and family support. At the beginning of the project Family Lives had over 30 years' experience in the field. Family Lives' approach was centred on providing accessible and non-judgemental support for families. The organisation's key service was the Family Lives Helpline (formerly called Parentline) – a free, 24-hour, confidential helpline. Family Lives also delivered a number of other core services, including extended telephone support (ETS; an offer of six in-depth telephone parenting support), face-to-face individual support (IS; with a paid family support worker), support groups and parenting programmes, personalised email support, and online advice and resources.

Family Lives' delivery model made extensive use of volunteers in delivering the Family Lives Helpline and outreach work, alongside paid family support workers in specialised services such as extended telephone support. The organisation expressed a commitment to developing and measuring the impact of volunteers in adding value and building capacity in family support, complementing the work of paid staff.

To this end, and recognising the national policy context outlined above, Family Lives proposed to undertake a parenting and family support programme led by volunteers. The project sought to address a number of specific gaps in practice identified by Family Lives' research, outlined in Box 1 below. In doing so, the overarching purpose of the proposed pilot was to develop a best practice model of volunteer-led parenting and family support, underpinned by three key aims, to:

- build capacity in family support through volunteering and peer support;
- build capacity for parents to help themselves and others; and
- promote awareness and knowledge of effective parent / family engagement[1].

[1] The objectives for this aim as defined in the INI project framework included 'Increase the number of appropriate referrals by key gateway practitioners to family support services and interventions', and 'Increase the knowledge and understanding of replicable best practice models of volunteer-led parent and family support by Family Lives, the DfE and local commissioners' (See Appendix 1). These aims became a separate strand of the project and included a national campaign of professional engagement by Family Lives.

Box 1 Family Lives' rationale – addressing gaps in parenting and family support

- Parents' attitudes to seeking support: Family Lives argued that more work was needed to embed a shift in attitudes, to see seeking help as socially acceptable. More accessible family support was needed to encourage families to see seeking help as a "sign of strength", and to reduce crisis-led interventions.
- Peer support for parents and families: Family Lives research suggested parents were more likely to volunteer to help other parents in similar situations if they had experienced some form of family support, but faced barriers to do so – particularly lack of time and lack of knowledge of volunteering opportunities. Family Lives advocated "using parents as the solution, rather than seeing them as the problem". More could be done to encourage a peer-led approach to support, assisting parents and other members of the community to help each other, to extend the impact of family support and foster longer term capacity building within families.
- Engagement of vulnerable families with universal and specialist services: Family Lives research suggested there was a lack of clarity for parents about what family support services were available, and how to access them; 45% of parents surveyed who indicated a support need, said they did not know where to go to access it. More support was needed that helped parents to access the wider existing services available to them.
- Meeting parents' demand for accessing family support: Family Lives research suggested there was a gap between where parents prefer to access family support and actual access; for example, 63% of parents said they would access family support if it was available through their local GP practice, whereas only 28% of parents had done so. More could be done to strengthen links between family support and gateway services to improve accessibility of family support.
- Practitioner awareness and engagement with parenting and family support: Family Lives research suggested there was a lack of confidence in and knowledge of how to contribute to parenting and family support among key practitioners, such as teachers, GPs, and health visitors. More could be done to engage practitioners and raise awareness of evidence-based parenting and family support to encourage take-up of services where they are needed.

Source: Family Lives research quoted from the *INI delivery model description* (August 2011); key reference is Family Lives/Teacher Support Network, 'Beyond the School Gate', 2010.

1.4 Evaluation partner role and aims

To develop replicable best practice, INI was proposed as an evaluated pilot. Coram was commissioned as the evaluation partner for the pilot in July 2011. Although the pilot was committed to the three aims outlined above, the key focus of the evaluation was the

volunteer-led model of support. Coram's role was therefore principally focused on the befriending model for delivering family support.

Involvement at an early stage, and the experimental nature of the pilot, led to a formative evaluation role for Coram – particularly in the first year of implementation. Coram aimed to encourage a learning cycle to refine the programme, by acting as a critical friend during the start-up phase, providing on-going strategic and operational advice where possible for key project staff and the programme board.

This final report provides the summative evaluation reflecting on the performance of the pilot as a whole.

The areas of focus in the final report are as follows:

- Examining the design of INI model and how it evolved over duration of project.
- Assessing the process of implementing the model, considering barriers and facilitators to implementation and effective processes.
- Referral pathways and realities of accessing INI, reflecting on the implications for the service model.
- Experience of volunteers delivering befriending, reflecting on implications for service model and benefits for volunteers.
- Assessment of outcomes and impact on parents receiving befriending
- Cost effectiveness of INI service delivery reflecting on unit cost of befriending visits and unit cost for parent outcomes achieved.
- Identifying best practice model(s) of volunteer-led parent/family support.

1.5 Evaluation approach

The formative nature of this evaluation meant that defining the evaluation framework was an iterative process, responding to the evolving programme structure. Parenting and family support interventions in particular present a number of challenges to robust evaluation; Flint (2010) summarised these as:

- attributing causality: it is difficult to quantify the direct causal impact of parenting and family support services – there are many factors that influence a family's outcomes, sustaining linear progress with vulnerable families is difficult, and measurable outcomes may only manifest in the longer term;
- capturing qualitative soft outcomes: the multiple processes involved in delivering a parenting and family support service and complexity of problems facing vulnerable families makes the evaluation of outcomes less clear-cut, and reliant on subjective perceptions rather than directly related to inputs;
- assessing cost-benefits: finding an accurate counterfactual to compare costs is difficult, cost trends beyond the project lifetime are difficult to track; and
- resources: limited funds for projects, and therefore evaluation, places constraints on accessing data and engaging with the necessary stakeholders.

The evaluation framework developed focused on achievable data collection within the available resources, and meaningful evaluation indicators in light of programme objectives. Underpinning methodological principles produced the following approach:

- mixed-methods, including both quantitative and qualitative data;
- whole-programme, including inputs, processes, delivery, and outcomes; and
- '360-degree', including evaluation from a range of perspectives –parents, volunteers, Family Lives staff, practitioners, and commissioners.[2]

In line with this approach, the data collection methods were:

- quantitative output data;
- volunteer and parent questionnaires;
- validated clinical tools assessing parenting self-efficacy and child behaviour;
- regular update discussions with Family Lives staff members;
- fieldwork site visits – parent interviews, volunteer interviews, volunteer focus groups, and staff focus groups; supplemented by telephone interviews where necessary(for details of fieldwork see Appendix 2); and
- volunteer-parent paired case studies.

1.6 Structure of the report

As this report represents the summative evaluation of the pilot it focuses on the emergent model that the project has produced. Analysis focused on the performance of the model in terms of processes, outcomes and impact. An earlier interim report analysed in detail issues involved in the start-up phase of the project. An outline of the remaining report is provided below.

- Chapter 2: The design of the INI model and how it evolved over the duration of the project.
- Chapter 3: The performance of the model in practice, assessing the pipeline of referrals and volunteer recruitment, the process of assessment and matching and the types of needs of referred parents.
- Chapter 4: Analysis of key outputs of the project.
- Chapter 5: Analysis of the dynamics of the befriending relationship and how it contributed to outcomes and impact for parents.

[2] Family Lives staff refers to paid staff from the organisation, as opposed to volunteers.

- Chapter 6: Cost effectiveness of the project in delivering key outputs and outcomes and considering how this performance compares to other volunteer-led family support services.
- Chapter 7: A review of best practice models and learning emerging from the pilot.

2 Theory and implementation

Chapter 2: Summary

- Family Lives' experience in volunteer-led parenting support made them well positioned to develop a befriending model.
- The key beneficiaries of the service were defined as vulnerable families.
- The befriending relationship was intended as a 'talking' approach focused on parenting.
- Planning and resources did not fully anticipate difficulties encountered in the start-up phase.

2.1 Designing the model

The befriending model was developed drawing on a range of research regarding the value of befriending as a form of parenting support. There were a number of precedents in the field that helped Family Lives define their model.

Family Lives themselves had experience of delivering a volunteer-led befriending project. In 2011 the Nottingham Family Lives office had run a project that befriended a small number of local parents. Home-Start UK's provision of support to parents of 0-5 year olds via volunteers offered a high profile precedent to this type of befriending support. Home-Start's support to parents included practical help (e.g. help with household chores, babysitting, etc) in addition to listening support (McAuley, Knapp, Beecham, McCurry,& Sleed, 2004). Another useful example was the Volunteers in Child Protection programme (ViCP) run by Community Service Volunteers, which matched volunteers with families of children with child protection plans. The programme was evaluated positively, albeit with clinical outcomes based on very small sample sizes (Akister, O'Brien, & Cleary, 2011). Other research also supported the broad theory of change around volunteers and home visiting to support parents. Moran, et al. (2004) noted that evidence for befriending schemes addressing parents' social support was 'promising'[3].

Wider research on peer-based parenting support suggested that a personal befriending relationship might be a particularly effective model for helping parents. Family Lives' work in parent support was already well grounded in the theory of therapeutic dialogue (Egan, 2002) and it was considered that the intimacy of the home environment and peer-befriending would lend itself particularly well to this type of personalised support.

Family Lives applied the 'helping' model that they had developed over many years of delivering volunteer-led phone support to parents to the INI befriending model (ParentlinePlus, 2006). Following the Mentoring and Befriending Foundation's definition, befriending would be "a voluntary, mutually beneficial and purposeful relationship in which

[3] See also Quinton (2004).

an individual gives time to support another to enable them to make changes in their life". Unlike Home-Start, the support offered by the befriender would not include practical support. Instead the befriender would be expected to focus on the mentoring relationship and to assist the parent in engaging with services through signposting.

Defined in this way the befriending relationship was essentially a 'talking' therapy that used empathy and listening to provide emotional support and mentoring techniques to lead to solutions. Because the facilitator was a volunteer and a peer, it was argued, the parent would feel the relationship was a partnership between equals rather than an expert-client relationship. This non-hierarchical relationship would encourage parents to become an active part of decision-making and problem solving. Empowered by the relationship to address their problems, the theory suggested, parents would be more disposed to take the initiative and make change. In sum, the INI befriending model formulated was a hybrid combining 'listening' support with solution-focused mentoring.

Who is the intervention for?

Parents and families

Another key issue in the original design of the model was determining who would be eligible to receive befriending support. Consistent with Family Lives' stated mission to provide accessible support for all families, the INI model description stated the starting point for the pilot was universal provision, "aimed at all families and parents in need of support".

This wide scope was supported by the INI's definition of 'parents' or 'families'. Family Lives proposed to "encompass the principles of early intervention", using the broad definition developed by the Centre for Excellence and Outcomes in Children and Young People's Services (C4EO): "intervening early and as soon as possible to tackle problems emerging for children, young people and their families or with a population most at risk of developing problems. Early intervention may occur at any point in a child or young person's life." (C4EO, 2010). Target service users were therefore defined as any family with children under 18 years old.

However, the project aims and objectives defined priority service users as "vulnerable families". In practice, this meant that a parent was not refused access to INI unless the service was over-subscribed, when vulnerable families were prioritised. Acknowledging that a common definition of a 'vulnerable family' was yet to be agreed, Family Lives proposed to follow the NHS Wiltshire definition used in its Vulnerable Families Survey. This was based on 34 risk factors, where prevalence of four or more factors serves as a proxy for being 'vulnerable' (NHS Wiltshire, 2011; see Appendix 3). In addition to giving priority to vulnerable families Family Lives stated they would prioritise parents or families who were

either not willing or not able to access existing support services.[4] Family Lives described this balance of universal and targeted provision as following a principle of 'progressive universalism'.

Local communities

The discussion so far has focused on the direct service users benefitting from the proposed pilot. An additional theme of the pilot was focused on building up local community capacity to contribute to parenting and family support as volunteers.

The model description stated that the pilot aims to "up-skill and grow the local volunteer base". Consequently, the volunteers are not just delivery agents but also longer term beneficiaries. The aim to strengthen local capacity brings into focus the types of volunteers that were intended to benefit from joining the programme. The approach to recruiting volunteers was outlined in the model description as follows:

- existing volunteers already active in the local area should be identified;
- new volunteers should be recruited from the local community in order to contribute to local parenting and family support capacity; and
- this approach is likely to involve collaborations and partnership working with other local VCS organisations.

2.2 Refining the model

The design outlined above is based on the original model description. However, as would be expected for a new intervention, and a programme of this scale, internal reflection revealed the need for some amendments.

One important change was the refining of the parental peer support element of the model . The two key programme aims relating to the model both referred to "peer support" – for volunteers, to build local capacity in family support, and for parents, to improve parenting capacity. During the first few months of the pilot, Family Lives explored different ways in which parenting peer support could be enhanced in the model. Peer-led workshops were considered, though objections were raised by the programme board around possible risks, if parents had specific or high thresholds of need. The 'Emotional First Aid' (EFA) training programme was also considered as a formal offer.[5] However, it became apparent that resources would not allow these kinds of parental peer support to be offered across the sites. These discussions therefore led to the development of a more streamlined offer where parental peer support was delivered through befriending support offered by volunteers, many of whom were parents. The interventions which befriending volunteers would support were also clarified. In noting a need to improve the support available for

[4] Family Lives highlighted several reasons why parents might be unwilling or unable to access existing services, including "social isolation…practical and physical barriers such as childcare needs, lack of transport, disability, etc…[and] lack of available capacity within statutory services."
[5] For more information, see the course website at http://www.emotionalfirstaid.co.uk/.

families to access existing services, Family Lives specifically cited the potential to explore the contribution of support to engage with structured parenting programmes. This approach was confirmed with the involvement of Triple P (Positive Parenting Programme), and the intention to test a new online version of the parenting programme with parents via the Family Lives pilot. The relevance to the Family Lives model would be to test whether the befriending volunteer support encouraged greater engagement with the parenting programme[6].

Finally, while we have discussed the remit of parents and volunteers, practitioners have not yet been addressed. The model description included the ambition to create a "community hub" by developing formal links with GP practices, health visitor teams, Children's Centres, and schools. This practitioner engagement would also involve 'Meet the parents' events, for practitioners to hear directly from parents about their experiences of engaging with services. The approach was subsequently amended, so the four 'gateway practitioner' groups from whom referrals were to increase were: GPs, health visitors, teachers, and Youth Offending Teams (YOTs). However, there was also a specific objective to embed the befriending service within the local community, with a focus on Children's Centres. Indeed, the programme materials stipulated a target for sites to recruit a minimum of three Children's Centres to provide targeted support and referral routes.

Reaching a 'befriending model' of support

Figure 1 illustrates the final operational model for parenting and family support reached by September 2011. The chart illustrates the processes agreed, through which the key stakeholder groups – parents, volunteers, practitioners, and Family Lives staff – progressed in order to deliver the befriending service.

The final project framework, bringing together the key aims, objectives, and outcome measures for the programme, is shown in Appendix 1. This framework provided the parameters for the programme. This framework suggested a theory of change underpinning the programme. Figure 2 brings together the elements drawn from cumulative processes of identifying the gaps in current parenting and family support, and defining programme parameters, to illustrate how the programme hoped to achieve impact.

[6] Limited take-up of the online Triple P course meant it was not possible to evaluate this aspect of the project.

Figure 1 INI befriending service processes

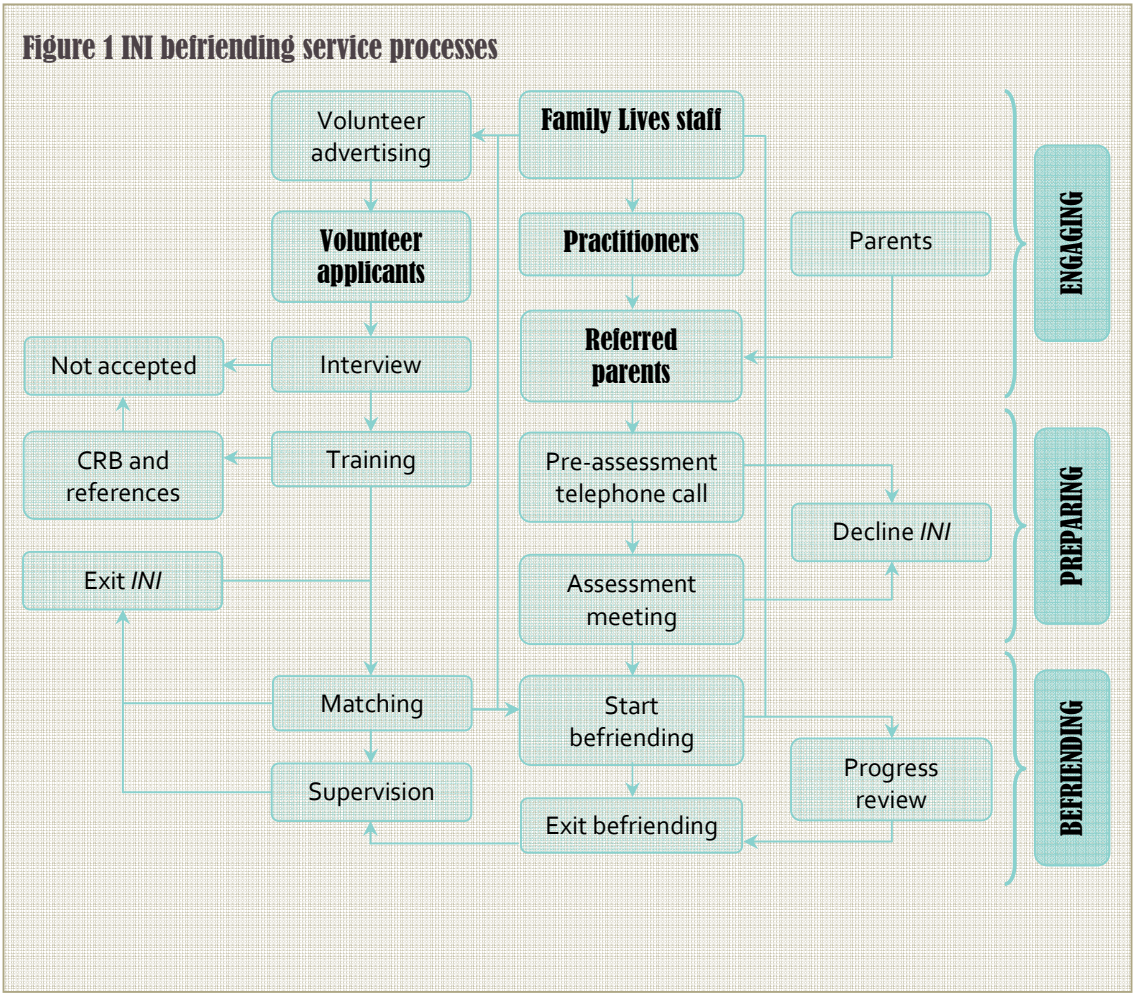
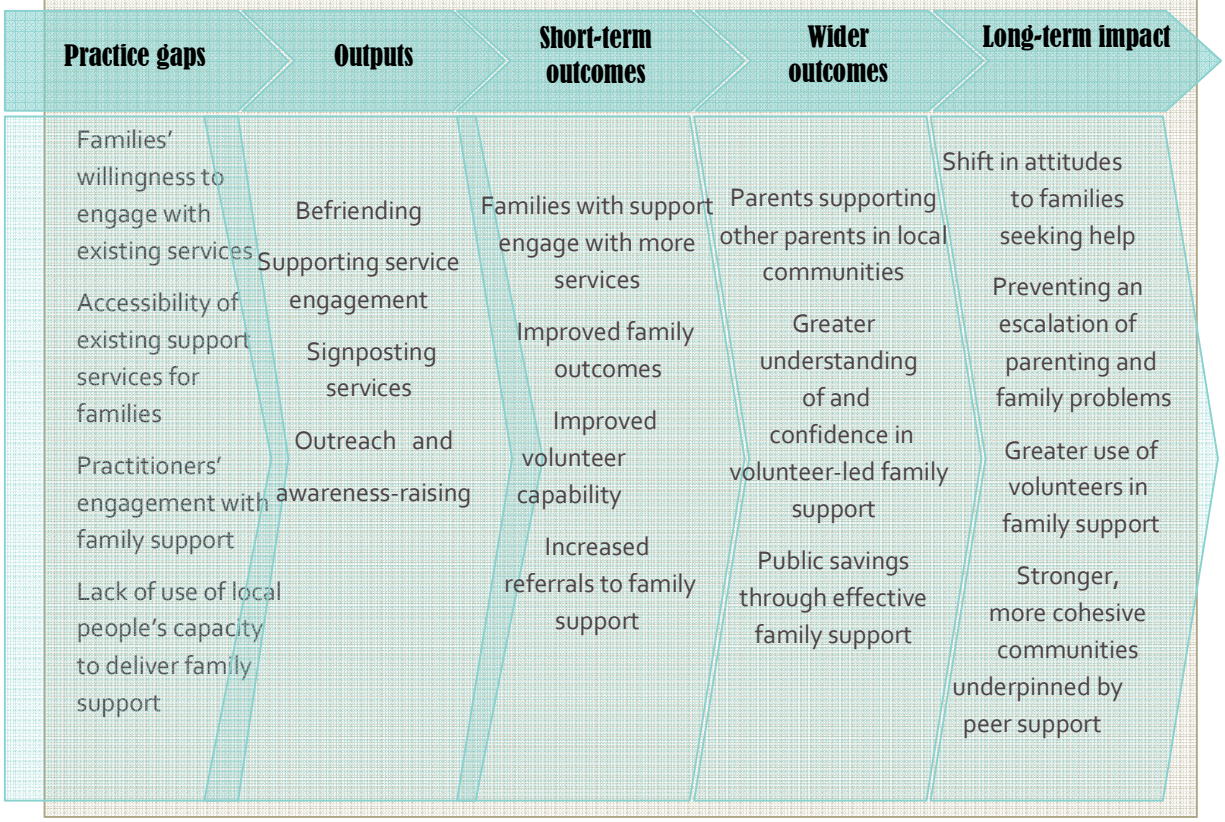


Figure 2 INI befriending theory of change



Box 2 INI volunteer befriender – Role description

Volunteers are asked to commit an equivalent of 0.5 to 1 day a week, plus attendance at training (16 core hours, plus add-ons) and support meetings (45 minute supervision every six weeks, 2 two-hour Practice Development Group (PDG) every six weeks, one-hour appraisal every six months). The ideal minimum commitment is 12 months, with a six-month probationary period.

Key tasks:

- Support the family on a one-to-one basis, either in community settings or in the family home. This would involve building and maintaining a relationship with an individual family over a period of time.
- Provide information to the befriended families about resources or support services that may help them with some of the parenting issues they are experiencing.
- To help befriended families when they are involved with more intensive parenting support programmes run by Family Lives or others, by listening and helping them 'off-load' feelings.
- Support befriended families in attendance at meetings between the family and specialist services, e.g. Common Assessment Framework (CAF) meetings.
- As directed by the local project lead, help Family Lives talk to other parents and professionals *INI*. This will include outreach work…distributing promotional materials and helping to build local relationships.

What volunteers are not expected to do:

- Communicate with services directly on behalf of families, e.g. by engaging with practitioners at CAF meetings, or making telephone calls to services.
- Undertake practical support on behalf of the family, e.g. shopping or housework, unless you and your supervisor think this will significantly move the family forward.
- Offer childcare or respite care.

2.3 Grounding the 'befriending model'

A robust theory of change drew on evidence-based knowledge of 'what works' in the field, and was well-grounded in theoretical approaches.

As indicated by section 1.3 and Box 1, Family Lives' existing research findings drove their initial rationale for the pilot. Subsequently, Family Lives undertook a series of surveys with key practitioners identified under the 'raising awareness' programme aim – Children's Centres, GPs, health visitors, teachers and Youth Offending Teams (YOTs). The surveys largely corroborated previous findings, for example:

- Only 30% (303) of GPs responding offered referrals to a volunteer-led family support service.
- 90% (170) of teachers responding felt there were families in their school experiencing common parenting problems, yet 33% (62) would not know where to find help for a pupil's parents if they needed parenting and family support.
- 53% (125) of health visitors responding felt that more support was needed for parenting problems than when they started their career, and 39% (92) felt demands on time meant they felt less able to meet the same level of needs.
- 65% (48) of YOT professionals responding agreed parents needed more support with common parenting problems.

A look at broader literature also suggests that Family Lives had pinpointed many critical ways to improve practice in parenting and family support. One recent comprehensive review of parenting and family support in the UK was conducted by C4Eo. Looking at support and interventions directed at families, parents, and carers, the review generated a number of recommendations, almost all of which the final befriending model appeared to address:

Table 1 Assessing INI against C4EO recommendations for parenting and family support

Key message	C4EO recommendation	INI model
Partnership working	Ensure families can access a variety of services appropriate to their needs	Befriender support to engage with and signpost to range of services
	Collaborate to maximise the choice of services available to users	Family Lives offer of additional services, Triple P Online, and signposting to wider services
	Promote a positive and trusting relationship between staff and family members	Trust is central to the befriending relationship
Tackling fear and stigma	Making specialist services visible and accessible within universal provision	INI promoted as a service for all those in need of support, engaged mainstream services (e.g. Children's Centres) to promote service.
	Making services informal and approachable	Approachable, non-judgemental volunteers key to befriending
	Develop a well-trained and supported workforce	Tailored training programme for volunteers, comprehensive supervision processes
Early intervention	Efficient screening, assessment, and referral processes	Engaging local practitioners to help identify need for support
	Ensure thresholds for services are not too high, limiting access	INI promoted as a service for all those in need of support
	Provide accessible information about common family difficulties	Befrienders are key conduit for providing relevant information and where to seek further advice
	Offer help to families at times of recognised stress, e.g. dealing with teenagers	INI promoted for families with children under-18 years, recognising the needs of families with older children
	Ensure counselling, vocational and parenting training, and financial advice and support are available	Family Lives offer of additional services, Triple P Online, and signposting to wider services
Service delivery	Ensure families who need it have a dedicated contact person	Befriender provides key personal relationship
	Training community members from a range of backgrounds to offer help	INI befrienders are drawn from the local community
	Incorporate the views of under-represented groups (e.g. fathers) into	Family Lives has relied on existing experience and feedback from service

	service design	users, as well as practitioners

There were some caveats to the grounding of the proposed model in established theory and practice. One area was the efficient screening, assessment, and referral processes; while the model aimed to strengthen links with gateway practitioners to improve referrals, it seemed likely to be difficult to establish efficient processes if there is a lack of engagement of practitioners with family support. Another area was training community members from a range of backgrounds; while INI befrienders were drawn from the local community, there was no guarantee that volunteers recruited would reflect a range of backgrounds. The final area was incorporating the views of under-represented groups; there was no specific drive to hear their views on the service design, nor any specific attempt to engage with these groups in providing the befriending model of support.

The volunteer-led model therefore appeared to be largely coherent in the way in which it aimed to achieve impact through volunteers, and the way it proposed to improve on existing parenting and family support provision. The coherence of the model in this respect boded well for the eventual replicability of best practice. However, the bottom-up nature of the model suggested that the potential outcomes of the service were all-encompassing, ranging from crisis-management (e.g. getting a child back to school) to longer-term preventative work (e.g. increased parent confidence). This seems to be an untested approach to using volunteers in parenting support – examples in existing literature largely focused on specific outcomes (e.g. parenting skills, mental health, practical support), and offered different best practice approaches depending on the outcomes being addressed. For example, in Moran, et al.'s (2004) review of different parenting interventions, different delivery approaches were found to work, e.g. interactive, practically-focused teaching methods for parenting skills; delivery by 'authoritative' professional for parenting knowledge; and group work for at least eight to 12 weeks to address mental health issues.

2.4 Implementation

Family Lives was keen to use its national presence to test the pilot programme across a range of geographic settings, including urban and rural localities. It was decided to pilot INI in seven 'local demonstration sites':

- Ealing;
- Croydon;
- Forest of Dean;
- Gloucester – Cheltenham, Gloucester, and Stroud;
- Nottingham City;
- Southampton – Eastleigh, Gosport, Redbridge, and Shirley; and
- Sunderland – Southwick.

This site selection was the result of a combination of factors:

- Relevant model experience: Some areas had previous experience of some aspects of the pilot (befriending in Nottingham, Emotional First Aid in Southampton).
- Existing presence: Family Lives could use prior experience, knowledge, and stakeholder relationships (Croydon, Gloucester, Southampton, Nottingham).
- Local expansion: A wider range could be covered by building and expanding on existing Family Lives presence (Gloucester/Forest of Dean, Sunderland).
- Partnership working: Some areas identified local VCS partners with an existing volunteer and community base (Gloucester/Forest of Dean, Ealing).

Family Lives envisaged that piloting the model in a variety of areas would enable a greater understanding of how the model achieved impact, testing how the application of the model varied across areas, and served different communities. However, this approach also carried risks. Running the pilot in new areas posed particular challenges to the start-up process. Embedding the pilot in a new area rested on building up community capital (e.g. stakeholder relations, reputation, and local service knowledge), which increased the potential for delay or additional costs. In the case of Ealing – a wholly new area for Family Lives – a greater onus was placed on getting the expected benefits from working with its identified local partner, the Coram Ealing Children's Centre Outreach Service (Coram Ealing Outreach). Even where Family Lives had a broader regional presence (e.g. Sunderland), or smaller scale presence (e.g. Gloucester), its position in the local service and community environment was less secure than other, more embedded areas (e.g. Nottingham).

2.5 Implementation timeline

Following initial work to arrange governance and project management structures, the INI pilot was to get underway from June 2011. However, the project faced a number of

challenges during the start-up phase that led to unanticipated delays. These challenges were, to some extent, general issues often faced by those introducing a new service; however, there were issues pertaining to the INI model itself that contributed to these problems.

Developing new systems

The INI model of using volunteers in a (largely) home-based environment marked a significant shift in the way Family Lives had operated in the past. The novelty of this way of working required new systems, policies and procedures that had to be developed from scratch.

Although much attention was paid in planning documents to the necessary volunteer systems (as indicated by the policies and procedures note, above), parents' procedures took longer to understand and agree. This partly reflected the different experience and circumstances of site staff.

Realities of partnership working

A number of sites noted that the realities of partnership working presented some obstacles to the start-up phase. One aspect of this was the need to develop partnerships from scratch in the new Family Lives sites – namely Ealing, Sunderland and Forest of Dean.

Sites also faced competitive stakeholder environments. Some staff reported general resistance from mainstream services who felt they had similar services. Others also noted that there was local resistance specifically to this pilot among some stakeholders, particularly where similar volunteer-led services were being run and the pilot ran the risk of 'poaching' some of its volunteers (and, potentially, service users). These obstacles were particularly stark in Sunderland, where the site faced significant competition from a number of local volunteer-led projects. It became apparent that local implementation was not feasible within the available timeframe and resources, and the decision was taken by March 2012 to close the site.

Data collection

One of the key areas for development during the start-up phase was the *type* of data collected. Although Family Lives had existing data systems to collect output data, Coram worked with the organisation to facilitate an outcomes-focused data collection framework and best practice in volunteering data systems.

Three key outcome measurement tools were agreed. First, an 'intended outcomes' measure designed by Coram where the parent would identify a problem they wanted to address and estimate its burden on a 0-7 scale. The parent would give scores before the intervention, at an interim point, and at the conclusion of befriending to allow monitoring of progress. This measure intentionally allowed parents to define the 'problem' to encourage parents to take ownership of the relationship and the progress that ensued.

Making the measure opened-ended also ensured that outcomes would be captured that prescriptive tools may have overlooked.

In addition to the parent-defined outcomes measure Family Lives opted to use the Tool to measure Parenting Self-Efficacy (TOPSE) and the Strengths and Difficulties Questionnaire (SDQ) for measuring children's behaviour. While using these clinical scales had benefits, there were evident drawbacks in their content and length. This was borne out by the considerably lower completion rates compared to the intended outcomes measure. One site reported they felt reluctant to undertake the assessments at the first face-to-face meeting as intended as they took up a significant amount of time within the first meeting, and their clinical character seemed to jar with the informal befriending approach. Other sites also felt that the length and complexity encouraged parents to complete the assessments inaccurately (e.g. not taking note when scoring was reversed).

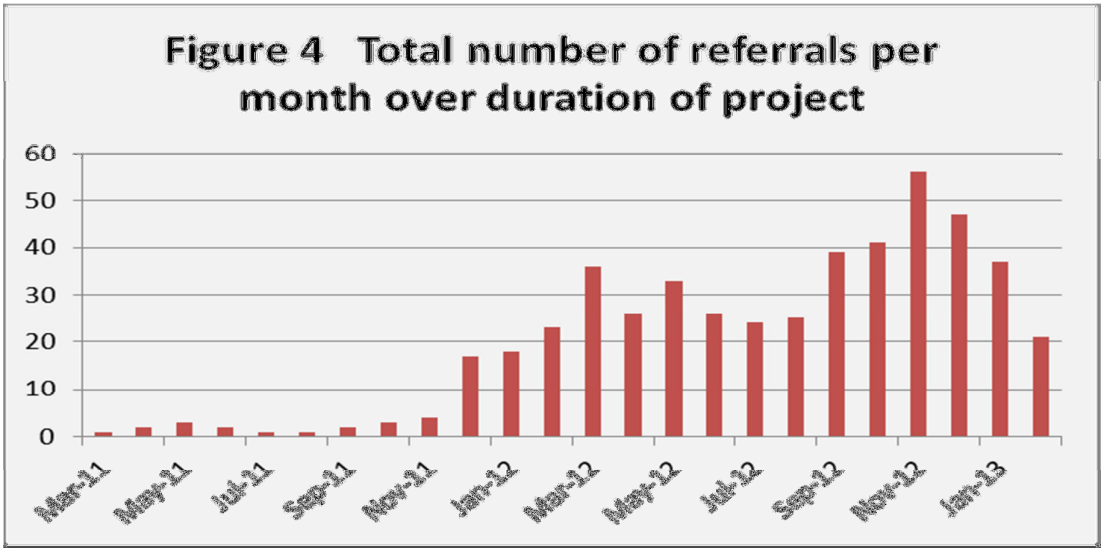
3 The model in practice: processes and procedures

Chapter 3: Summary

- 510 referrals were received across the six areas, 80% of which were received in 2012.
- Referral rates started slowly but reached a peak of about 40 per month at end of 2012.
- Referrals came from a wide range of sources with 70% coming from education, family/children, health-related services or Social Workers.
- Few referrals were received from GPs (5) and YOTs (1), two of the four targeted gateway practitioner groups.
- Referral routes were strongly dependent on the local practitioner context.
- Visibility, local reputation, and multi-agency work encouraged referrals.
- Staff reported that local practitioners felt that INI filled a gap in family support.

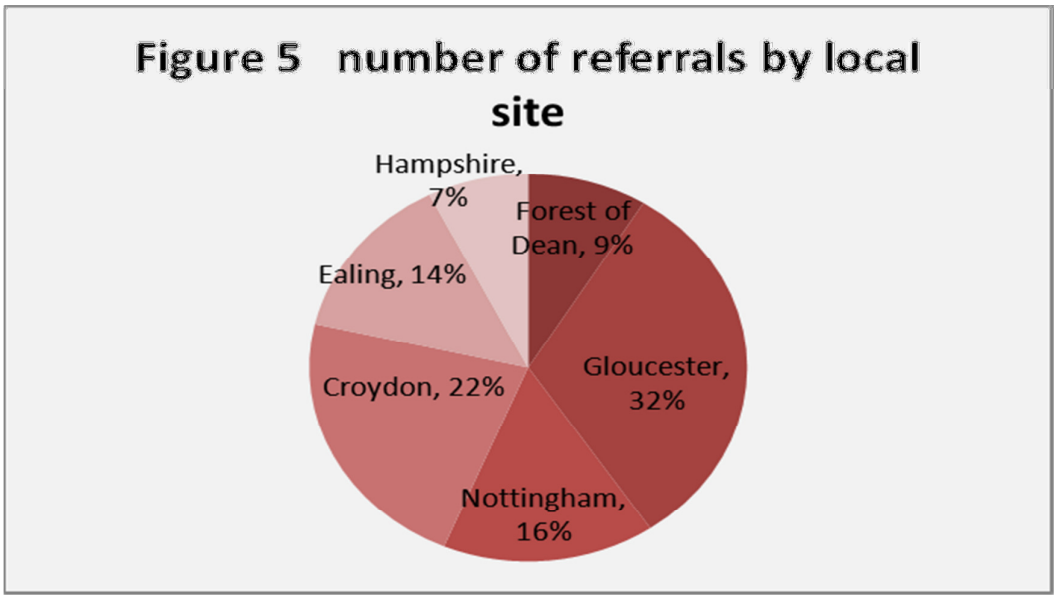
3.1 Referral rates to INI

Delays with the start-up process (described above) and time needed to promote the service to practitioners meant that referrals were initially very slow (Figure 4). Total monthly referrals did not exceed 10 until December 2011. From this point monthly referrals were maintained at a rate of around 20 – 30 per month until reaching a peak of around 40 per month at the end of 2012. With the project winding down in the early months of 2013 this rate of about 40 per month could reasonably be judged to represent the referral rate for the project at full operation. At a rate of 40 per month the project would be expected to generate 480 referrals a year, an average of 80 per site



Reports from the local sites suggested that Family Lives staff tried to match the demand of referrals with the supply of trained volunteers. Sites were keen to avoid having parents waiting long periods to receive befriending. Accordingly, where there were insufficient numbers of trained volunteers, sites would not make extra efforts to promote the service to practitioners. Budgetary and other constraints in the volunteer pipeline (training, checking references and waiting for CRB checks) made it difficult at times to meet the incoming demand for befriending.

The data also revealed that referrals were not evenly distributed across the local sites (Figure 5). Again, this reflected the different rates of progress in implementing the pilot across the areas. As noted in the previous chapter, however, it was not possible to relate this to the success of the model locally, as the sites began from quite different starting points and were working under different circumstances. For example, working in the Forest of Dean posed the triple challenge of being an entirely new area for Family Lives, a rural geographically dispersed area and one that was poorly served with social services and therefore with limited potential referral sources.



3.2 Referral pathways

Referrals came from a wide range of sources which showed variation from area to area. The predominant pattern across the sites was that about three quarters of referrals came from four key service areas, Family/Children-related (22%), Education-related (19%), Health-related (13%), and Social Workers (12%). The referral sources that were included in these three service area groups are detailed below (Table 1).

Table 1 Referral sources for three service areas

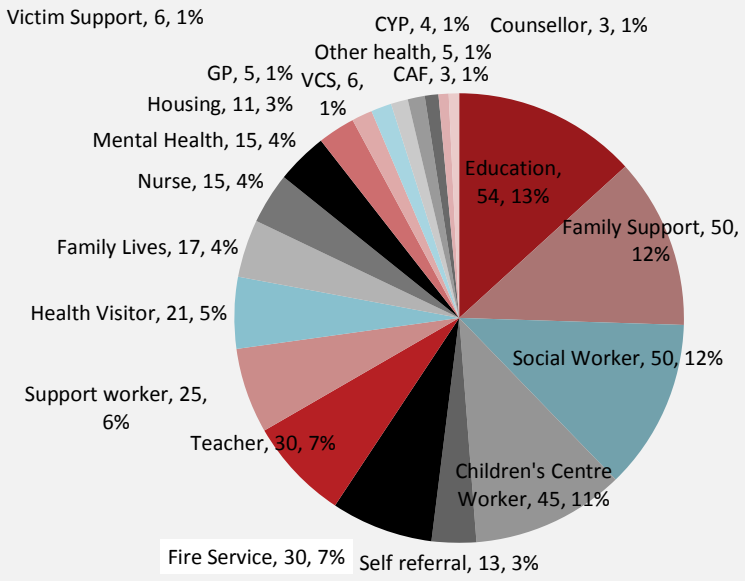
Education-related	19%	**Family/Children-related**	22%	**Health-related**	13%
teacher		Children's Centre worker		Nurse	
SENCO		Family Support worker		Health Visitor	
attendance officer		Parent Support Advisor		mental health	

school nurse learning mentor welfare officer	SAFE worker	NHS coordinator

The data showed that sites achieved good linkage with social workers, and family-related services, particularly Children's Centres, representing a third of total referrals. Schools also linked well with the project via teachers and support staff (19%). Health services linked well via nurses and mental health (e.g. CAMHS) (13%) but performed poorly in terms of GPs. The 5 referrals from GPs (1%) and 1 referral from YOTs suggested that the sites' work in targeting these gateway practitioners was largely unsuccessful.

Despite the concerns around practitioners' engagement with, and knowledge of, family support, data shows that referrals came from a wide range of services (including health, education, family support, CYP, social work, housing, and fire services) as well as Family Lives itself and other VCS organisations (Figure 6). Significantly, the project was not reliant on Family Lives' own services to generate referrals, with Family Lives referrals making up only 4% (17) of referrals.

Figure 6 Number of referrals by source
(excluding sources with less than 3 referrals)



A strong theme from staff discussions was the difficulty they faced in engaging health practitioners. Staff consistently reported that they felt this was partly due to significant time pressures on these practitioners in particular. They also felt that health practitioners worked to a different model when dealing with parents and families, which could act as a barrier to understanding and making links with family support services.

Nuances to this view revealed different experiences across sites. Where some referred to the difficulty in accessing GPs, others noted that engaging with health visitors had been problematic. Local referral data illustrates these differences; of the 21 referrals from health visitors, 15 were made in Gloucester. Discussions with Gloucester staff did not reveal a specific strategy for engaging these groups, but staff did report a systematic approach to engagement, following up each contact made with appropriate information. The site also held an awareness raising event for local practitioners.

There were also differences in the way the local sites engaged with schools and related educational services. Of the 84 referrals from schools or related services, 70 were made in either Gloucester or Croydon. Croydon had delivered services in schools previously, and a significant proportion of referrals to existing Family Lives services already come from schools. Conversely, Nottingham focused on its existing referral links via Children's Centres and locality teams rather than building links with schools, as it did not have the capacity to deal with additional referrals.

These findings suggested that referral patterns were often dependent on the local context and reflected sites' different approaches to practitioner engagement. Local referral data lent weight to this view. For example, all but one of the 30 referrals from the fire and rescue service were made in Nottingham, which had developed strong links with the local community safety team. The aggregate range of referral sources can therefore be misleading – referral pathways often reflected the local context and practitioner engagement undertaken locally.

3.3 Influencing referral routes

> *"With health professionals, I think that often they're running themselves ragged and don't actually see outside the area of health…or don't think about the patient as a whole, rather than their health needs."*
> Family Lives staff member

The low proportion of self-referrals (3%), historically accounting for a large proportion of referrals to Family Lives services, and the high numbers of referrals from family/children, health, education and social work services, indicated that the project was successful in generating referrals from new sources. Discussions with staff at the sites revealed some common themes about strategies in targeting practitioners.

The first was the importance of direct practitioner engagement work. Staff reported that engagement work aimed at promoting awareness and understanding of parenting and family support services also familiarised practitioners with the befriending service. Staff underlined the importance of maintaining a presence with practitioners. One site mentioned the importance of continued outreach work to ensure the programme was at the forefront of practitioners' horizons. Another site re-started a series of practitioner forums in order to re-engage with local services.

The importance of focused practitioner engagement was highlighted by sites' reported challenges in initially describing the model with practitioners. The model was seen as a "new concept", which required careful explanation. One difficulty noted by more than one site was clarifying what the offer was, and how it was positioned in relation to other services, notably Home-Start.

Another emerging theme was the importance of reputation in generating referral routes. In Croydon, staff cited examples of how the befriending service was recommended between practitioners as a result of Family Lives' wider reputation. Similarly, partners' standing locally helped to open doors: in Ealing, staff felt that working in partnership with Coram Ealing Outreach smoothed the engagement process with local agencies as a result of its strong local reputation.

Having a strong reputation, however, sometimes brought difficulties. One site had a limited number of referrals despite extensive practitioner engagement; practitioner feedback suggested that practitioners "don't want to make those decisions about what services parents need, they just want to refer to Family Lives". This echoed original concerns that some practitioners did not feel equipped to refer to appropriate parenting and family support services. The site informed practitioners that Family Lives undertook their own screening process, but this did not result in increased referrals.

Staff discussions also highlighted an emphasis on multi-agency working among the local sites. Multi-agency routes were either available to be tapped into, or developed from previous working arrangements in most sites. Ealing was able to make use of the Supportive Action for Families in Ealing (SAFE) service – a multidisciplinary team working across Ealing, with different age groups. Another site was involved in many multi-agency meetings as a result of the CAF process. The practitioner forums mentioned above were also involved in bringing together cross-agency attendance. Sites reported that these processes were important in generating referrals, a view supported by the range of referral sources already demonstrated.

The varied sources of referrals across sites and the range of services targeted by sites to some extent ran counter to the intended focus on the four gateway practitioner groups (health visitors, teachers, GPs and YOTs). With these four groups generating only 13% of referrals the bulk came from other sources. Discussions with staff suggested that practitioner engagement had often been targeted at a service in general, i.e. local schools or health services, rather than at a specific type of practitioner, i.e. teachers or GPs. The data suggested that this approach received a mixed response, securing strong engagement, for example, from school welfare staff and nurses but less strong or very weak engagement from teachers and GPs. Family Lives did, however, undertake targeted engagement with YOTs. Staff reported that these efforts met a mixed response. Communication from local YOTs suggested that they often did not consider parenting a priority area as relatively few of their service users were parents. They also indicated that

the fact that YOTs had their own parenting programmes for users meant there was less of a need to engage with the service offered by INI.

The relative success of sites in generating referrals, whether they were through health and education services (32% of total referrals) or through local networks, raises the question as to whether it was appropriate to target these four gateway practitioner groups. If sites were generally penetrating these broad service areas anyway and specific referral pathways were often localised, it may not have been appropriate to be prescriptive regarding referral sources.

3.4 Shaping the model – referral patterns

In discussing referral routes with staff, other issues arose relating to how the model was shaped during these early stages. The first issue was a repeated contention that practitioners and staff felt that the programme could fill a gap in current family support provision. From staff reports on their perspective and practitioners' comments, a combination of factors were contributing to this gap in provision, including cuts in services, raised thresholds limiting access to existing services, and a lack of less targeted provision (e.g. beyond early years).

The second issue was how the types of services referring to INI reflected the type of local demand for the model. Most local sites noted that there was a definite demand for access to the model from services relating to relatively high thresholds of need (e.g. Child and Adolescent Mental Health Services (CAMHS)). As a result, there was a feeling among some sites that the model could act as a 'step-down' service for those parents and families who were ending their service engagement at a higher tier of needs, but who would benefit from continued support. On the other hand, there were some sites that gave examples that suggested the model was a mixed offer, including a 'step-up' service for those parents or families who had needs that did not meet the high thresholds of existing support services. One site felt that local referral pathways were concentrated at the lower end of needs – parents and families who engaged with mainstream services rather than users of more specialist services such as CAMHS. There appeared to have been some variation, therefore, in the way the model was being conceived – by staff and practitioners alike.

3.5 Volunteer recruitment and training - overview

The recruitment and training of volunteers was a vital part of ensuring that the sites could meet the demand for befriending from referrals and could deliver a quality service. During the process of designing the model Family Lives had undertaken survey research to assess the extent to which parents might be willing to volunteer to help other parents: almost half

of parents responded positively but many cited lack of opportunity or not knowing who to contact as a barrier. Despite this supportive evidence, many staff initially expressed uncertainty as to whether sites would be able to attract sufficient numbers of volunteer befrienders or attract applicants of sufficient calibre to perform this demanding role.

All sites undertook extensive marketing work to communicate the opportunity and attract applications. Large numbers of applications were received and many applicants demonstrated appropriate skills, experience and commitment to the role. Volunteers were largely female but came from diverse ethnic backgrounds which reflected the population of local areas.

3.6 Recruiting volunteers

The process from interview to the start of befriending involved a number of steps, including a 16 hour training course, references check, a CRB check, and matching the volunteer to a parent. The retention of volunteers through these steps was generally good. For example, 53% of applicants completed training, indicating that a large proportion of applicants were both suitably qualified and committed to the role (Figure 7). However, volunteers did experience long delays in the latter stages of this process, particularly between completing training and starting befriending. Volunteers typically waited about 5 months after training before actually starting befriending[7]. Reports from sites suggested that these delays were related to problems in implementing new systems concerned with volunteer safety and also diligence regarding matching. Sites recognised that the befriending relationship would depend on an appropriate match between parent and volunteer and this often took some time (either to match parents with available volunteers or to wait for an appropriate volunteer to appear). These largely unanticipated delays were likely to have contributed to the high drop-out rate of volunteers before starting befriending: almost a third of trained volunteers (32) dropped out the project at this stage.

[7] The average time between completing training and starting befriending was 22 weeks, the median 19 weeks.

Family Lives received 204 applicants for the befriending role with numbers reasonably evenly spread across sites.[8] Of the applications received 175 (87%) were invited for interview suggesting applications were of a high standard (Figure 7). Data for applicants indicated that a fifth (21%) were educated to degree level and a further 15% to A levels. About a quarter (26%) of applicants had a qualification relevant to befriending and family support, e.g. counselling, teaching, social care.

Applicants, however, did not necessarily have experience in this specific field. A third (34%) said they had no previous work or voluntary experience in parenting or family support, 30% that they had had no previous involvement in providing peer support and 43% said they did not have experience as a parent or carer.

Focus groups and interviews suggested that staff had been pleasantly surprised by the general ease of recruiting volunteers, and the quality of applicants. There was not a single good practice approach to recruiting quality volunteers locally; instead, sites found different routes to successful volunteer recruitment.

Nottingham already had some experience in recruiting volunteers from which to build on; the site demonstrated the value of targeted advertising, having secured publicity in the local paper on the INI project, which attracted referrals. The Gloucester / Forest of Dean base also found their biggest response was from media advertising.

The Hampshire site refined its recruitment processes, from a generic cross-county approach to a targeted strategy which approached different areas in turn (e.g. rural and urban areas). The site reported that this was more successful in addressing the questions and local needs of potential volunteers (e.g. accessibility).

[8] The numbers of volunteer applicants per site were: Forest of Dean 19, Croydon 26, Gloucester 33, Nottingham 34, Ealing 37 and Hampshire 55.

Croydon used a variety of engagement tools, from emailing to face-to-face contact with the local voluntary services council and Children's Centres. Staff felt that word-of-mouth recommendations played a significant part in generating interest in the project. This suggested active community interest in either volunteering in general, or in this kind of parenting and family support service.

The Ealing site originally intended to work with Coram Ealing Outreach, which had its own database of volunteers, but this proved difficult in practice. If volunteers were active with Coram Ealing Outreach, they were unlikely to be willing or able to give time to another organisation; if volunteers were inactive, it was difficult to engage them with another service. However, staff were able to make links with the Ealing Community and Voluntary Service (ECVS), which had a very strong local presence and was willing to contact the c1,000 volunteers on their database. As a result, almost all the recruited volunteers came via ECVS. This partnership working saved resources by avoiding advertisement and outreach costs to promote the volunteering position.

3.7 Volunteer characteristics

Volunteers were 91% female and 9% male. Although the age profile of volunteers did not include anyone under 26 it otherwise broadly reflected the age profile of parents: 34% 26-35, 57% 36-50, and 9% 51-70 years old. A large proportion of volunteers were not in employment, training or education (83%) but only 17% indicated that they were looking for work. This was a group of people that in many ways defied conventional categorisation: many were neither working nor looking for work but were eager to get experience doing something that might lead to a career and/or were looking to give something back to the community. Those volunteers who had experience as a parent were more likely to be motivated by the desire to share their knowledge and help other parents. Those non-parent volunteers were more likely to be motivated by the prospect of career development.

Similar to the parent profile, the ethnic background of volunteers was relatively diverse – 27% were not White British (73% White British, 20% Black British, Caribbean, African, 4% Mixed, 1% Asian). The proportion of applicants who were not White British was particularly high in Ealing (80%) and Croydon (65%), reflecting their diverse populations. This data suggested the pilot had reasonable success in recruiting volunteers who were representative of the local population, as intended.

3.8 Developing 'befrienders'

The volunteer training programme was very well-received. Nearly all trainee respondents (96%) reported that the training had equipped them well for the role, and similarly high numbers (92%) indicated it had covered all relevant subjects. Family Lives staff reported that the emphasis on listening skills, and the ability to empathise, was a particularly strong model for this type of parent support. This was borne out by volunteers' comments; one

repeated message raised in volunteer focus groups was the applicability and value of these skills, not least in their own lives.

This wider impact was encouraging, given the pilot's intention to build up community capital to enable local people to support each other in the long-term. Indeed, some volunteers had reported using the tools to good effect with friends outside INI, suggesting the project had begun to embed knowledge transfer processes between family support services and the local community. From discussions with volunteers, there were also reported gains in personal outcomes, such as improved confidence through group activities, and greater self-esteem through understanding their own parenting practices better.

Feedback from volunteers suggested that the training appeared to have addressed the issue of boundaries within befriending quite clearly. Volunteers were able to reflect on what constituted appropriate support within the befriending relationship and the importance of stepping back from relationships in order to prevent dependency.

As this discussion suggests feedback from volunteers about the training was very positive. With the benefit of hindsight having delivered befriending, volunteers felt the training prepared them well for the role by equipping them with valuable listening and mentoring skills. The only negative point raised by some volunteers was that a lot of ground was covered in the three days and there had been insufficient opportunity to practice techniques learned.

3.9 Managing volunteers

Supervision processes for befrienders were robust. There was a systematic process for supervision, from debrief telephone calls with supervisors after visits, to weekly catch-up sessions, and formal supervision[9]. Risk assessments of the family and the home were carried out by staff in advance of befriending to ensure the safety of the volunteer. There were clear processes for reporting when volunteers felt there were 'risk of harm' concerns. Around 90% of volunteer respondents indicated that the frequency and quality of debriefing and supervision sessions had met both their own needs and those of befriended parents[10].

Reports from volunteers were that these processes and procedures had been rigorously followed and had proved effective. Volunteers reported that they were required to 'check-in' via a mobile phone call immediately prior to beginning a befriending session and 'check-out' similarly immediately after. They understood the need for this process and felt that it was an important safeguard when visiting a parent's home. Supervision sessions held every 12 weeks were also well received by volunteers. They were seen as important for Family

[9] Supervision sessions were held every 12 weeks.

[10] 94% of respondents said that the debrief calls were long enough to meet their own needs, 92% that supervision was frequent enough to report parent's progress and 87% that supervision was frequent enough to report their own progress. On the quality of supervision 88% of respondents said that the supervisor understood their needs and 92% that he or she provided good advice to meet their needs.

Lives to monitor the quality of befriending and an opportunity for volunteers to reflect and get professional insight on their relationship. Volunteers also reported the value of periodic Practice Development Groups (PDGs, where a staff member would lead a discussion among volunteers on a particular topic relevant to befriending, e.g. personal safety and avoiding dependency. Held every 12 weeks, these sessions were reported as a valuable forum for volunteers to share ideas and experiences as well as an opportunity for on-going training.

3.1 Reaching vulnerable families

Family type[11]

Nearly all the individuals referred were parents of one kind or another (parent, step-parent, or non-resident parent) who had direct responsibility for children. There were a small number of Grandparent referrals (7) who had taken on responsibility for their grandchildren. These parents were nearly all female (96% female, 4% male) and covered a wide age range: 20 – 25 years old 9%, 26 – 35 years old 43%, 36 – 50 years old 44%, and older than 50 years old 3%.

Parents also varied by family type. While a majority were lone parents (57%), there were substantial numbers of co-habiting or married parents (41%). The proportion of lone parents among referrals was substantially higher than the 26% of families with dependent children headed by lone parents in England and Wales (ONS, 2011).

Family size varied but included a high proportion of large families of more than 2 children (40%). Again this figure was substantially higher than the 14% incidence among families with dependent children in England and Wales[12]. Very large families of 5 or 6 children were not uncommon (9%). About 60% of families had either one or two children (38% 2 children, 23% a single child).

Household income for families was disproportionately low: 17% reported an annual income under £15,000, putting them in the bottom decile group in UK income distribution.

The high proportion of lone parents and large families of more than 2 children gave some insight into the type of challenges faced by many of the families referred to befriending. Almost three quarters (73%) of referred families were headed by a lone parent and/or had three children or more and therefore faced the multiple pressures of parenting under these circumstances. The high proportion of this 'multiply pressured' family profile provides some

[11] The proceeding analysis of the social characteristics of parents and families used data from the 510 referrals. Comparison of referred families to families who received befriending indicated that the groups were very similar.

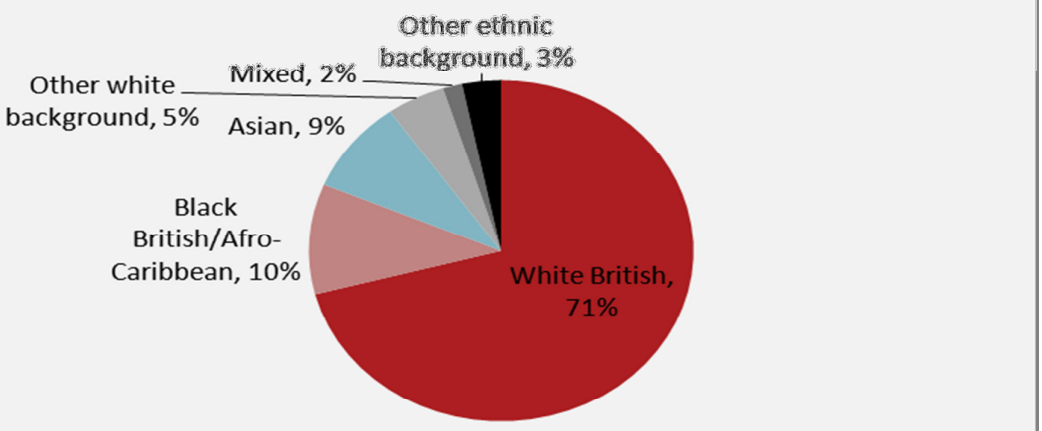
[12] http://www.ons.gov.uk/ons/rel/family-demography/family-size/2012/family-size-rpt.html

context to the type of coping issues that were frequently identified as problems by referring practitioners and parents themselves.

Ethnic background

The ethnicity of parents was relatively diverse. Around 29% of parents were not from a 'White British' ethnic background, compared with around 17% of the overall population in England (ONS, 2011).

Figure 8 Ethnic background of parents



3.2 Parents' needs

The project drew on two sources of information about the parent's needs to make an assessment of the case. First, the practitioner provided a written explanation of the reason for referring the parent on the referral form. Second, after receiving the referral, Family Lives would contact the parent by phone and ask them to explain the issues they required help with. The issues raised would be further defined at the subsequent face to face meeting between the staff member and the parent. These processes provided qualitative details, from the practitioner's perspective and the parent themselves, about the issues concerning them

"Mandy has guardianship of her niece who no longer has contact with her parents due to abuse and neglect. Mandy feels niece is unable to control emotions and lacks respect. She would like someone to support her and 'bounce ideas off'."

"Susan needs emotional support and possibly practical support around issues with her three young children. She is feeling over- stretched and struggling to cope."

and about which they thought befriending might help.

Outcome measurements taken at the initial meeting with the parent provided a further source of data on parents' needs. These measurement tools focused on problems the parent identified in relation to themselves, children and the family (Intended Outcomes) and also measures of children's behaviour (SDQ) and parenting efficacy (TOPSE). Although these outcome measures were designed primarily as evaluation tools they were also used for assessment purposes during the befriending relationship. For example, the Intended Outcomes identified by the parent were used to define goals for the relationship and monitor subsequent progress.

Practitioner's perspective

The most common theme among the reasons for referrals was parents' need for support with managing their children's behaviour. Practitioners often identified the problem in general terms such as 'challenging behaviour'. When they provided specific details commonly raised issues were abuse and violence (swearing, hitting, stealing), temper outbursts, lack of routine and difficulty setting boundaries, and problems regarding attending school (truancy, arriving late).

A second common theme was a general reference to parents 'struggling to cope'. This was attributed to various factors including being a sole parent, demands of multiple family members, disruptive external factors (e.g. legal proceedings, an abusive ex-partner) and children's behavioural problems.

Often these issues were complicated by a background of parental mental health problems or children's diagnosed conditions (autism, ADHD). Sometimes mental health issues would be presented as the primary concern from which other difficulties stemmed.

A third common theme was social isolation. This was sometimes a background issue to specific behaviours or difficulties. In many cases it was at the foreground of concerns. Typically practitioners described a parent who was suffering because of the absence of family support and limited social networks in the area. The parent might have been new to the area or not making friends because of low self-esteem or mental health issues.

Parents' perspective

Parents generally seemed to understand the purpose and parameters of befriending. The issues they sought to address through befriending showed an understanding that the service was primarily a 'talking' therapy that sought to achieve change by mentoring. The goals parents identified in the Intended Outcomes they identified could be grouped into two key themes. First, many parents identified issues managing children's behaviour. The outcome sought could be to resolve a specific problem, e.g. stopping bedwetting or getting children to school on time, or more generally manage better children's behaviour. In

relation to these issues parents often felt they could benefit from parenting skills. Second, many parents sought emotional support. This was often framed as an opportunity to have someone to talk to about their problems without being judged; some 'me' time away from the routine pressures of family life. Examples of some of the typical issues identified by parents are detailed in the table below (Table 2).

Table 2 Parent issues - examples of parent-defined Intended Outcomes

children's behaviour	emotional support
setting/keeping boundaries, consistency in house rules	to have someone to talk to who isn't going to judge
For Andrew and Susan to listen to me	want to build confidence
To be able to have the children go to bed at a proper time	increase confidence regarding parenting
Improved relationship with son	feel more control of family life
Handle challenging behaviour from son	personal time for Mum
Learn to negotiate better with children	happier mental state
Learn conflict handling skills	emotional support with parenting
Advice regarding managing Tom's behavior	for mum to have more 'me' time
Steve to be able to talk to his mother	more fun with kids
Help my child stop wetting herself	feeling more in control - not ruled by the kids

Baseline data from measurement tools

Data from the initial SDQ and TOPSE measurements provided further insight into the parenting issues faced by parents entering the project. SDQ provides an assessment of problem aspects of a child's behaviour broken down into four areas (emotional symptoms, conduct problems, hyperactivity, and peer problems). One positive aspect of the child's behaviour – prosocial behaviour – is also assessed. Answers from each behavioural area produce a score of 0 – 10 (higher the score the more the problem, except the prosocial score, where the higher the score the better the behaviour). TOPSE provides an assessment of eight psychological attributes related to parenting skills. Answers to each assessed area are summed to produce a score out of 60 – the higher the score, the higher the parenting efficacy.

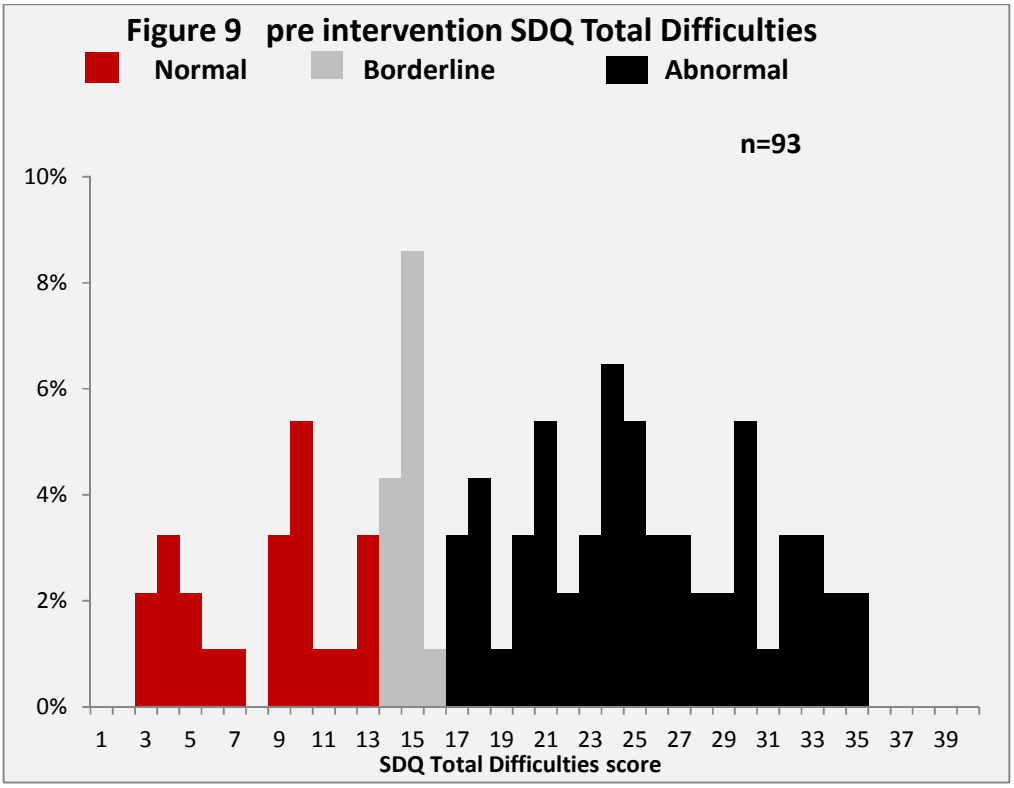
Parents' SDQ scores provided valuable insight into whether and how the behavioural problems of children frequently identified by parents were manifested in terms of particular areas of behaviour. SDQ is a standardised measure and it is therefore possible to compare the scores achieved in the project against those from a national sample. SDQ is also a validated measure which means scores for each area can be grouped into 'normal', 'borderline' or 'abnormal' clinical categories.

The SDQ questionnaire asked the parent to assess the behaviour of the child whose behaviour was most causing concern. The scores from the 93 children who were given SDQ assessments therefore represented the children whose difficulties were most of concern for the parent, and were not representative of the total 362 children in befriended families.

Analysing the SDQ scores against these clinical categories demonstrated that the majority of parents' assessments of children's behaviour were within the 'abnormal' range of behaviour: 62% of children's Total Difficulties scores (sum of scores of the four problem areas) were categorised as 'abnormal' compared to a national average of10%[13].

The chart below shows the distribution of children's Total Difficulties scores on the 0 – 40 scale (Figure 9). A substantial number of scores (17%) were at the high end of the scale, 30-40, compared to a national average of 0.3%[14]. This figure indicated nearly a fifth of children were exhibiting highly abnormal behaviour.

These figures confirmed parent's concerns about children's behaviour and suggested a high incidence of problem behaviour among the children of parents referred to befriending.



A comparison of mean scores in each of the behavioural areas further highlighted the depth of problems experienced by INI families and areas of particular concern (Figure 10). Mean scores from the project were poorer across all the behavioural areas compared to the British benchmark mean scores[15][16]. The project's Total Difficulties score of nearly 20 was

[13] National SDQ averages available at http://www.sdqinfo.com/UKNorm.html

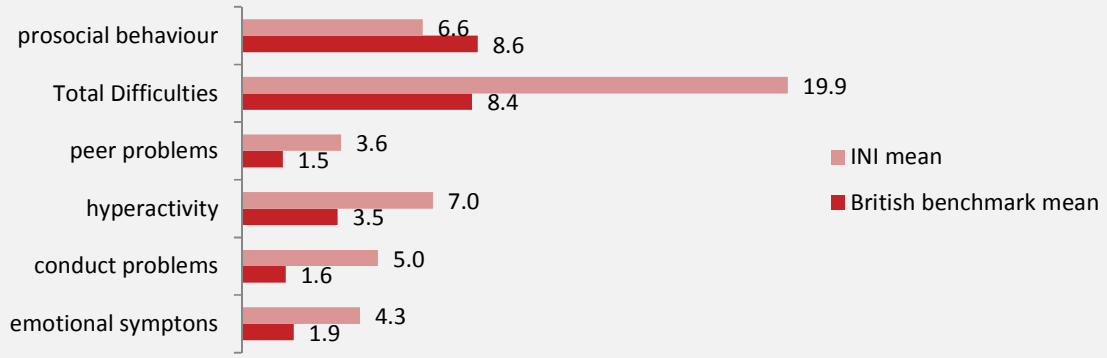
[14] SDQ national frequency distribution available at http://www.sdqinfo.com/norms/UKNorm5.pdf

[15] The mean British benchmark scores are taken from a representative sample of parent-reported scores for children aged between 5 and 15. For further details see http://www.sdqinfo.org/UKNorm.html

substantially higher than the British mean of 8.4. Among the individual behavioural areas the proportionately largest difference was in the 'conduct problems' score at 4.9 compared to the national benchmark of 1.6. This finding provided strong evidence to support the contention of parents that in many INI families children's conduct was an area of serious concern.

Figure 10 SDQ children behaviour scores compared to British benchmark

n=93



TOPSE scores provided insight into the relative efficacy of the parents in the eight key areas. We analysed the scores to investigate which areas parents were consistently scoring lowest and therefore showing weakest efficacy (Figure 11). As Figure 11 illustrates, parent scores in three areas (Control, Pressures and Discipline and setting boundaries) were consistently ranked as the lowest or among the lowest two. As with the SDQ scores, this provided further evidence that management of children's behaviour was one of the most pressing issues for INI parents. These findings also point to the possibility that these other areas of serious weakness, namely 'pressure' and 'control', may be related to a core inability to manage children's behaviour.

[16] It should be noted that the INI SDQ scores were for 'targeted' children, i.e. each parent identified a child in their family who was of particular concern to them and assessed that single child. In contrast, the benchmark scores are representative of the general population as whole. INI SDQ scores would therefore be expected to be higher than the national benchmark.

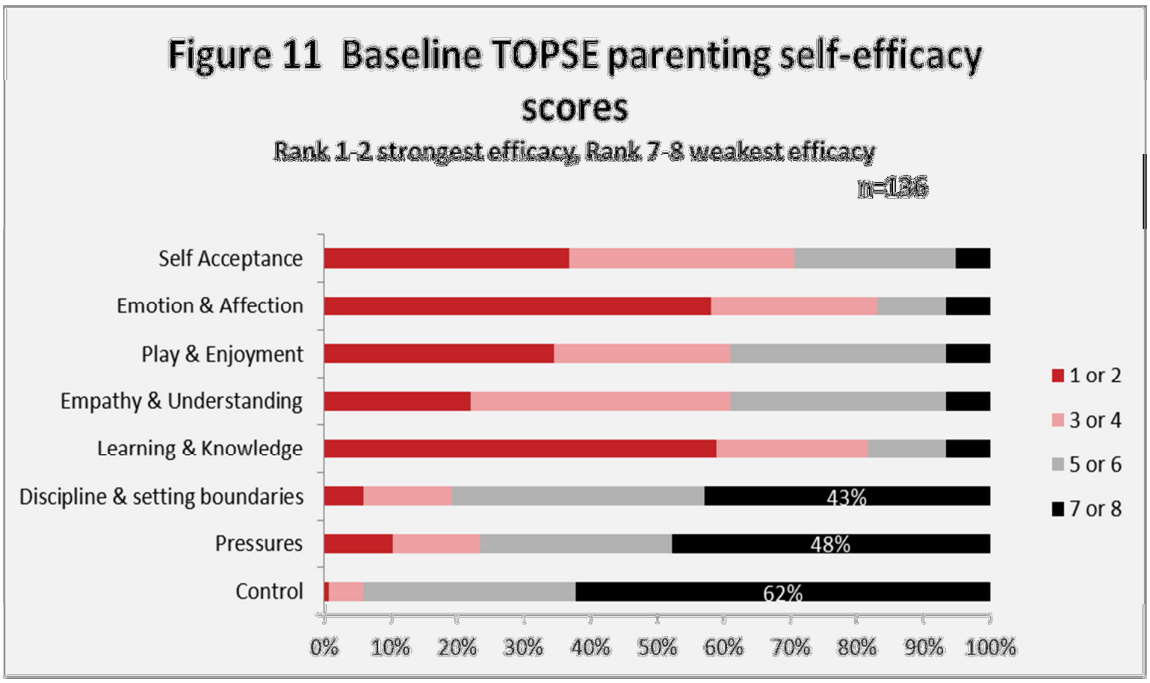


Figure 11 Baseline TOPSE parenting self-efficacy scores
Rank 1-2 strongest efficacy, Rank 7-8 weakest efficacy
n=136
Self Acceptance
Emotion & Affection
Play & Enjoyment
Empathy & Understanding
Learning & Knowledge
Discipline & setting boundaries
Pressures
Control
43%
48%
62%
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%
1 or 2
3 or 4
5 or 6
7 or 8

4 Outputs

Chapter 4: Summary

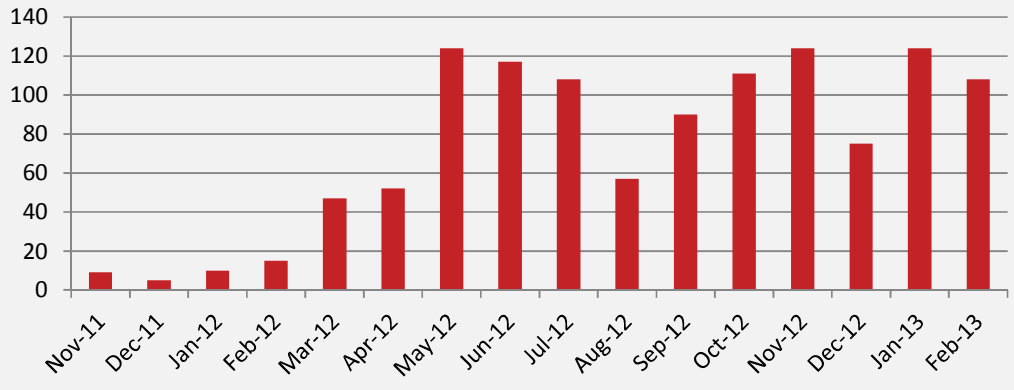
- 146 parents received one or more befriending sessions.
- 74 volunteers trained and started befriending.
- 776 befriending sessions held (average 5 sessions per parent).
- Befriending relationships lasted 2 weeks to more than 6 months, typically 2-3 months.

N.B. The headline output figures above refer to the complete duration of the project. All other figures in the report are based on data collected up to March 1 2013, a month prior to the end of the project.

4.1 Befriending sessions held

Delays with the start-up process and time needed to recruit and train volunteers meant that befriending sessions were not held until November 2011. The total number of monthly sessions remained low in early 2012 but increased to 124 in May 2012 and maintained a monthly flow of around 100-120 until the end of the project (Figure 12). Seasonal blips to this trend were observed in August and December when much fewer sessions were held, because of childcare commitments during holidays. Focussing on the period from June 2012 when it appeared that a peak level of performance was reached, an average of 102 befriending sessions were held monthly. At the rate of 102 per month the project would be expected to deliver over 1,200 sessions a year. If we compare this one year projection with the 737 sessions that were actually held over the duration of the project we get a sense of its considerable (but largely unfulfilled) potential to deliver outputs.

Figure 12 number of befriending sessions per month over project



Most befriending sessions were held in the parent's home (83%); 17% were held in community settings.

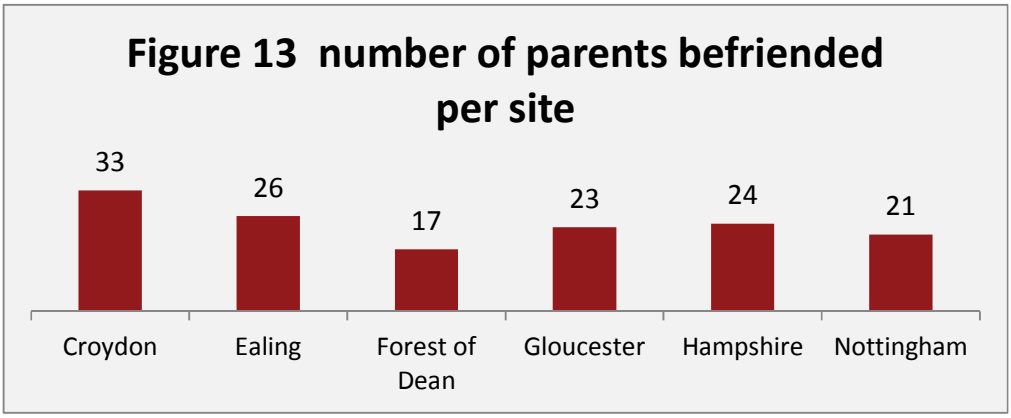
Befriending visits lasted on average 1.5 hours, but this varied from short half hour visits to long three hour visits. Befriending relationships lasted an average of five sessions but again showed wide variation from 'quick fix' situations that required one or two sessions to challenging situations which involved more than 15 sessions. Relationships would on average last 13 weeks but showed large variation. A typical (median) relationship would last for eight weeks. Often the length of the befriending relationship would be extended by school holidays or Christmas when it was difficult to schedule sessions or arrange time away from the children.

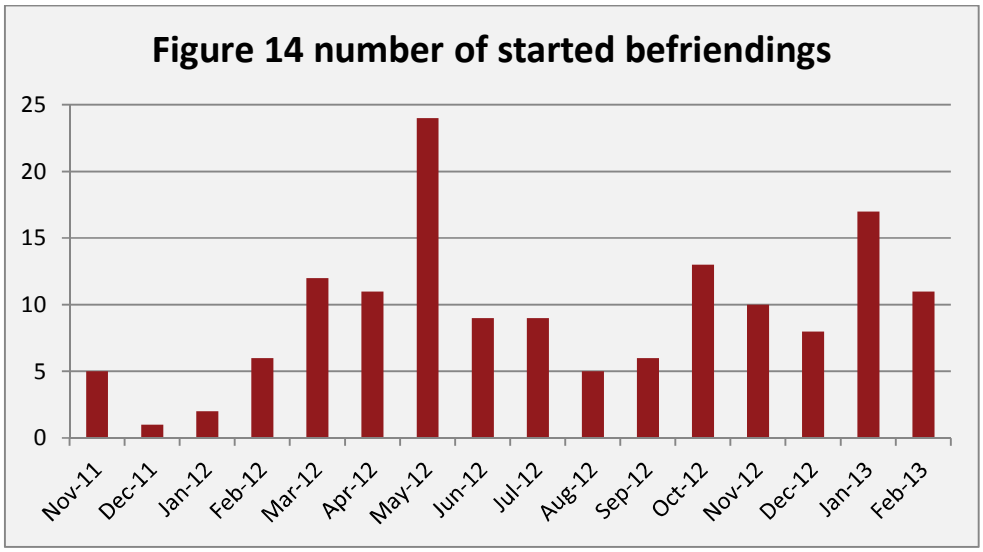
Interviews with volunteers and parents confirmed the variability indicated by the quantitative data. Parents would sometimes start befriending relationships needing only a 'nudge' to successfully identify a problem and implement change. This type of 'quick fix' befriending would be completed over a small number of sessions, usually over a brief period. Other situations would be more challenging and change more difficult to achieve. For example, child behaviour problems might be complicated by self-esteem issues for the parent. Accordingly, the volunteer would help facilitate small steps for the parent in developing confidence, learning how to deal with stress, thinking creatively about behaviour challenges, and so forth. The volunteer would end the befriending relationship as and when he or she felt that sufficient gains had been made for the parent to become independent, or that further gains were unlikely.

4.2 Parents befriended

A total of 144 befriending relationships were undertaken up until March 2012. The number of befriending relationships was fairly evenly spread across the six sites with Croydon undertaking the most at 33 and Forest of Dean the least at 17 (Figure 13).

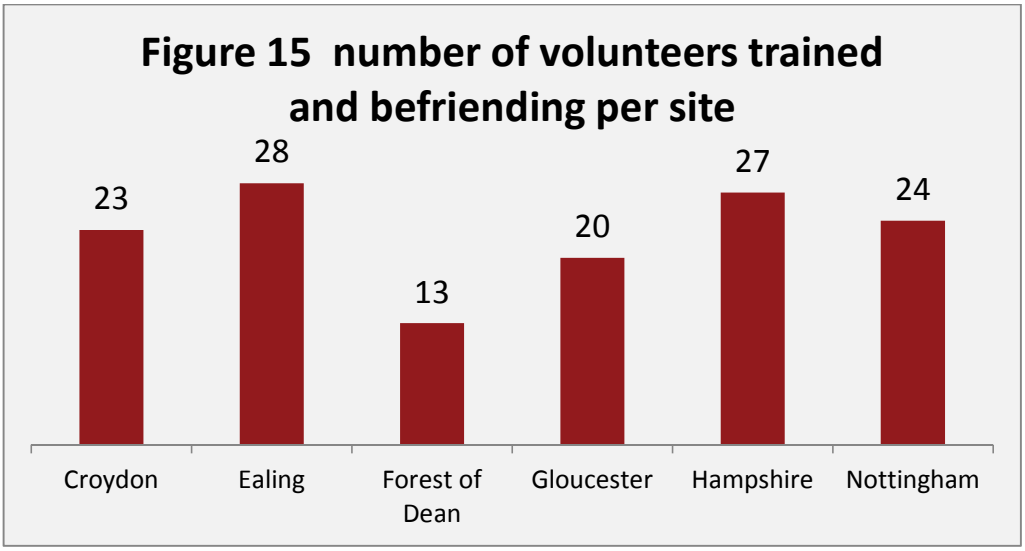
After the initial start-up period the rate of starting new befriending relationships was fairly consistent at about 9-10 per month (Figure 14).





4.3 Volunteers trained and befriending

A total of 74 volunteers were trained and started befriending relationships up until March 2012. This number was fairly evenly spread across the six sites with Ealing and Hampshire the highest at 28 and 27 respectively, and Forest of Dean the lowest at 13 (Figure 15).



5 Outcomes and impact

Chapter 5: Summary

- Most parents engaged well with the befriending relationship and valued highly the emotional support it offered.
- Parents experienced different changes as a result of the befriending and for a significant proportion this did not lead to behavioural change over the duration of befriending.
- A high proportion of parents who had sought to manage their children's behaviour better had made significant progress on this issue by the end of the befriending relationship.
- The project produced particularly strong outcomes and potentially lasting impact for parents on managing children's behaviour.
- Volunteers reported strong gains in communication skills, self-confidence and decision making as a result of their involvement.

5.1 Dynamics of the befriending relationship

Family Lives staff communicated well what the service was to both referring practitioners and parents themselves. Both understood that befriending was not a practitioner-based service where a professional would make a diagnosis of the situation and use their expertise to advise on solutions. Rather, befriending was understood as parent-centred support where the parent would be given an opportunity to discuss openly their concerns and be supported in identifying their own solutions. Critically, the service was understood as peer-led, non-judgemental and a partnership: (usually) fellow parents helping other parents to talk through difficulties and build confidence in their parenting. The non-professional and non-judgemental nature of the service was a characteristic welcomed by many parents who felt disempowered by conventional social services. "With social services I feel judged and talked down to," commented one parent.

Befriending relationships typically started slowly. Volunteers would take time to build a relationship and allow the parent to become comfortable talking about his or her situation. With the development of trust between both parties, the parent would begin to explore their situation with the volunteer helping them to formulate a clearer understanding. This step would lead to establishing agreed aims and objectives and planning strategies and actions in order to achieve the desired changes. The volunteer would then support the parent while plans were implemented.

Although there was a logical sequence to these steps in working on specific issues, the overall befriending process would not develop linearly. Befriending relationships would

usually address multiple issues simultaneously with each issue progressing (or not) at its own pace. Work on issues that were particularly challenging for a parent might progress very slowly or lead to actions that were not executed. Work on less challenging issues might lead quickly to understanding and taking action.

The ability of the relationship to effect changes would be subject to a range of factors. In many cases parents would successfully address an issue through the early stages of the process but not go on to implement changes. For example, with the support of the volunteer, parents would explore the situation and develop a clearer understanding of the problem. At this point parents would feel more confident about themselves and feel better equipped to confront problems. However, further progress might not be achieved during the period of the befriending relationship. Parents might not feel capable of enacting the agreed change because of the pressure of multiple problems or circumstances that intervened to block change. Nonetheless, the parent, however, might enact the change at a later date when circumstances changed, or, as a result of their increased confidence, they might be able to address and take actions on smaller issues as and when they arose. It is important, therefore, not to discount positive outcomes in cases where tangible actions were not realised during the course of the befriending relationship. Parents experienced a range of changes as a result of befriending in the short and long term including behavioural changes and increased confidence.

Interviews with volunteers and parents suggested that parent responses to befriending tended to follow three basic scenarios, outlined in Table 3. The experiences detailed illustrate the complexity of parents' needs and the variety of pathways undertaken towards change.

Table 3. Three typical parent responses to befriending relationship

Parent situation	**description**	**estimated %**
'QuickFix'	Parent disposed to make change and capable of understanding and implementing actions. Identifies action through befriending conversations and implements them shortly after.	20%
'Edging forward'	Parent disposed to make change, capable of identifying actions needed but finds implementation in short term difficult. Parent ends intervention more confident, and has developed parenting skills and specific strategies for dealing with problems. Parent likely to feel less overwhelmed with parenting challenges and likely to implement identified	30%

	strategies at later date or when family circumstances change.	
'Slow burning'	Parent disposed to make change, capable of identifying actions needed but family circumstances and/or personal disposition create a barrier to implementation. Parent likely to have gained confidence and may be better equipped to cope with problems in future.	50%

5.2 Key areas of change for parents

Analysis of the intended outcomes data provided a longitudinal perspective on parent's perception of their identified problems. With scores collected before, during and at the end of befriending, this data provided insight into whether the key issues identified by parents improved over the duration of the intervention.

To maximise statistical robustness paired samples were used for the analysis of mean scores. This meant that only cases where responses had been made at both the pre and the later data collection point (interim or end) were included in the samples analysed. The number of cases analysed and the total number of outcomes in each category provided by parents are given in Table 4. The relatively low sample sizes suggested we should treat findings with appropriate caution. We could not assume that the data collected was representative of the intervention group as whole. It may have been the case, for example, that those parents who did not complete the Intended Outcome assessment at the end of the intervention had less beneficial results than the parents who did.

Table 4 - Intended Outcome analysis n and total case numbers

	Pre/Interim	Pre/End	total case number
Parent	87	81	315
Child	51	49	214
Family	35	38	153

An examination of the average of scores taken at each data collection point revealed that all three areas (parent, child and family) showed consistent improvement through the befriending relationship (Table 5, Figure 16).

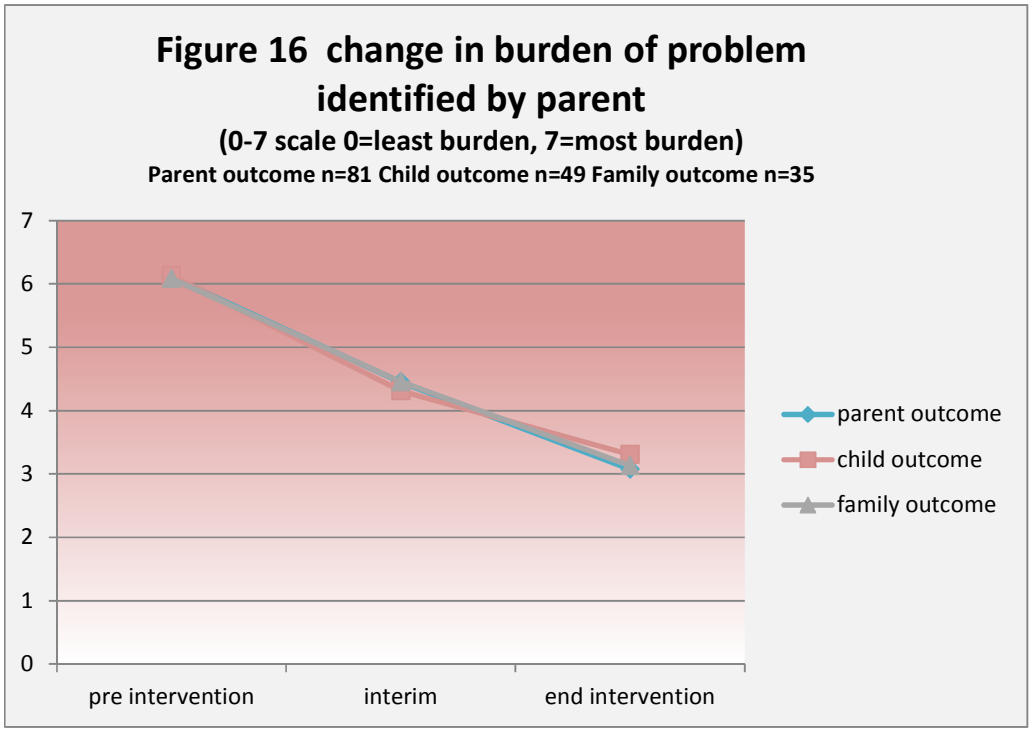
Scores suggested that the burden of parent problems was reduced on average by half, child problems by 30% and family problems by 26%. The improvement in scores recorded at the interim and end data collection points were statistically significant and the effect size of this change was calculated as large (Table 5).

Table 5 Average Intended Outcome scores - 0=least burden, 7=greatest burden

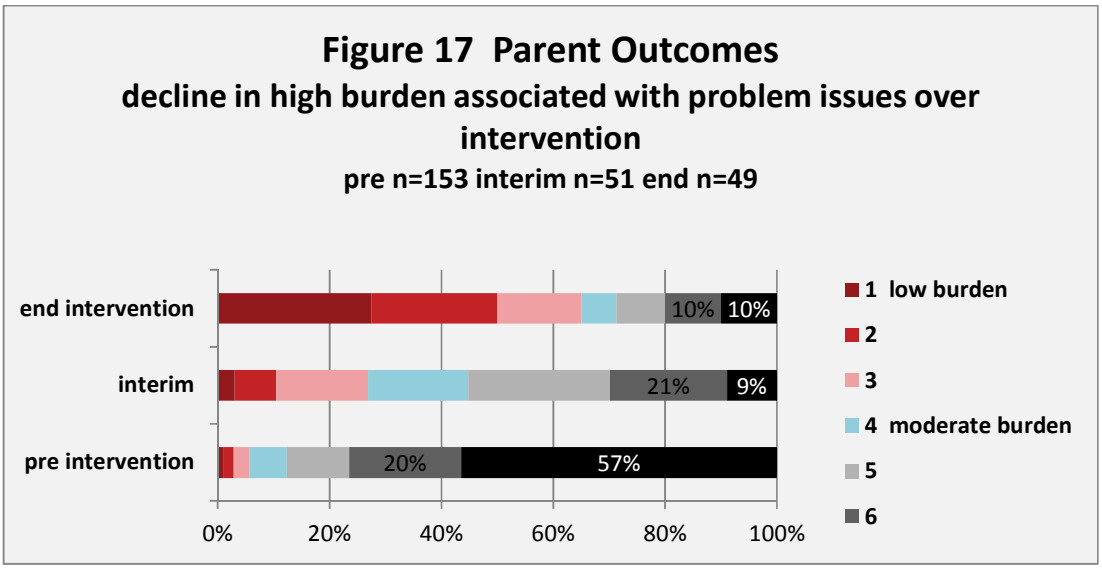
	pre intervention	interim	Effect *r*	end	Effect *r*
parent outcome	6.11	4.45*	0.46 (Medium)	3.07*	0.64 (Large)
child outcome	6.13	4.31*	0.51 (Large)	3.31*	0.63 (Large)
family outcome	6.08	4.46*	0.51 (Large)	3.13*	0.56 (Large)

An asterisk (*) indicates that there was a statistically significant improvement (<0.05) in Intended Outcome scores at the later data collection point compared to pre intervention scores. This means we can be very confident that the changes from pre to interim and pre to intervention end were not just due to chance. Put another way, if we were to repeat the measurements 100 times, we would expect to see similar results 95 times.

An effect size ranges from 0 to 1, with 0 as no effect and 1 a very great effect. 0.1 is considered to be small, 0.3 is considered to be medium and 0.5 is considered to be large.

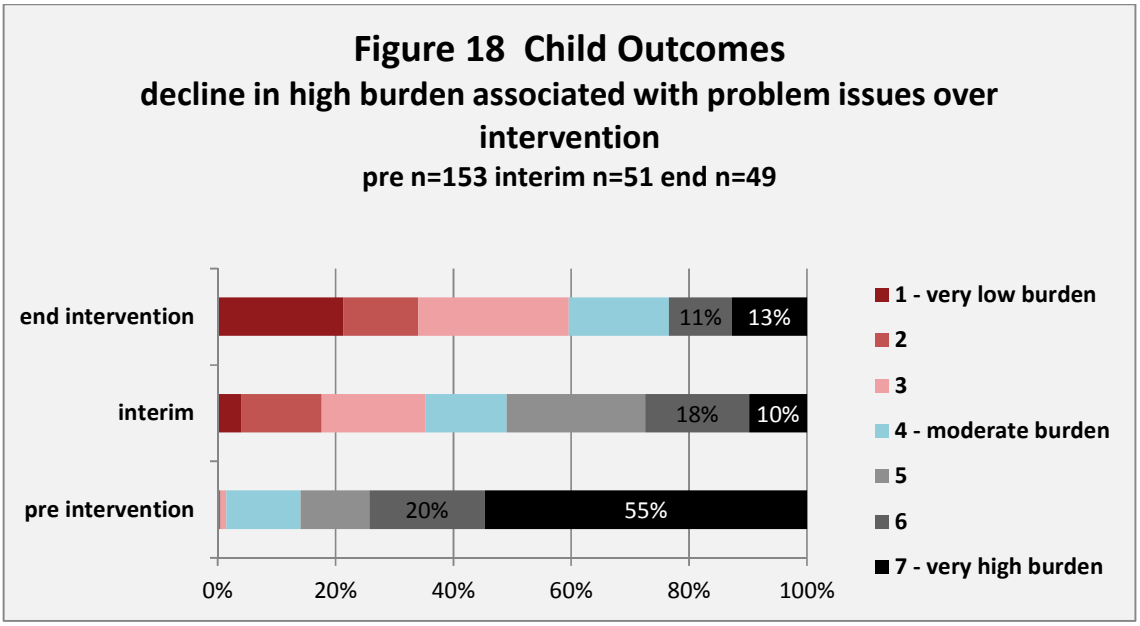


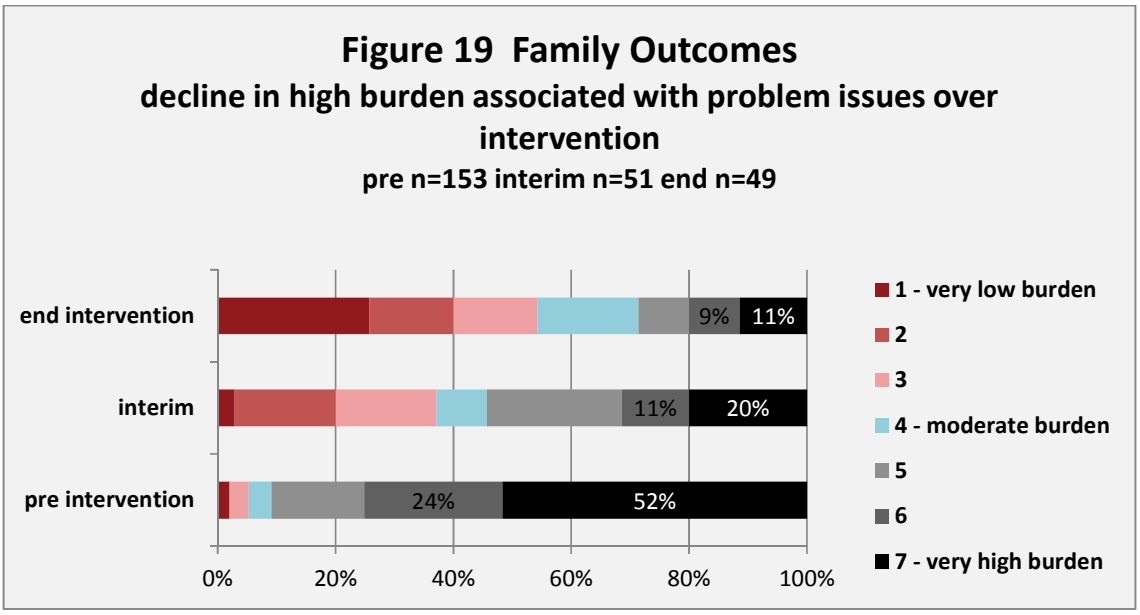
A further perspective on the change in burden of problems for parents was provided by looking at the distribution of high burden scores at the different data collection points (Figure 17). As Figure 17 indicates, 77% of parents assigned a high burden (6-7 score) for the parent-related problem they had identified. The problem remained at this high burden level for a much lower proportion of parents (9-10%) at the later assessment. Consistent progress on the parent problem appears to have been achieved, with a reduction of high burden scores from a starting point of 77% to an end point of 20%. In other words, on average eight out of ten of parents who identified a high burden problem at the start of befriending no longer did so by the end of the intervention.



A similar, if slightly less dramatic, decrease was revealed in the data on child and family outcomes (Figure 18, Figure 19 respectively). The proportion of high burden child problems decreased from 77% to 24%, and family problems from 76% to 20%. In other words, on average seven out of ten of parents who identified a high burden child or family problem at the start of befriending no longer did so by the end of the intervention.

All three problem areas – parent, child and family – demonstrated a marked decline in high burden over the course of the intervention. On average parent's problems were getting better and fewer parents were continuing to experience acute difficulties.





The intended outcome data was useful in analysing general improvements in problem areas. Although parents' intended outcomes identified specific problems these were often loosely defined e.g. improved relationship with son, rather than offering an in depth account of the problem. To gain further information on the type of problems that underwent change we turned to analysis of the SDQ and TOPSE measures. These measures were particularly useful because they analyse different problem areas within the spectrum of problems identified by parents. Using SDQ data to analyse assessments of children's behaviour we were able to examine progress in the four negative areas (emotional symptoms, conduct problems, hyperactivity and peer problems), as well as a combined 'Total Difficulties' score (summing the scores from the negative areas). We were also able to examine progress in the one positive area (prosocial). Low response rates at the post intervention data collection point (3-6 months after the end of the intervention) meant we were unable to include this data in the analysis. We were therefore unable to investigate whether improvements identified had been maintained after the intervention.

As with Intended Outcomes scores, for the purposes of analysing mean SDQ scores we used paired samples. This meant that only cases that were completed at both the pre and the end data collection point were included in the samples analysed.

SDQ data was collected from 27 of the 144 parents who received befriending. This relatively small sample meant that we treated findings with caution. We could not assume that the data collected was representative of the intervention group as whole. It may have been the case, for example, that those parents who did not complete the SDQ assessment at the end of the intervention had less beneficial results than the parents who did.

Comparing the mean Total Difficulties scores at pre-intervention and intervention end showed improvement over the duration of the project (Table 3, Figure 20). Scores reduced

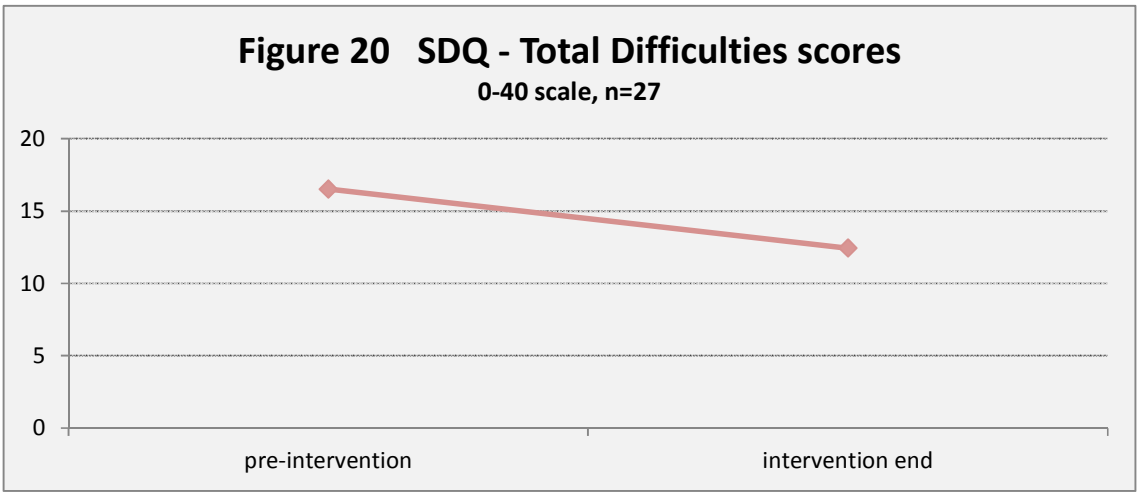
from 17 to 12 (out of a maximum of 40) over the duration of the project. This change was statistically significant and was measured as a small effect size (Table 6). Two thirds (67%) of cases recorded an improvement in Total Difficulties score over the course of the intervention.

Table 6 SDQ Total Difficulties mean scores (n=27)

pre-intervention	intervention end	Effect *r*
16.52	12.44*	0.22 (Small)

An asterisk (*) indicates that there was a statistically significant improvement (<0.05) at the intervention end compared to pre intervention. This means we can be very confident that the change from pre to intervention end was not just due to chance. Put another way, if we were to repeat the measurements 100 times, we would expect to see similar results 95 times.

An effect size ranges from 0 to 1, with 0 as no effect and 1 a very great effect. 0.1 is considered to be small, 0.3 is considered to be medium and 0.5 is considered to be large.

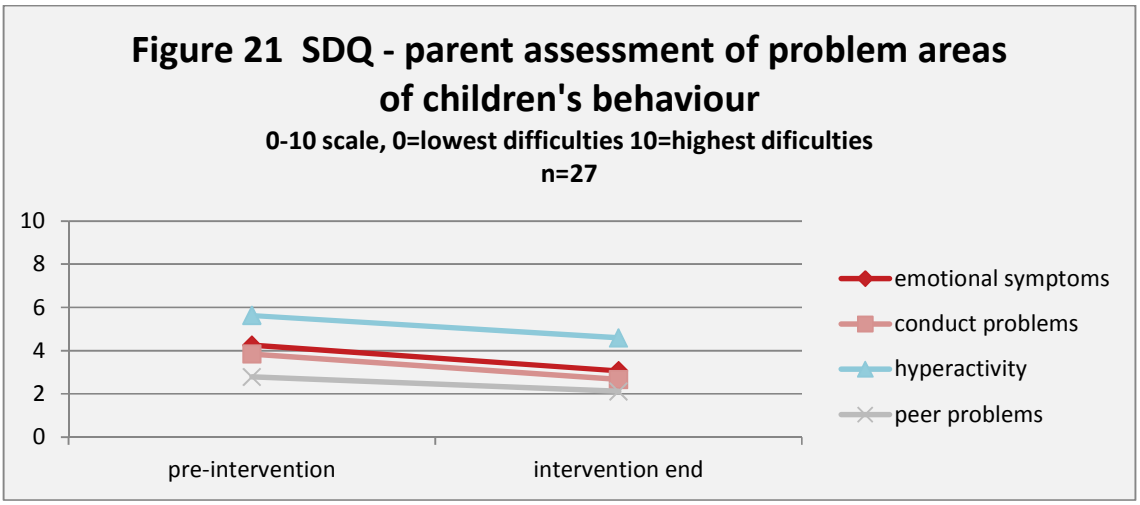


Analysis of the individual problem areas of children's behaviour showed small but consistent improvement over the course of the intervention. Change in scores for the 'emotional symptoms' and 'peer problems' categories, however, were not statistically significant. The largest effect size registered was 'conduct problems' at 0.23 (Figure 21, Table 7).

Table 7 SDQ mean scores for problem areas of children's behaviour (n=27)

	pre-intervention	intervention end	Effect *r*
emotional symptoms	4.26	3.07	0.17 (Small)
conduct problems	3.85	2.67*	0.23 (Small)
hyperactivity	5.63	4.59*	0.19 (Small)
peer problems	2.78	2.11	0.15 (Small)

An asterisk (*) indicates that there was a statistically significant improvement (<0.05) in Intended Outcome scores at the later data collection point compared to pre intervention scores. This means we can be very confident that the changes from pre to interim and pre to intervention end are not just due to chance. Put another way, if we were to repeat the measurements 100 times, we would expect to see similar results 95 times.
An effect size ranges from 0 to 1, with 0 as no effect and 1 a very great effect. 0.1 is considered to be small, 0.3 is considered to be medium and 0.5 is considered to be large.

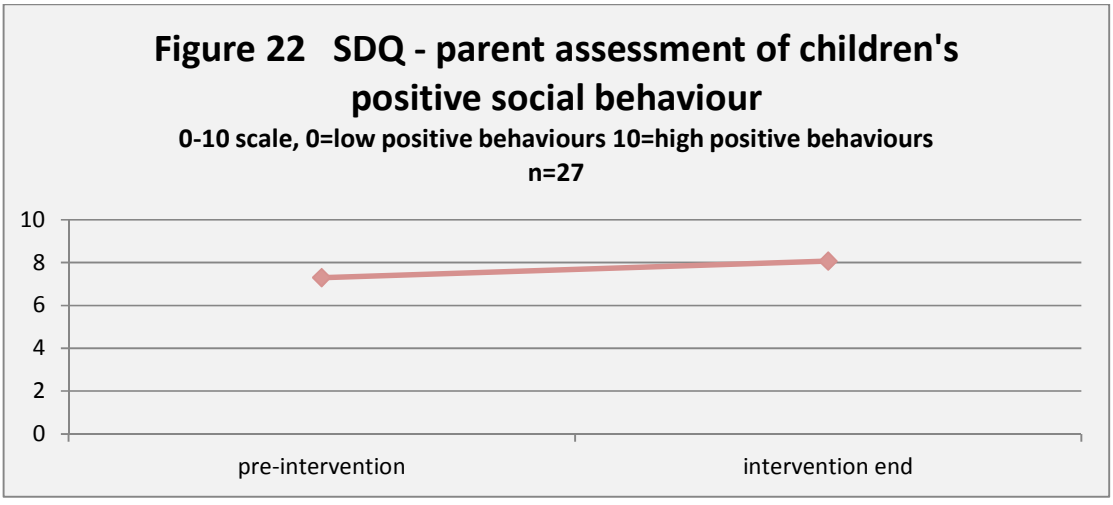


Analysis of the SDQ prosocial behaviour area showed slight improvement over the duration of the intervention, increasing from a mean of 7.3 to 8.1 (Figure 22, Table 8).

Table 8 SDQ Prosocial mean scores (n=27)

pre-intervention	intervention end	Effect *r*
7.3	8.07*	0.16 (Small)

An asterisk (*) indicates that there was a statistically significant improvement (<0.05) in Intended Outcome scores at the later data collection point compared to pre intervention scores. This means we can be very confident that the changes from pre to intervention end are not just due to chance. Put another way, if we were to repeat the measurements 100 times, we would expect to see similar results 95 times.
An effect size ranges from 0 to 1, with 0 as no effect and 1 a very great effect. 0.1 is considered to be small, 0.3 is considered to be medium and 0.5 is considered to be large.



As a validated measure SDQ scores can be grouped for each behavioural area into 'normal', 'borderline' or 'abnormal' clinical categories. Comparing the distribution of these categories for each behavioural area at the pre and end intervention point provided additional insight on progress achieved. Looking at each behavioural area in turn, data revealed consistent reduction in the proportion of children placed in the 'abnormal'

category (Figures 23 – 28). Particularly high reductions were experienced in hyperactivity 38% (Figure 24), conduct problems 36% (Figure 23), and peer problems 30% (Figure 25).

Figure 23 SDQ children's Emotional symptoms by clinical category

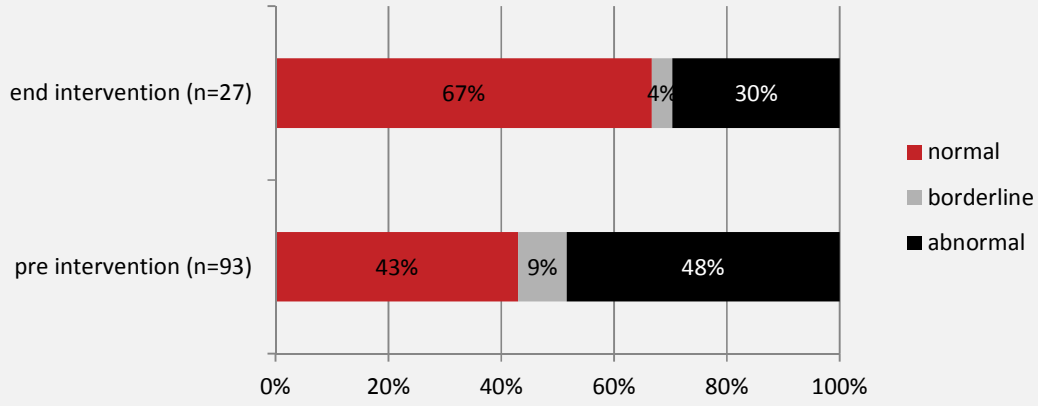
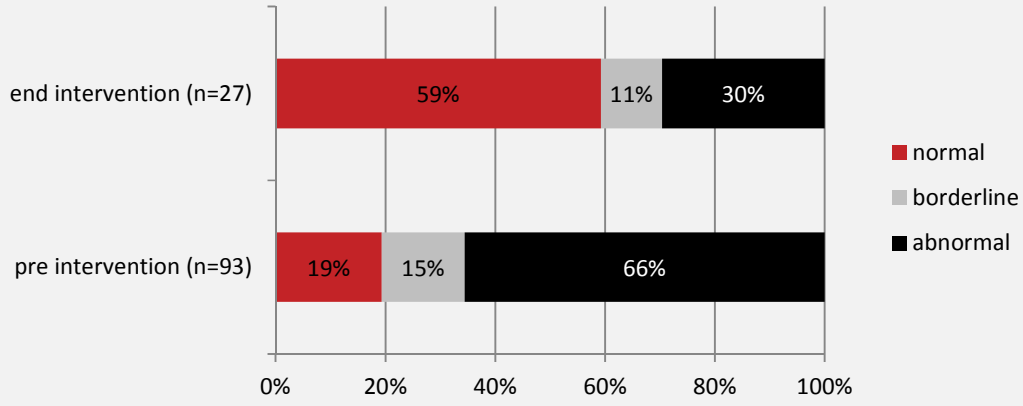


Figure 24 SDQ children's Conduct Problems by clinical category



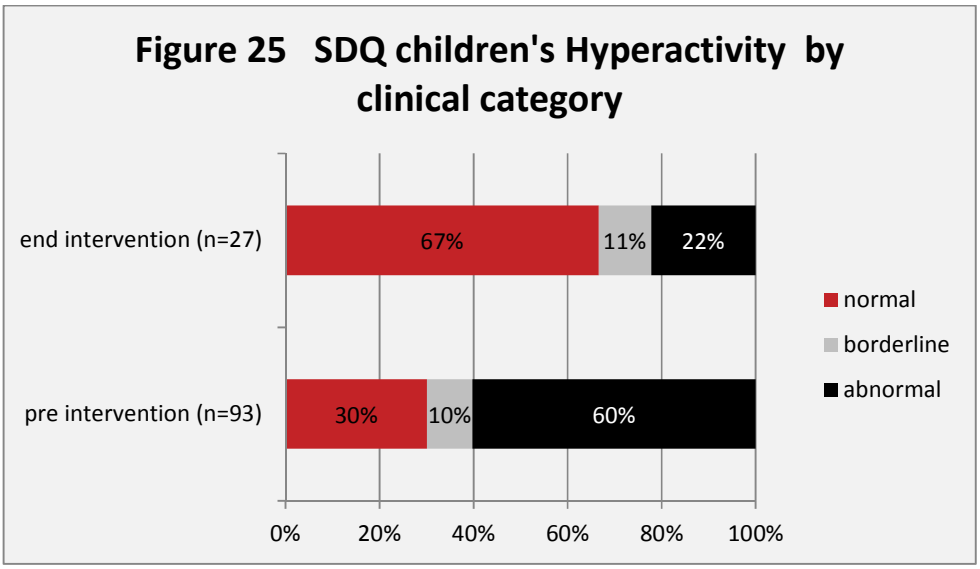


Figure 25 SDQ children's Hyperactivity by clinical category
end intervention (n=27)
pre intervention (n=93)
67%
11%
22%
30%
10%
60%
0%
20%
40%
60%
80%
100%
normal
borderline
abnormal

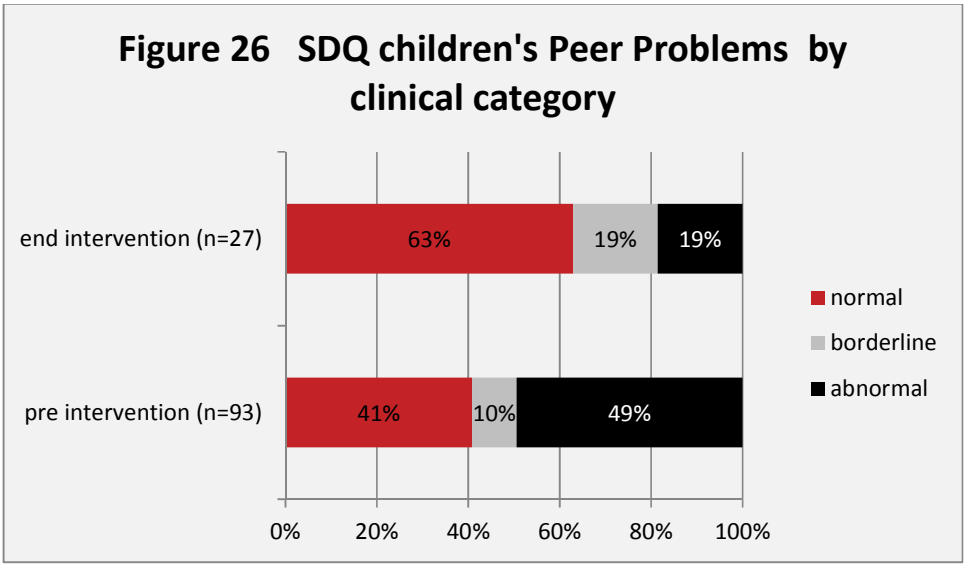
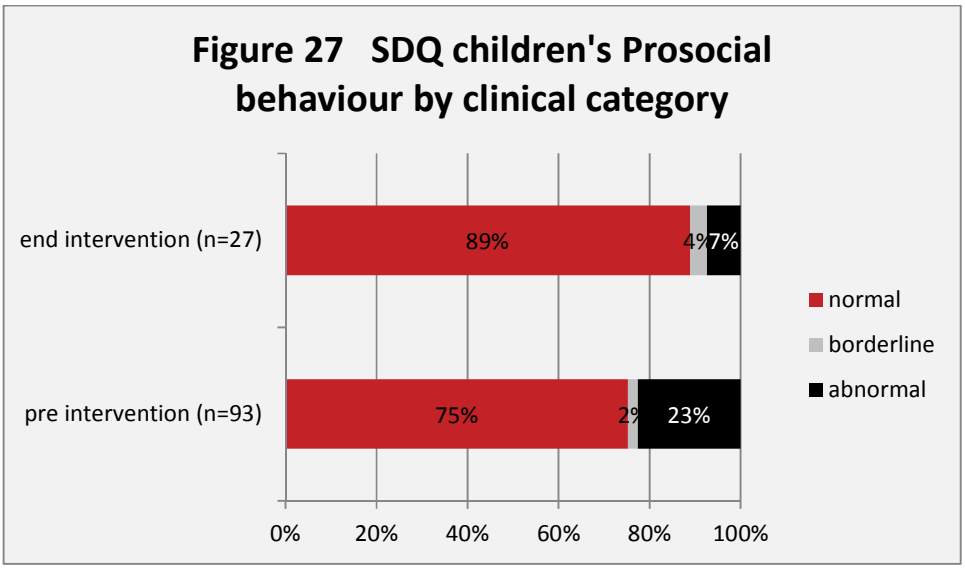
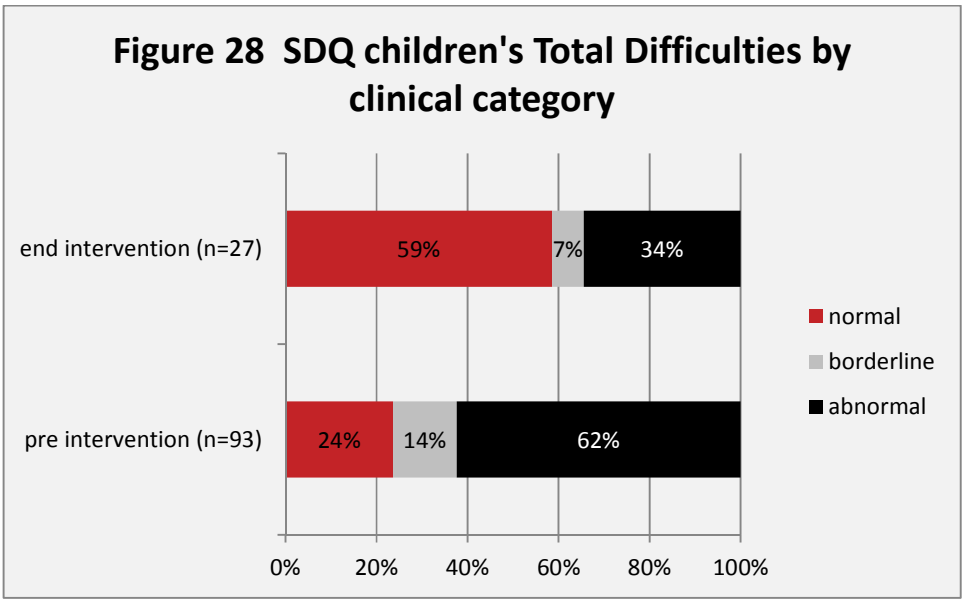
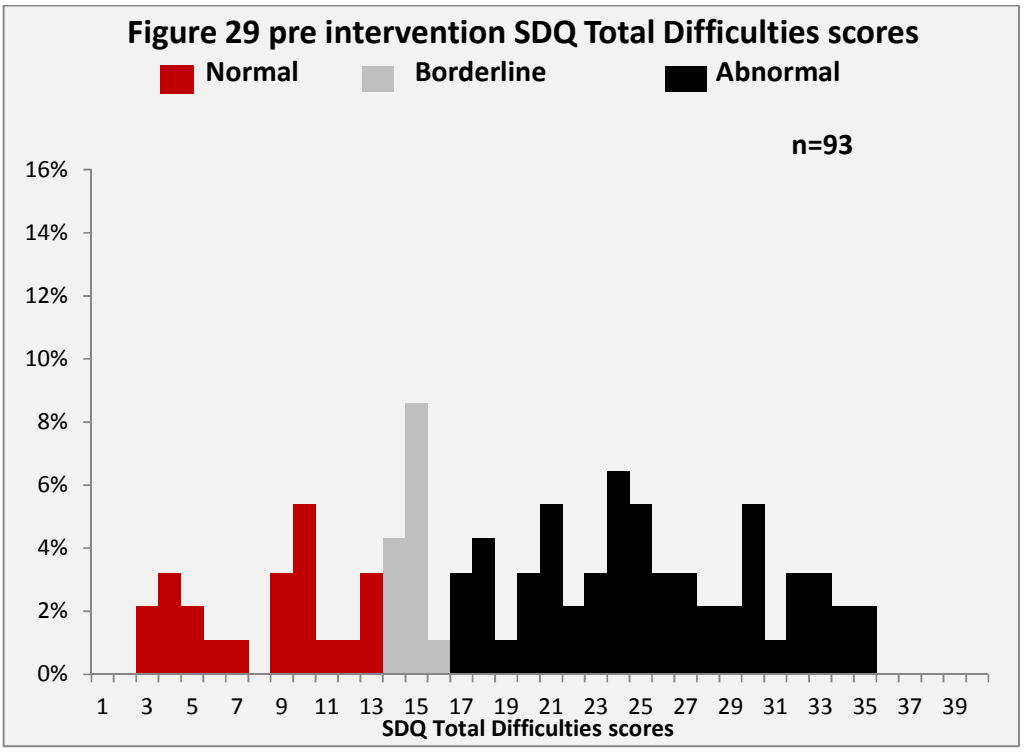


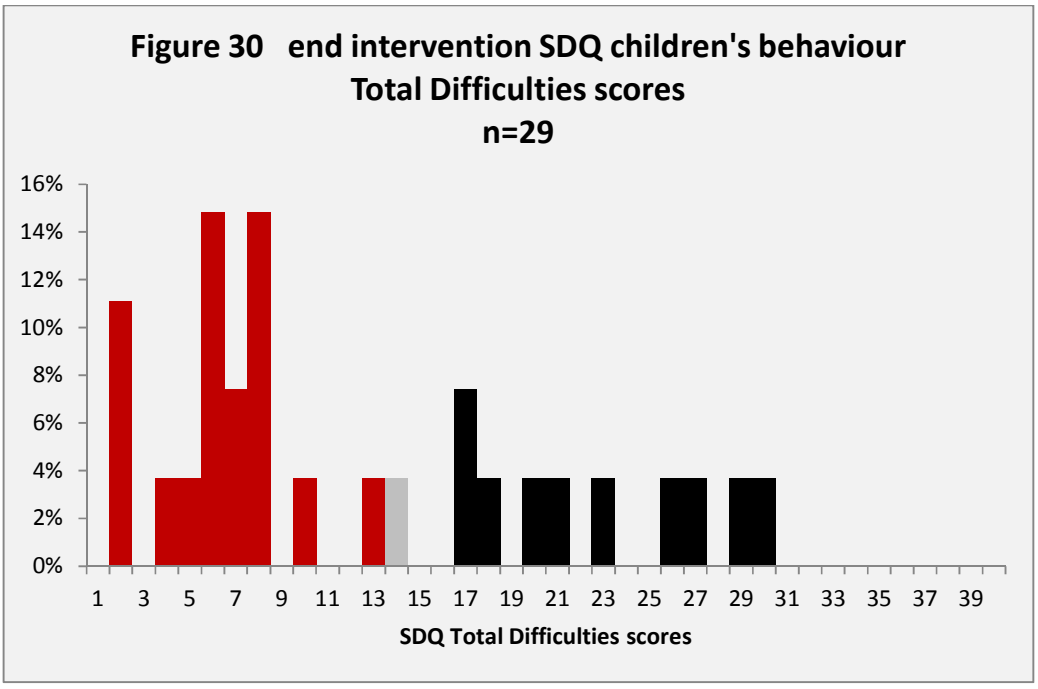
Figure 26 SDQ children's Peer Problems by clinical category
end intervention (n=27)
pre intervention (n=93)
63%
19%
19%
41%
10%
49%
0%
20%
40%
60%
80%
100%
normal
borderline
abnormal





Another means of analysing the extent of change using SDQ is to compare the distribution of scores on the 0 – 40 scale over the course of the intervention. Figure 29 and Figure 30 use comparable axes to allow a visual comparison of the spread of scores at the pre and end intervention points. Comparing the two charts reveals a leftward shift away from the 'abnormal' threshold with fewer high scores and more scores in the 'normal' range.





Review of the TOPSE scores allowed us to analyse parent's perception of their own efficacy in dealing with these problems. The fact that SDQ scores suggested that children were

suffering less from behavioural problems after the intervention did not mean that parents were feeling better equipped to cope with these problems.

As with the other outcome data, for the purposes of analysing mean TOPSE scores we used paired samples. This meant that only cases that were completed at both the pre and the end data collection point were included in the samples analysed.

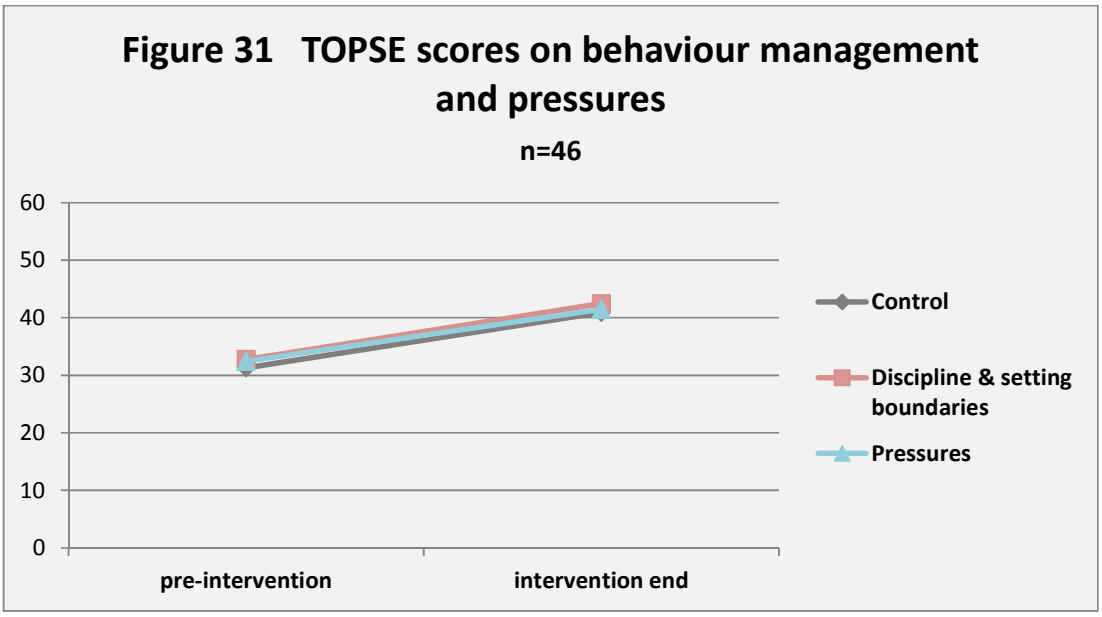
TOPSE data from both data collection points was collected from 46 of the 144 parents who received befriending. This relatively small sample meant we needed to treat findings with appropriate caution. As with the other outcome data we could not assume that the data collected was representative of the intervention group as whole.

Analysis of the TOPSE scores showed improvement on all the eight parenting qualities. There was marked improvement, however, in the three areas related to behaviour management and pressures – Control, Discipline and setting boundaries and Pressures. Examining the change in mean scores in these three areas (Table 9, Figure 31) we saw lower starting points (31, 33, 32, respectively) indicating that parents started befriending with low estimations of their competence in these areas. These scores showed substantial improvement at the end of befriending, rising to the low 40s. These changes were all statistically significant and were measured as a medium effect size (Table 9).

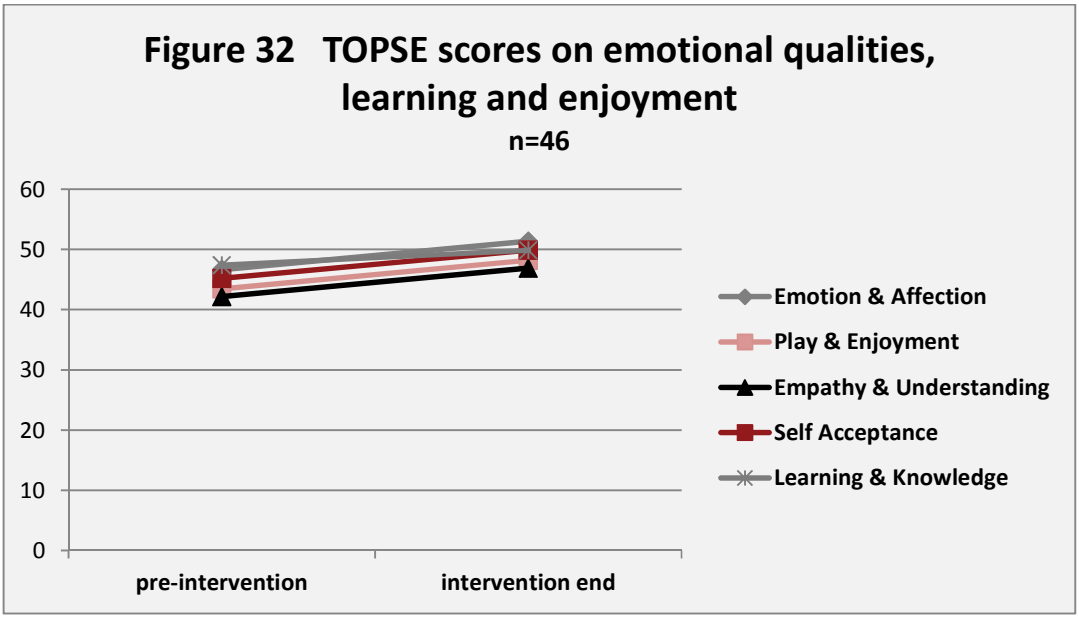
Table 9 TOPSE mean scores for areas of parenting efficacy (n=46)

	pre-intervention	intervention end	Effect *r*
Control	31	41*	0.36 (Medium)
Pressures	32	41*	0.39 (Medium)
Discipline & setting boundaries	33	42*	0.37 (Medium)
Learning & Knowledge	47	50	0.11 (Small)
Empathy & Understanding	42	47*	0.22 (Small)
Play & Enjoyment	43	48*	0.20 (Small)
Emotion & Affection	47	51*	0.24 (Small)
Self Acceptance	45	50*	0.23 (Small)

An asterisk (*) indicates that there was a statistically significant improvement (<0.05) in TOPSE scores at the intervention end point compared to pre intervention scores. This means we can be very confident that the changes from pre to interim and pre to intervention end are not just due to chance. Put another way, if we were to repeat the measurements 100 times, we would expect to see similar results 95 times.
An effect size ranges from 0 to 1, with 0 as no effect and 1 a very great effect. 0.1 is considered to be small, 0.3 is considered to be medium and 0.5 is considered to be large.



As Figure 32 illustrates, more modest gains were achieved on TOPSE scores for emotional qualities, and learning and enjoyment. Means scores rose between 3 and 5 points between the start and end of the intervention.



The picture gained from these findings is one of overall gains in parenting competencies. Particularly strong gains appear to have been experienced by parents in dealing with behaviour management and feeling in control. Interviews with volunteers and parents gave further support to this suggestion that parents made particularly strong gains on issues of

managing children's behaviour and the feelings of stress and coping that were often related to these problems. Reports suggested that befriending relationships were very effective in equipping parents with these skills and facilitating behavioural changes. This was an area of practical learning and change that parents were particularly receptive to even in situations where there were multiple pressures and progress in other areas was difficult.

While issues of behavioural management and stress were particularly fruitful areas of work for befriending relationships, other more psychological-related issues proved more resistant to change. Problems that were rooted in emotional problems on the part of the parent or the child were much more difficult for the volunteer to properly address through the befriending relationship. These difficulties were perhaps borne out by the small improvements in TOPSE scores from start to end in emotional-related parenting qualities. Emotion and Affection increased by 4, Empathy and Understanding by 5 and Self Acceptance by 5, compared to the increase by 10 of the Control score.

5.3 Parent case studies

N.B. All names in the case studies have been changed to ensure anonymity.

Louise

Louise was a single mother with two young boys, Jason aged 8, and a two year old toddler, Stanley. Louise and her children had experienced domestic violence from children's father and she was now separated from him. Her oldest son had suffered emotional difficulties possibly as the result of a troubled relationship with his father. He had recently been referred for assessment for Autistic Spectrum Disorders due to disruptive behaviour at school. He had been unsettled at school and had changed school twice. Her younger son suffered from medically diagnosed Depression and Obsessive Compulsive Disorder (OCD).

Louise was isolated and depressed prior to her referral. She had been struggling with emotions since the death of her mother the previous year who had given a lot of support with the children. She also experienced difficulties dealing with the behaviour of her children, particularly her oldest child, and often felt unable to cope as a result. Louise sought support with parenting, initially for her older child because of the difficulties he was having at school, but also to manage her children's behaviour generally in the aftermath of her previous abusive relationship. She was referred through her local Sure Start to Family Lives for befriending support.

> *"Things had been difficult to cope with before I met Alec [the befriending volunteer]. My son was acting up and I was in a pretty bad emotional state. Alec's support made me feel more confident and helped me be a bit more thinking in my behaviour with the kids."*

Louise met with a Family Lives worker and asked to be matched with a male befriender because she felt that a male role model would be helpful for her children and that she wanted some "authority"

in her household where she felt things had become difficult to cope with. Family Lives matched Louise with a male volunteer called Alec and a befriending relationship between them lasted for nearly 12 months. After initially meeting weekly they met either weekly or fortnightly with the volunteer visiting Louise in her home.

Louise immediately got on well with Alec and warmed to his willingness to empathise with her situation. Alec focused his support on attempting to build Louise's confidence regarding parenting and relationships and also identifying problems areas regarding children's behaviour and routines in the house. With Alec's help, Louise was able to identify recurring problem behaviours and explore practical solutions. The conversations with Alec helped her to set consistent boundaries for her children and learn to communicate more effectively with them. Louise also learned techniques for coping with stressful situations without losing her temper. Encouraged by Alec, Louise implemented more regular bedtimes and mealtime routines for the family and she also started planning her own daily routine to enable her to have more 'me' time.

Overall, the befriending relationship helped Louise to manage the family better and stabilise a situation that had previously been overwhelming. Alec's support had helped her get control of the situation by equipping her with strategies for dealing with issues which in turn helped her feel more confident about her overall parenting abilities. Louise described Alec's support as providing the "missing jigsaw piece" in her life helping her find the composure and confidence to assess her situation and take steps to improve things. Alec had been "a brick", she explained, whose support had helped her "fill a big gap".

Louise's initial SDQ assessment of her eldest son's behaviour showed abnormal scores in the Emotional, Hyperactivity and Peer problems areas. The assessment at the end of the intervention produced lower scores in all of these areas with Emotional and Peer problems scores dropping below the abnormal threshold. These findings support the parent's and volunteer's account of changes, suggesting that her son's behaviour stabilised over the befriending period.

Dorothy

Dorothy was a single mother with learning difficulties looking after two children, Sally aged 14 and Kevin aged 12. Her parents shared custody of her children and the children had limited contact with their father due to a court order. Dorothy had experienced domestic violence in the past and had been separated from the father of her children for 10 years. In addition to her learning difficulties Dorothy had number of health problems including hearing impairment, back problems and arthritis. Her eldest child Sally was also her carer.

Both of Dorothy's children also had multiple and complex needs including learning difficulties. Her son had dyspraxia, dyslexia, asthma, eczema, learning difficulties and problems with short term memory. Her daughter had been diagnosed with dyslexia and dyspraxia.

Dorothy had been experiencing difficulties with parenting prior to her referral. She was finding it difficult to manage stress and had problems dealing with the behaviour of her children, particularly her son who was swearing and fighting a lot. Her low self-confidence meant that she often felt unable to cope. She also felt socially isolated and lacking in emotional support despite a supportive relationship from her parents. On a practical level, Dorothy wanted help communicating with her children's school about the support they needed.

Dorothy was referred by the local Multi-Agency Locality Team whom she was in touch with via the children's school. Family Lives matched Dorothy with a volunteer called Debbie. Debbie met with Dorothy over seven months meeting with her 15 times in her home.

Dorothy met with Debbie initially weekly and then fortnightly, with a break during the summer holidays. Dorothy described being "wary at first" because Debbie was a new person to her and because meetings were in her own personal space which had initially felt "weird". The relaxed nature of befriending sessions, however, quickly put Dorothy at ease. Debbie would use befriending sessions to listen to Dorothy, helping her to talk about issues and giving her suggestions on how to handle her children's behavior and deal with problems at school. Debbie helped her develop ideas and strategies on how to deal with recurring behavioral problems. For example, Debbie helped her recognize the importance of setting boundaries and with her support she implemented a more structured approach to disciplining her son.

Debbie's support helped Dorothy identify practical solutions as well as helping her to develop confidence in her parenting abilities. The introduction of a more structured approach to parenting led to better behaviour from her son. Witnessing these improvements gave Dorothy great encouragement. The change encouraged by Debbie had helped "turn her son around", she reported. Dorothy felt that Debbie had given her valuable emotional support and reassurance that she could deal with issues. Dorothy felt that unlike some practitioners Debbie didn't label her or dismiss her concerns. Instead she treated her with respect while guiding her towards making changes that could improve her situation.

"My son, Kevin, had become a real handful – often losing his temper and getting aggressive…Conversations with Debbie [the befriending volunteer] helped me to see things more clearly… I think I'm much calmer now. I know how to react to situations without losing my temper."

Dorothy's relationship with Debbie had also helped her to improve her communication with the children's schools. Her improved self-confidence made her more comfortable attending school meetings and more assertive about raising her concerns and getting her children's needs met. Dorothy was grateful for the help Debbie had provided by helping her children change school and securing places in a school with better

support for children with special needs. Dorothy was currently developing good rapport with teachers and staff at the new school.

Dorothy's initial SDQ assessment of her son's behaviour produced abnormal scores for all behavioural areas, with particularly high scores for Hyperactivity (10) and Emotional symptoms (9), and a Total Difficulties score of 29 (40 maximum). Scores for Emotional symptoms (3), Peer problems (2) and Total Difficulties (20) showed substantial improvement at the end of intervention assessment.

Comparison of Dorothy's TOPSE assessment of parenting efficacy, showed strong improvement in Discipline and boundaries (15 point increase, 37% on scale), Pressures (16 points increase, 40% on scale) and Self Acceptance (10 point increase, 25% on scale). These findings support the reports from parent and volunteer that the children's behaviour had improved and that Dorothy felt more confident about her ability to cope.

Julie

Julie was a young mother of two children, a baby son and a three year old daughter. She had been in a troubled relationship with the father of her children and been subject to domestic violence. Social services had removed her eldest son from her care in the previous year. At the time of referral she was a single parent caring for her second child, a baby daughter, living with a foster family. Her major concern at the time was contesting the recommendation of social services to remove her daughter from her care. In addition she was experiencing difficulties with her foster carer who she felt was unsympathetic to her situation.

Lacking in family support and friends in the area, Julie wanted emotional and practical support during this difficult period. Julie was referred to Family Lives via the local Children's Centre when she enquired about parenting courses. Family Lives matched Julie with a volunteer called Caroline and a befriending relationship between them lasted for seven months. They met fortnightly over this period with the volunteer usually meeting Julie at a community centre.

Julie got on well with Caroline at their first meeting. Julie liked the fact that Caroline had children of her own and could therefore relate to her experiences. Caroline showed sensitivity in developing the relationship allowing Julie the opportunity to do things at her own pace. Julie came to trust Caroline and felt she understood her needs. She responded well to Caroline's availability to talk on the phone between meetings.

"I was very isolated and wanted someone who I could turn to for advice and a bit of personal support. Caroline [the befriending volunteer] helped me to take some positive steps to prove I could be a good parent…She got me to believe in myself and think that I was capable of looking after my daughter."

A strong relationship developed between Julie and Caroline. Julie described Caroline as like a friend, "someone I can trust and call on when I need support". Caroline's support focused on giving Julie practical support in boosting her parenting skills and helping her negotiate with social services and the courts over the care of her children. Caroline helped Julie complete the Triple P parenting course, doing the course herself so she could support Julie. She also signposted her to local organisations which provided her with support for her court case. Alongside this practical support, Caroline used their conversations to build her parenting skills giving her practical tools as well as instilling a belief that she was capable of being a responsible parent.

Julie's son was adopted some months into the befriending relationship. Her struggle to retain care of her daughter, however, was successful. Julie moved into her own home with her a short while later with her daughter under a child protection plan. Julie was convinced that Caroline's support had been invaluable in achieving this goal. "She got me to believe in myself and think that I was capable of looking after my daughter" she reported. Caroline clearly helped Julie acquire a determination to take the initiative and try to shape events rather than be defined by them.

Caroline reported that Julie had made important progress. She had taken positive steps toward building her parenting skills and developing stronger self-confidence. Julie would continue to need supervision and support as a single mother but her situation had been stabilised.

Julie's scores from the outcome measurements provided further evidence of her improved confidence and parenting skills over the course of befriending. Her self-defined Intended Outcomes relating to her parenting abilities showed improvement, with 'concerns over my parenting' reduced from 7 to 5. Her TOPSE assessment of parenting efficacy also generally showed improvement across the different areas. Substantial improvement was achieved in Discipline and boundaries (30 points increased, 75% of scale), Control (29 points increased, 73% of scale) and Self Acceptance (18 points increased), 45% of scale).

5.4 Volunteer outcomes

With the delivery of befriending entirely dependent on volunteers it was important for the project that the volunteering experience was a positive one. The original model description for the project stated that working as a befriender should be a rewarding experience providing the volunteer with an opportunity to gain skills, experience and engage with the local community. Family Lives took this responsibility seriously by providing effective support and training for volunteers, offering an OCN befriending qualification and providing advice on careers and work opportunities. Reports from volunteers indicated that the support and opportunities offered by Family Lives had been effective and had met their needs.

Feedback from sites suggested that a number of volunteers did secure paid employment in family support-related jobs after volunteering in the project[17]. However, in general, volunteers' assessment of their experience was only marginally influenced by concerns regarding career progression. Only 15% of volunteers had indicated they had been motivated by career interests to volunteer for the project so it is not surprising that they often highlighted other issues when asked for feedback about their experience.

For most volunteers the satisfaction gained from befriending lay not as a means to another end but as an end in itself. Volunteers gained great satisfaction from mastering the skills of befriending and seeing the benefits it could bring in its application. Volunteers widely acknowledged the quality of the therapeutic 'toolkit' taught in training. They felt it was a powerful approach that could help parents understand family dynamics, build confidence and facilitate change. As one volunteer said, "The focus on listening rather than instructing seemed a really useful way of giving parents the space to explore issues and discover solutions."

"Volunteering for Family Lives has given me a great opportunity to be of service to families in a way that has benefited both the family and myself. It has helped me see the importance of just listening to others, showing them empathy and being there for families in times of difficulty and transition"

Further, volunteers gained satisfaction from deploying the approach and seeing the benefits it brought to families. Being instrumental to facilitating change for families was a major source of personal satisfaction for volunteers. A volunteer reported, "It was great to see that 'light' come on when the parent suddenly really understood the situation."

Finally, volunteers felt empowered in their delivery of befriending. They took pride in their ability to use the approach successfully and developed self-confidence in their own abilities as a result. "It really feels good to know you are helping others and at the same time you are helping yourself," one volunteer commented, "you feel much better and empowered at different levels."

Survey responses from volunteers echoed these sentiments. A large majority of respondents (90%) said that the INI volunteering experience had met their expectations and 90% thought their skills had been well used[18]. Respondents were also largely positive when assessing the efficacy of their befriending. Three quarters (76%) felt that their support had improved children's outcomes and 80% that parents and families had valued

[17] The lack of monitoring of volunteers post-INI meant we were unable to provide detailed information on experiences of volunteers after involvement. However, reports from the sites indicated that about 20 volunteers went on to either related employment or training/study. Over a third of volunteers (39%) said that their job prospects had increased greatly as a result of their involvement.

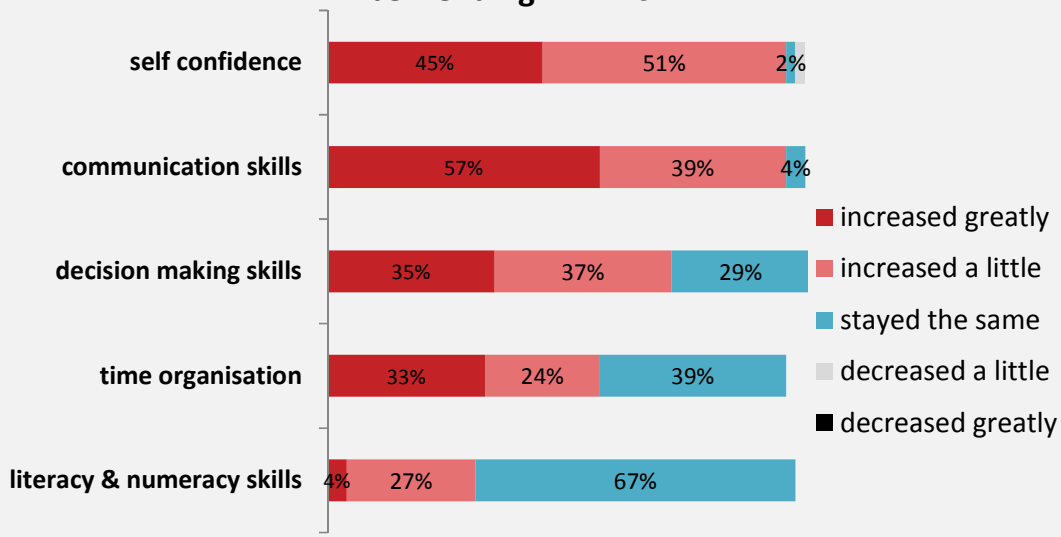
[18] The quantitative findings on the volunteer experience were based on responses from the 52 (70%) of the 74 befriending volunteers who completed the Volunteer exit survey.

their support. Finally, a sense of improved confidence and a willingness to put these skills to further use was evident in the 90% of respondents who felt more confident about providing informal peer support and the 71% who thought they would provide this type of support after INI.

After their experience befriending with INI most volunteers clearly felt confident about using this approach and many expected to continue using it. The fact that nearly three quarters of volunteers (71%) expected to use it in some way after their involvement is an indication of both the affinity of volunteers to the approach and the likelihood of an on-going legacy of informal peer support within the community after INI. By sowing a seed that leads to further peer support within local communities the project may well be successful in achieving its original aim of building local capacity regarding parent peer support.

Volunteers were also enthusiastic about the personal skills they had gained through befriending (Figure 33). Beyond personal satisfaction, volunteers reported that they had gained a number of soft skills which would be useful to them. Consistent with the widespread feeling of empowerment mentioned above, nearly all volunteers (96%) reported that their self-confidence had increased as a result of involvement (Figure 33). Another soft skill related to the therapeutic approach used in befriending, communication, was also consistently reported as impacted with 96% of respondents saying it had increased as a result of involvement. Overall, volunteers widely confirmed that befriending had positively impacted their ability to relate to others and problem-solve, skills they were likely to find of value in their own personal relationships as well as in a work environment.

Figure 33 personal skills gained by volunteers through befriending n=52



6 Cost effectiveness

Chapter 6: Summary

- INI delivery costs per supported family were comparable to another volunteer-based family support project and to other peer family support programmes.
- Average operational cost of INI per parent befriended was £2,245
- Cost-benefit analysis based on improved children's behaviour projected a long term return on investment of £1.31 for every £1 invested.

6.1 Operational costs

The delivery model outlined an ambitious plan of work for the two year project which included development and implementation of the befriending model, practitioner engagement and mass media campaigning. Key features of befriending model meant that setting up the project involved considerable planning and the careful design of new systems. The INI model of providing support via volunteers in the home presented a particular challenge in terms of risk management. Volunteer selection and training had to be well managed to ensure the quality of befriending and that professional boundaries were not compromised. Also, supervision systems needed to be robust to protect volunteers against the risk involved with meeting in the home and the possible disclosure of high risk issues. New systems had to be developed to ensure proper management of these sensitive issues.

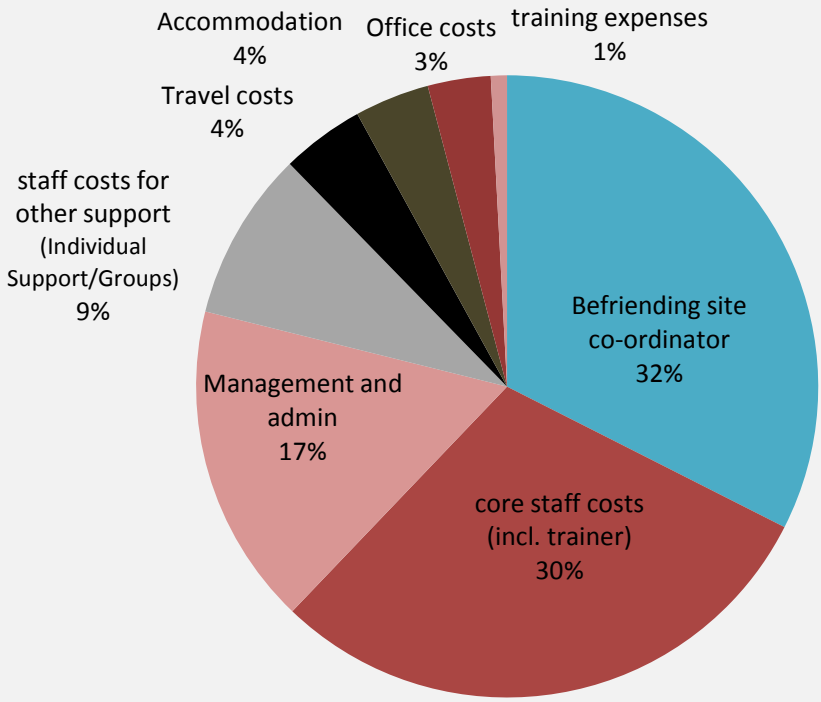
The first year of the project was dedicated to setting up this infrastructure and enabling the local sites. Activities undertaken in this period included recruitment of staff, assigning roles and designing and testing supervision systems, volunteer safety procedures, volunteer training and set-up of best practice recruitment systems. Also, the first volunteers were recruited and began training and engagement with practitioners was undertaken to establish local referral relationships.

The complexity involved in developing this infrastructure meant start-up costs incurred over the first year were substantial. Costs of £272,470 were dedicated to project development in the first year start-up period representing nearly half (44%) of total costs for the entire project.

With the project in full operation from April 2012 until March 2013 we saw total costs in this period of £350,613. Project coordination and development costs were £29,308 representing a much smaller proportion of total costs (8%) than during the start-up phase. Nearly 80% of costs in this operational phase of the project were made up by the cost of site coordinators (32%), central staff (i.e. non-site including volunteer trainer costs) (30%), and general management and administration (17%) (Figure 34). The high level of management and coordination costs and, conversely, the low level of direct service delivery costs

reflected the unique nature of the volunteer-based service. Costs were concentrated on supporting volunteer befrienders rather than on the direct delivery of services to families. Volunteer-based service delivery therefore displayed a different emphasis for costed outputs than professionally-delivered services but this did not indicate a lack of attention to the quality of service delivered.

Figure 34 INI delivery costs in Year 2



6.2 Output/outcome unit costs

To gain insight into the costs of outputs and outcomes achieved by the project we calculated unit costs for both the overall project costs (gross costs) and the costs incurred during the project's fully operational phase (operational costs) April 2012 – March 2013:

- Gross project costs = £623,083
- Operational costs = £350,613

By also using a costing figure that did not include one-off start-up costs we aimed to identify a cost that more accurately captured routine delivery per annum.

The average cost for key outputs for the project – befriending hour, befriending session and per parent befriended – are displayed in Table 10.

Table 10 output unit cost

	Gross cost	Operational cost
cost per befriending hour	£487	£274
cost per befriending session	£845	£476
cost per parent befriended	£4,327	£2,435

To measure the cost effectiveness of the project regarding outcomes we calculated the average unit cost of the three outcome measurements used, Intended Outcomes, SDQ and TOPSE (Table 11 - 14). As the different measurement units were not comparable it was only possible to compare cost effectiveness within each measure and where measurement of an area used the same scale. In this regard SDQ individual behavioural areas could be compared as they all used a scale of 0 – 10 but not Total Difficulties which used a scale of 0 – 40. Intended Outcomes used a scale of 0-7 and all TOPSE measurements a scale of 0 – 60. Comparisons of cost effectiveness were therefore only possible across individual SDQ behavioural areas and across TOPSE parenting efficacy areas. Also, it is important to note that all estimates of cost effectiveness were dependent on the reliability of outcome measurement. The relatively low sample sizes used for longitudinal analysis of all the outcome measures mean that findings should be treated with appropriate caution.

The results demonstrated that among the four SDQ problem areas, Emotional behaviour was the most cost effective at £2,384 per unit of improvement (Table 13). The costs for SDQ Conduct and Hyperactivity were slightly higher at £2,866 and £2,924 respectively, and Peer Problems was considerably less cost effective at £4,201 per unit.

Results on the TOPSE areas of parenting efficacy showed much more variation on cost effectiveness reflecting the project's differing efficacy on producing improvement in these areas (Table 14). The two behaviour management-related areas, Control and Discipline and boundaries, and Pressures, were by some distance the most cost effective, at £390, £405 and £426 respectively. These figures were substantially better than the figures for the remaining parenting areas which ranged from a unit cost of £684 to £877.

Table 11 Intended Outcome unit cost

cost per unit of improvement	**Gross cost**	**Operational cost**
Intended Outcome	£564	£317

Table 12 SDQ Total Difficulties outcome unit cost

cost per unit of improvement	**Gross cost**	**Operational cost**
SDQ Total Difficulties	£800	£450

Table 13 SDQ behavioural outcome unit cost

cost per unit of improvement	**Gross cost**	**Operational cost**

SDQ Conduct	£2,866	£1,612
SDQ Emotional	£2,384	£1,342
SDQ Hyperactivity	£2,924	£1,645
SDQ Peer Problems	£4,201	£2,364
SDQ Prosocial	£3,898	£2,194

Table 14 TOPSE outcomes unit cost

cost per unit of improvement	Gross cost	Operational cost
TOPSE Emotion & affection	£812	£457
TOPSE Play & enjoyment	£684	£385
TOPSE Empathy & understanding	£657	£370
TOPSE Control	£390	£220
TOPSE Discipline & boundaries	£405	£228
TOPSE Pressures	£426	£240
TOPSE Self Acceptance	£693	£390
TOPSE Learning & knowledge	£877	£494

6.3 Cost comparison with other volunteer-led family support services

To gain further perspective on the INI unit costs we examined published costings on other volunteer-led family support services. By examining unit costs for projects that also relied on volunteers to provide family support through home visits we aimed to establish an approximate benchmark against which the INI performance could be compared. However, the published costs obtained for other services were not sufficiently detailed to be confident we were comparing like with like. The results of cost comparisons between INI and the other services are therefore no more than indicative and should be treated with caution.

The Volunteers in Child Protection Scheme (ViCP) offered an example of a similarly volunteer-based, family/children-focused project where costings were available (Akister, 2011). The ViCP project provided support via volunteers to families with children on child protection plans. Volunteers made home visits to families and provided friendship, advice and support with the aim of helping resolve difficulties and be taken off the Child Protection Plan. The relationship between volunteer and family in ViCP was based on a similar therapeutic approach as INI befriending although the needs threshold for families in ViCP was clearly higher than for INI families. This latter difference may have translated into higher volunteer support costs (recruitment, training and supervision) compared to INI. Like INI, ViCP involved periodic home visits over a period of months until the volunteer deemed it appropriate to end the relationship. The Southend ViCP project evaluated from which costings were obtained was based on a previously piloted model and therefore did not incur project development costs. For the purposes of comparison we therefore used INI operational costs.

ViCP costs

Cost of supporting 50 families per annum = £140,000

Cost per family supported = £2,800

INI costs

Cost of supporting 144 families per annum = £350,613

Cost per family supported = £2,435

INI costs compared favourably to those of ViCP although the already mentioned higher needs of ViCP families would have been expected to incur a higher cost. Nonetheless, it was encouraging that this comparison did not find INI incurring higher unit costs than ViCP.

A study of five evidence-based parenting programmes, including Positive Parenting Program and Incredible Years, delivered to parents at home found a median cost of £2,078 (2008-2009 prices) per person (Bonin, 2011). Cost estimates provided for each programme were comprehensive and included staff costs, overheads, materials and additional items such as catering and childcare as well as the costs of training and supervision. The median figure, especially when adjusted to 2012 prices, provided further evidence that INI costs were in line with sector standards for this type of parent support.

6.4 Projected cost-benefit analysis

Cost-benefit analyses of family support projects go beyond analysis of costings and attempt to measure the savings that would have been accrued as result of the outcomes achieved. Crucially these calculations depend on robust projections of the duration of outcomes produced and evidence regarding the costs associated with the conditions avoided.

As is often the case for family support projects, it is very difficult to categorise the issues addressed for families who received INI befriending. The project clearly had an impact on soft outcomes for parents like self-confidence, self-esteem and parenting skills as well as achieving tangible benefits for the wider family like improved children's behaviour and school attendance. The fact that the project often impacts general competencies rather than specific behaviours, however, makes it difficult to specify the social services and government costs associated with problems addressed by INI.

In the case of INI these problems could be dealt with by focusing on a measured outcome that was closely related to a social problem with documented social service and government costs. Children's problem behaviour with its relationship to costs associated with health, education, crime and unemployment in later life met this criteria. If it was possible to identify the numbers of children who, as a result of the intervention, were likely to avoid the conditions associated with children diagnosed with conduct problems, it would be possible to estimate likely savings.

A cost-benefit analysis based on improving children's behaviour would clearly not capture the full value of the INI project. But this outcome was considered sufficiently central to the project's original aims and key to the outcomes identified to justify its use. The exclusive focus on children's behaviour excluded a number of valuable outcomes produced by the project, e.g. improving the mental health of parents, and was therefore likely to underestimate the project's full value.

If changes in children's behaviour satisfied the need to find an outcome that could be valued the ability to specify the impact of the INI intervention remained a challenge. First, as with all the analysis of outcomes in the evaluation, the low sample size affected the reliability of findings regarding behavioural change. The SDQ assessment, the measure used to assess behaviour outcomes, was undertaken for 27 children among the 144 families receiving the intervention. This sample size produced a confidence interval of 17 at a confidence level of 95% which meant that estimates of total numbers of children exhibiting improved behaviour would have to be revised downwards to maintain validity.

Second, in the absence of a control group it was not possible to accurately assess the extent to which the improvement in behaviour could be attributed to the intervention. Qualitative data from parents and volunteers suggested that behaviour changes were attributable to the ideas developed in the befriending discussions but other influences may have made a contribution. To take into account this possibility, attribution was estimated conservatively at 80%.

Third, without any monitoring of outcomes beyond the immediate end of the intervention it was not possible to accurately assess the longevity of behavioural changes brought about by INI. For the purpose of this exercise analysis of the impact of other UK parenting programmes was used as a proxy (Bonin, 2011). INI befriending has a different approach to delivering support to parents than the parenting programmes, including Triple P and Incredible Years, from which evidence was drawn. It is therefore possible that behavioural change outcomes that arise from INI have a higher drop-off than these other parenting programmes.

number of INI children improving their behaviour

To allow a comparison of the impact of INI we needed to quantify the behavioural changes observed in a way that was equivalent to measurements used in longitudinal child behaviour studies. It was decided to use the SDQ Total Difficulties clinical categories as a measurement of child behaviour for the intervention[19]. The threshold required as evidence of 'improvement' was for a child to move from an abnormal score at the start of the intervention to a non-abnormal score (normal or borderline) at the end of the intervention: 28% of cases demonstrated this improvement.

[19] SDQ has well established validity and reliability for identifying conduct problems in children and is comparable in its reliability to the other clinical tools such as the Child Behaviour Checklist (CBCL) (Goodman and Scott, 1999) and the Eyberg Child Behaviour Inventory (ECBI) which was used in the analysis of parent programmes by Bonin (Bonin, 2011).

The percentage figure was revised to reflect the estimate of 80% attribution for the intervention and the confidence interval for SDQ results, producing a final figure of 5.4%. Assuming each case amounted to one child this produced a total of approximately 8 children for the INI intervention.

modelling long term impact

To extrapolate these results beyond the time frame of the INI study we needed to consider evidence regarding the longevity of behavioural problems when diagnosed at a young age. Richman suggests that 50% of those showing behavioural problems at age 8 will continue to show problematic behaviours into adulthood (Richman, 1982).

We also need to consider the longevity of behavioural changes brought about by parenting interventions. Drawing on best estimates available in the literature, it is suggested that behaviour improvements are sustained in the long term for 50% of those who initially improved (Bonin,2011).

Assuming similar patterns of behaviour for INI we calculated that of the group of 8 INI 'improved' children, 4 would not have experienced persisting behavioural problems into adulthood without the intervention anyway. Of the remaining 4, 2 were likely to sustain their improvement in the long term.

INI was therefore responsible for 2 children who would demonstrate sustained improved behaviour over and above what would have happened to those children in the absence of the intervention.

Costs were calculated up to the age of 25 and assuming the intervention had taken place at an average age of eight (therefore totalling 17 years). All the costings were taken from a recent study on the long term savings of parenting programmes for the prevention of conduct disorder (Bonin, 2011).

Annual excess service costs in absence of intervention were as follows:

£2,175 NHS, Education, voluntary services, social services[20]

17 years x £2,175 = £36,975 per INI child

Studies indicate that 50% of children with early onset conduct problems go on to have persistent 'life course' problems including crime, violence, drug misuse and unemployment

[20] For the estimate of public and voluntary sector costs Bonin combines data from two Random Control Trials and includes costs related to Primary care, hospital services, special education, and social services.

(Richardson, 2002). Total excess costs related to these problems per child from the age of 10 to 25 amount to an average of £370,526[21].

Applied to both of the 2 INI children exhibiting long term change (50% of 'improved' cohort already excluded) = 2 x £370,526 = £741,052

Total crime-related costs saved by INI = £741,052

Total service costs saved by INI = 2 x £36,975 = £73,950

Total costs saved = £815,002

Gross project costs = £623,083 **1.31 return on investment**

a social return of £1.31 for every £1 invested

Operational costs = £350,613 **2.32 return on investment**

a social return of £2.32 for every £1 invested

[21] For the estimate of crime costs Bonin calculates the average marginal number of offences per person for young people with conduct problems. Unit costs for crimes were drawn from 2005 Home Office estimates uprated to 2008/09 prices using RPI.

7 Best practice and learning

Chapter 7: Summary

- Volunteers were effective in delivering high quality family support.
- Parents responded well to the informal, therapeutic 'befriending' approach.
- The befriending model was particularly effective in helping parents manage children's behaviour and in improving parent's self-confidence.

7.1 An emerging befriending model

The challenge of delivering high quality family support via volunteers

Family Lives set itself an ambitious remit in the original project design. The model proposed to draw on parenting capacity from within the community to deliver high quality support to families. The idea was that trained volunteers would provide peer support to parents working collaboratively with them to improve family outcomes. The 'befriending' relationship between volunteer and parent was proposed as an innovative but potentially effective approach to building parenting capacity for vulnerable families. The befriending volunteer "works collaboratively with parents and families," the model description stated, "allowing parents [to] be an active part of the decision-making and problem solving activities, therefore preventing escalation of problems by providing effective, personalised and client led support at the earliest opportunity" (Family Lives, 2011). In sum, the support received by parents would be delivered in person (usually in the parent's home) by non-professional volunteers.

By proposing to deliver support via non-professionals the INI model significantly departed from precedent. Most services in the sector used counsellors or qualified support workers to deliver support to parents and families. Those services that used volunteers to deliver support placed less emphasis on the therapeutic dimension of the relationship. The most well-known befriending service, Home-Start, for example, provided practical household support, e.g. help with chores, in addition to listening and mentoring. Departing from the practice of its peers, INI aimed to deliver high quality therapeutic-based support entirely on the basis of informal meetings between volunteer and parent. The innovative INI model proposed to redefine the delivery of parent and family support.

The experience of the project in practice saw INI largely fulfil these ambitions. After an extended period of development a final model was rolled-out and became fully operational in spring 2012. Once in operation INI proved itself an effective model for delivering outcomes to parents and families.

The project's key achievements were the following:

- Volunteers delivered high quality therapeutic-based support to parents.

- Parents demonstrated improvement in parenting efficacy and improved self-confidence.

- Children's behaviour showed improvement particularly regarding conduct problems.

- Volunteers found the experience highly rewarding gaining personal satisfaction as well as transferable work skills.

INI's strong performance was undergirded by a robust and high quality infrastructure. Family Lives recognised the scale of the challenge faced in the befriending model and worked diligently to define how the befriending relationship would work in practice. Among many pressing concerns was the safety of volunteers working with vulnerable families and in home settings. Family Lives invested considerable time in developing new processes and procedures surrounding the interface between volunteers and parents.

The content of the proposed befriending relationship was informed by Family Lives' experience of providing telephone support to parents via the Family Lives Helpline. Family Lives had developed a collaborative 'helping' approach for the Family Lives Helpline whereby non-professional helpers used listening to help parents to explore their needs and identify solutions to problems (Parentline Plus, 2006). Convinced of the efficacy of this approach Family Lives believed that it could inform the face-to-face model used by INI. The INI training course encouraged volunteers to incorporate this approach as a key feature of their befriending.

The INI delivery model in practice

The project produced a strong delivery system that worked effectively with practitioners and volunteers to offer a befriending service.

The experience of the project offered the following key points of learning:

- High calibre volunteers who delivered high quality befriending

The project sites received a strong response for the advertised befriending positions with a large number of applications from high calibre individuals. Most candidates remained committed during the lengthy process of interviews, checks, training and matching. Nearly three quarters (71%) of individuals who passed the interview stage went on to complete the training. Volunteers were widely enthusiastic once delivering befriending and showed an eagerness to improve their skills through professional development. Data from a number of sources suggested volunteers had invested themselves in the role and delivered high quality and effective befriending.

The ready supply of high quality volunteers across the sites confirms that it is possible to attract volunteers in diverse communities including areas of multiple deprivation.

- Efforts to establish referral relationships with practitioners had mixed success

INI had ambitions to establish strong relationships with community-based services related to health, schools, youth offending services and Children's Centres. Engagement with these services, however, had mixed results. Relationships with schools and Children's Centres were readily developed generating a large number of referrals. Reports suggested that INI resonated with these services' ethos of extended family support, early intervention and child welfare. Relationships with health, however, were more mixed. Family-oriented services – e.g. health visitors and nurses – were receptive but GPs did not readily engage. Reports suggested that the poor response of GPs may be due to a general reluctance on the part of the medical profession to recommend non-clinical treatment.

- Adequate referral numbers were received most of which fitted the 'vulnerable family' profile

The intention of the project was to make the service available to all families but to target vulnerable families when the service was oversubscribed. The demand created by referrals was generally met by the availability of volunteers and the referrals received largely fitted the vulnerable family profile. For example, 57% of parents referred were lone parent head of households. This combination of conditions meant that sites did not need to implement eligibility criteria.

It is likely that the limited awareness of family support services among practitioners and parents contributed to this particular pattern of referral supply. With many practitioners not entirely familiar with family support there may have been a tendency to only refer 'hard' cases for which practitioners could be confident this type of support was appropriate. Also, parents from vulnerable families themselves might have been to some extent self-selecting, only showing interest in befriending when they recognised the extent of their needs and/or the failure of mainstream services to respond to them.

- Importance of effective screening for parent referrals

The innovative nature of INI makes it imperative that only parents suitably disposed to a befriending relationship are put forward for befriending. Parents must understand the purpose and parameters of befriending recognising that it does not include practical support in the home and instead focuses on discussion of personal issues and problem-solving. Parents applying for befriending should be at a stage where they recognise problems and be open to candid discussion of their situation. There also has to be willingness for change on the part of the parent for befriending to have a chance of success.

Family Lives were aware of the need for this type of vetting of parents and used the pre-befriending contact (pre-visit phone call and matching meeting) to explain the nature and purpose of the service. Evidence indicated that parents who started befriending were aware of what the service entailed and were disposed to properly engaging with the process.

- Importance of matching parent and volunteer

The befriending process requires a close relationship between volunteer and parent which puts great onus on the personal dynamics between the two parties. To improve the chances of an effective relationship it is important to identify an appropriate match between volunteer and parent. Factors that were found to be important included experience of family types and situations (large families, lone parent), personality type (outgoing/shy) and ethnic background. Family Lives recognised the importance of this process and made efforts to ensure that volunteers found for parents were appropriate.

- Importance of effective safety procedures for befriending relationship

The nature of the INI befriending relationship – working with vulnerable parents, meeting in the home, discussing sensitive issues - poses a number of inherent risks. Family Lives considered these risks in detail and created a set of robust risk management procedures for INI. These included risk assessments of the home and family prior to befriending, monitoring of home visits, procedures for reporting high risk issues, and regular supervision to monitor relationships. Evidence suggested these procedures worked effectively.

How the INI model delivers outcomes

The INI model of support is premised on a therapeutic relationship between volunteer and parent. The volunteer creates an atmosphere of trust and empathy which allows the parent to talk candidly about their problems and think critically about their situation. A combination of a supportive 'friendship' and the therapeutic approach makes the relationship particularly effective. The parent feels reassured that the volunteer is there for them while the therapeutic character of the relationship encourages the parent to go beyond their comfort zone in exploring issues. As one parent described it, a befriender is "there for me like a friend but is also willing to be honest with me".

Discussions within this supportive environment help parents to open up and think afresh about family dynamics and relationships. Knowledge is developed organically through discussion where experiences are explored and meanings challenged. This process develops a more constructive understanding of the situation and leads towards the parent identifying possible solutions to problems. Critically, new understanding and strategies for change are developed by parents themselves.

This discursive process can lead to change on a number of levels:

- Trouble-shooting for practical problems where simple changes can yield results e.g. bedwetting or getting children to school on time.
- Strategies to address behavioural or relationship dynamics e.g. dealing with disputes with children, setting boundaries, imposing discipline.
- Strengthening parenting capacity generally by building confidence and self-esteem.

The mix of changes experienced by families often reflects the different situation of families and the different psychological disposition of parents. Those parents that are reasonably psychologically-able and face difficult but not overly challenging situations are likely to be helped by befriending to make behavioural changes that lead to tangible outcomes. For example, a mother struggling to get her children to school might overcome the problem by introducing a new morning routine in the house. Befriending is also likely to have helped the mother adopt a more proactive approach to parenting and improved her confidence.

Parents that face more challenging family situations and are less-psychologically able are less likely to experience this type of short term success. Befriending for these parents might help them better understand family dynamics and identify solutions to problems. It is also likely to develop their confidence. Parents are therefore better equipped to deal with issues going forward even if they did not actually achieve tangible changes during the befriending relationship.

Assessment of the performance of the project needs to take into account the challenges faced in helping vulnerable families and recognise the value of soft outcomes gained which may only realise tangible benefit in the long term. INI should be judged as much for its work in contributing to the personal resilience of parents as for the short term behavioural changes it produces.

Key outcomes achieved by INI

Given the low sample sizes of the longitudinal outcome data findings should be treated as broadly indicative rather than conclusive. Nonetheless, findings from the quantitative and qualitative data suggest some key areas of strong performance. Befriending seems to have particular efficacy in helping parents to manage children's behaviour. This seems to be an area of parenting that can be impacted by learning some key principles and techniques such as setting limits and sticking to rules. As a key feature of both volunteer training and Family Lives' supporting material managing children's behaviour was an important aspect of the support provided by INI volunteers (Family Lives, 2010). Parents responded well to befriending discussions on the subject and ideas were readily grasped by parents and translated into action. Befriending led many INI parents to adopt new approaches to managing children's behaviour with notable successes reported including among families otherwise more resistant to change.

Children's behaviour was a key area of success for the project and it seems likely that improvements in other areas, for example pressures and control, were related to progress in this area. It may be the case that progress in this area gave parents a sense of achievement that added to the momentum to an overall process of change. Having achieved some success in managing a child's behaviour, parents felt encouraged to go forward and consider change in other areas.

Another notable outcome achieved by the project was improved self-confidence of parents. Parents welcomed the opportunity to talk candidly about their situation and responded well to the therapeutic approach employed at befriending meetings. The supportive but challenging nature of befriending seems to have been effective in building confidence. Encouraged to think critically about their situation and take the initiative to improve things, befriending gave parents a belief that they could assert control. This improvement was evident even when parents were not able to translate ideas about change into action.

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Appendix 1 INI project framework

Table 2 INI aims, objectives, and outcomes

Aim	Objective	Outcome (targets in italics)
Build capacity in family support through volunteering and peer support	• Increase the capacity and capability of local individuals to provide parenting and family support through volunteering opportunities.	• Increased number of trained volunteers providing parenting and family support in a community setting: *20 trained per site, 10 befriending at once*
	• Increase the capacity and capability of local individuals to provide parenting and family support through volunteering opportunities.	• Increased skills and confidence of existing volunteers in providing parenting and family support. • Increased employment opportunities for volunteers participating in the project.
Build capacity for parents to help themselves and others	• Increase the opportunities to improve the outcomes of families including vulnerable families in need of support through volunteer-led befriending support linked to specialist, evidence-based and effective models of parenting and family support interventions.	• Increased numbers of families completing parenting programmes and other support interventions: *100 Triple P Online codes distributed.* • Increased take-up of appropriate interventions by vulnerable families through volunteer support and signposting to relevant service: *70 families take up befriending; 80 parents take up IS / ETS.*
	• Increase the opportunities for parents to improve outcomes for themselves and their families including through parent-to-parent peer support.	• Improved outcomes for vulnerable families: - Increased confidence, skills and resilience in supporting their families. - Increased skills and confidence in supporting other parents: *3 peer support groups, 12 parents in each.* - Improved well-being and mental health. - Improved outcomes for children.

Aim	Objective	Outcome (targets in italics)
Build capacity for parents to help themselves and others AND Promote awareness and knowledge of effective parent and/or family engagement	• Increase the number of appropriate referrals by key gateway practitioners to family support services and interventions.	• Increased appropriate signposting and referrals to parenting support services and interventions. • Improved referral processes between family support services: *All gateway practitioners in sites to receive INI information; each site recruits a minimum of 2 GPs, schools and health visiting teams to take part in Triple P Online referrals.*
	• Ensure a sustainable model of volunteer-led befriending parent and family support within local community settings with a focus on Children's Centres.	• Improved systems and processes within Children's Centres and community settings to support families through volunteer-led activities: *Recruit minimum 3 Children's Centres or one cluster to brief on INI and from which to provide targeted support / referrals.* • Improved skills and confidence within Children's Centres and community settings to deliver a volunteer-led befriending service to support families. • Local commissioners have increased understanding of the benefits to vulnerable families of the volunteer-led befriending model of family support. • Local commissioners would consider including befriending models in commissioning frameworks.
Promote awareness and knowledge of effective parent and/or family engagement	• Increase the knowledge and understanding of replicable best practice models of volunteer-led parent and family support by Family Lives, the DfE and local commissioners.	• Well-described replicable best practice model of volunteer-led parenting and family support.
	• Increase the sustainability of Family Lives beyond the	• Family Lives has secured additional funding to sustain on-

Aim	Objective	Outcome (targets in italics)
	time-frame of the project.	going project delivery.

Appendix 2 Evaluation fieldwork

February 2012 – March 2013

- 4 staff focus groups: Gloucester / Forest of Dean, and Nottingham
- 5 telephone interviews with project leads: Croydon, Ealing, and Hampshire
- 3 volunteer focus groups: Gloucester / Forest of Dean, and Nottingham
- 1 practitioner focus group: Gloucester / Forest of Dean
- 12 in-person parent interviews: Nottingham, Gloucester, Cheltenham, Gosport, Croydon, Ealing.
- 8 in-person volunteer interviews: Nottingham, Gloucester, Gosport and Croydon.
- 3 telephone interviews with parents: Ealing and Croydon.
- 1 interview with national project manager

Appendix 3 NHS Wiltshire health factors defining vulnerable families

Box 3 Factors proposed to define vulnerable families (NHS Wiltshire, 2011)

1. One parent family
2. Violence within the family
3. Difficulties with spoken English
4. Separation and/or divorce in last year
5. Parent(s) have learning difficulties
6. Parent(s) have literacy problems
7. Parent(s) are under 18 now
8. Parent(s) 'in care' or abused as a child
9. Children at risk of significant harm (inc. those subject to a child protection plan)
10. Three or more children within the household aged under five years
11. Has named social worker, probation officer or other equivalent professional support
12. A bereavement which is significant to the family
13. Major wage earner is unemployed
14. Low income, dependent on benefits
15. Poor housing having detrimental effect
16. In temporary accommodation
17. Three or more changes of address in last year
18. Parent(s) abuse alcohol
19. Parent(s) smoke
20. Parent(s) abuse drugs
21. Disabled or chronically sick adult within the household or close family
22. Parent has depression or other mental health illness
23. Low birthweight (only children born in the last year)
24. Previous sudden infant death (S.I.D.) in the family
25. Centiles indicate the need for extra monitoring
26. Children with special educational or medical needs
27. Developmental delay
28. Behavioural problems
29. Family affected by social isolation
30. Gypsy or Traveller family
31. Parenting difficulties
32. Failed to follow up professional recommendation to seek medical opinion
33. Parent away regularly for long periods of time
34. Child in family with active CAF