

Safe Families

Everyone deserves to belong:
how Safe Families' approach changes lives
Full report, without appendices

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Executive Summary

Everyone deserves to belong...

Safe Families exists to create relationship and connection, working on the principle that 'everyone deserves to belong'. By linking children, young people and families with local volunteers, Safe Families offers support, hope and belonging to people who would otherwise be facing life alone.

Over the last six months Sonnet and Safe Families have together explored how Safe Families meets the needs of families, and the difference that they make. Starting with looking at the needs of the families they support, and how their situations affect them, the review moved into how Safe Families make a difference, and then into who sees the gains from that, apart from the families themselves.

A well-evidenced, volunteer-led support programme started in the USA in 2003, the UK version of Safe Families was founded in 2012. It has been adapted to the UK context, and continues to develop and refine its offering, growing from an initial four Local Authorities to its current 39 across all four Home Nations. It supports families with children aged 0-18 years+ where the families are isolated and lacking the community of support from family and friends that so many enjoy but take for granted. Safe Families now has almost 5,000 volunteers from 1,100 local churches and community groups. The focus is expanding to support young people leaving Local Authority care, and parents who have had their children removed – again people frequently suffering isolation from the communities around them.

Befriending, hosting and gifts of resources...with hope, generosity and love

The support brought by the Safe Families volunteers comes in three forms, which are frequently blended into an all-round package. Families are befriended by volunteers, finding the core of a community that cares in which they belong, supporting them to stabilise their families and get on top of the parenting that they are finding so challenging. Where needed, volunteer families 'host' young people from these families for overnight stays to allow space, support and an opportunity for both family and the children to recover. This is backed up with a wider community of support from Safe Families' volunteers providing resources of time, toys and household goods, and more besides to help families to lift themselves out of the practical problems that face them.

Many organisations have values that are important. Safe Families' values are doubly so as they provide both the focus for the organisation, and the glue that unites the volunteers and the organisation around the families they support. They are:

- **Love:** Loving abundantly – supporting with hope, generosity and dignity
- **Belonging:** Building community - establishing positive relationships that bring security and connection
- **Faith:** Trusting boldly - believing in lives transformed and in a God who can do more than we can ask or imagine
- **Empowerment:** Enabling potential - confident that everyone has the ability to thrive
- **Humility:** Serving together - we know we can't do it alone, so we invest in strong, honest and honouring partnerships.

Why is Safe Families needed?

Families who are referred to Safe Families are facing three particular challenges. Each one places the family under huge pressure and compromises the wellbeing of both parents and children. Together they present a wall that they can only get over with focused and continuing support delivered flexibly and as they need it.

They are experiencing **the effects of trauma**, from past and present events. This may have come from adverse childhood experiences for parent or child, from ongoing traumatising experiences in their lives (from life events such as illness, domestic abuse, job loss, or bereavement) or from the systems around them (public services, benefit and housing systems, or interactions with hostile or dismissive local communities).

They are **isolated and have no effective support network**. This leads to practical difficulties such as not being able to make hospital appointments or sustain work through lack of childcare support, and to emotional ones. Isolated parents often feel lonely, depressed and unable to cope with the challenges they face in parenting their children and holding their families together. If they are living with traumatised children or adults the situation is worsened as they are further traumatised themselves, are less likely to seek out and engage with support, and communities around them are more reluctant to engage and support a family they don't understand.

They **struggle to access key public services** and are getting **further damaged by the systems that work around them**, both public services such as schools, benefits offices and children's services and everyday systems such as energy supply, housing and transport. While these external systems have the potential to support families, they can often be difficult to navigate, especially so for families who are traumatised by their current situations or past experiences. Often families' interactions with these systems is characterised by mutual misunderstanding, or by experiences of blame, judgment and suspicion.

These families and their children need to rebuild their confidence and find ways to navigate external systems as they regain stability and balance inside the home. That suggests three areas in which Safe Families help is needed:

- Helping the families find **safety and security** from which to build
- Helping them to develop their **skills** in a number of areas, and to gain control – **agency** – over their situations
- Helping them to belong, and so to build **relationships and a community** around them.

How Safe Families works to make a difference

Section 3 of the full report explains Safe Families' theory of change – how it focuses on the families' needs, and what it does to meet them. It focuses its support on the three areas of creating safety and security, helping parents and children develop their skills and agency, and helping them to develop those key relationships and communities of support around them. The activities, which Safe Families delivers through its volunteers working with public agencies and others as partners, span:

- Befriending the whole family – to bring support, but also to start a supportive community
- Hosting – to give space to think and settle
- Ideas and support in developing parenting, coping with the practical pressures of daily life, and engaging with public services and communities of support around them
- Providing time and other resources to ease the burdens of the challenges the family is facing.

However it is in how they bring that support – the approaches they use – and how they expect the families to respond that the key exists.

The approaches used, whether working with a whole family, a parent, or a child or young person, are distinctive, and rest on the shared values of love, belonging, faith, empowerment and humility (partnering). They:

- **Give time** for families to engage with the volunteer, without pushing to a pre-set timetable; and allowing the support to continue for as long as it takes – indeed they can stay on as a permanent friend if that's what the parents want
- **Are voluntary:** given because the volunteer wants to and because they care about the family – which means the family finds their support more engaging
- **Are flexible and responsive,** listening and responding to the needs and views of the family or young person
- **Are consistent, regular and reliable,** in it for the long term, and centred around the on-to-one core relationship between the parent or young person and their dedicated volunteer
- **Match the volunteer to the family,** so that their experience fits and the potential for a bond to develop is there
- **Affirm** the family' or child's efforts, and get involved in a non-threatening way, without implied judgment and risk for the family
- **Work with parents to support the children,** as well as engaging with the child as an adult family friend – a 'safe adult' introduced to a challenging situation
- **Bring skills and insight** into how to parent the children, manage aspects and challenges of daily life, and engage well with public agencies.

What then, of that response from the families, and young people? Again there are some key features that stand out.

- The pressure to engage is relieved, so the family has time to engage fully, and any defensiveness which may have compromised engagement with public services reduces over time.
- Parents, children and young people see positive role models, and gain new ideas and the confidence and support to try them out: they sense that change is possible.
- Children believe that change is possible, see their parents in a different light and the parents' confidence and nurturing start to help the child to settle, not be retraumatised, and gain good developmental experiences.
- Families, children and young people feel safe in the relationship with the volunteer, listened-to, understood and valued; they feel empowered, and like the parents in families supported they are given good ideas and the means to try them out with support.

It is almost too obvious to say, but Safe Families can make little difference if the families do not engage at the outset. They can, and do, wait to give them time, keep trying to make contact, and offer much more flexibility in when and how to meet than could be offered by many public service employees. Some 15% of referrals are not accepted¹, and a further 24% are referred but are not linked up with a volunteer, and the cases are closed soon after referral². Safe Families continues to look at these to see how approaches can be improved to reduce these numbers, but it is unrealistic to reduce either of them to zero. There are also 18% of families that are referred and

¹ Reasons for non-acceptance primarily out of scope, don't meet LA thresholds for project (too high or too low), family not responding to contact

² Safe Families Data Pack 2, data for cases supported and closed to 19 April 2021

start support but support ends early. This includes both occasions in which support is not completed and so is less likely to be fully effective, and those in which the family decides they have achieved all they need and do not need further support (a success). Average outcomes for those for whom support is not completed are not as positive as those for whom support is completed,³ but this should not be interpreted as an indication of failure.

The success of the programme – and it is showing clear success – is defined by the level of need of the family and whether the extent to which they require children’s services intervention to meet that is reduced. There are four levels of support: early help; child-in-need; child protection, and looked-after child. Families are referred at one of these levels, but with around 29% of them in the course of escalating to the next level above (or beyond)⁴. From the perspectives of all involved a success is either a de-escalation of need, or a trend of escalation being stopped and the family staying at their existing level.

Whilst it has not been possible to evaluate fully the second of these, with 46% of families referred showing de-escalation to lower levels of children’s services need, and a further 34% showing no escalation of need (some of whom would have been on an upward trajectory when referred) the programme is clearly successful⁵.

What difference does it make and to whom?

Safe Families is successful in meeting needs, and de-escalating families requirement for public service support. It also benefits a wider group of external stakeholders beyond the parents and children themselves, as shown in Figure 1.

Can we illustrate the value brought to stakeholders?

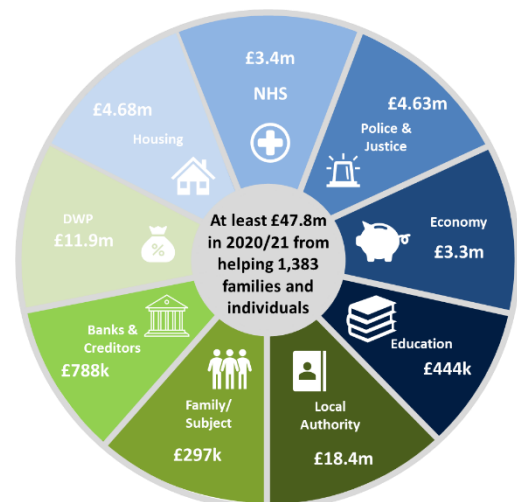
Those receiving Safe Families’ support can be split into three groups:

- 99% of cases are in support of families with younger children
- 28% of which are families with a teenager receiving specific support
- 1% involve supporting the transition into adulthood of a Looked-after Child (‘LAC’).

Figure 1: Stakeholders who benefit from Safe Families’ work



Figure 2: Stakeholders’ minimum gains in 2020/21



³ See Section 4 of this report for further detail

⁴ Data pack supplied 17/06/2021 for all completed support 01/07/2020 – 31/03/21

⁵ Safe Families Data Pack 2, data for cases supported and closed to 19 April 2021

With 1,383 families or single young people having completed a programme of support with Safe Families in the twelve months to 31 May 2021⁶, this results in total savings and valuable benefits from that year's support (but realised over several years into the future) of at least:

- Family with younger children - **£36,219,841** - or **£26,454 per family**
- Family with support of teenager - **£10,675,635** – or **£27,846 per family**
- LAC transition into adulthood - **£972,136** – or **£70,291 per young person.**⁷

This results in total impact of Safe Families' support being at least **£47.8m**, with those values spread across the stakeholders as shown in Figure 2. Further details are given in the full report.

What have we learned?

Several points stand out from the review:

1. **Safe Families support works** for families and young people that are isolated, lonely, finding it hard to engage with public services, and carrying the shadows of past and present trauma in their lives. It shows 46% of families engaging with the service showing a reduction in level of need (de-escalation) with a further 34% staying at the same level of need. De-escalation rates vary – from 49% of children who are already looked after (n=39) to 53% of those referred at Early Help stage (n=476).⁸ The impact of Safe Families' support is also evident in self-reported outcomes for families who have completed support (an average increase of 1.3 to 2 points on a 1-10 scale across the six key outcomes of social networks, wellbeing, confidence, physical needs, family relationships and positive parenting).⁹
2. **The better the engagement with the Local Authority** that is referring the family **the more effective the work** with the family is likely to be.
3. **The values it brings, and which come through in its approaches, are key to its effectiveness.** Love, in the sense of caring for someone as a fellow human being, is central to Safe Families' values and a fundamental force for good. While rarely discussed by commissioners, here it is a central underpinning of the distinctive and effective approaches taken by Safe Families' staff and volunteers.
4. **Safe Families can do things that it is hard, if not impossible, for a public service agency to achieve.** Their volunteers have the credibility of not being paid so their motives may be seen more clearly by families, they are not time-limited as to how long they can allow for engagement, when they can see families, or how long they can stay involved. They can host young people at short notice to give everyone breathing space, they can meet families in locations that suit in a very flexible way, and they can engage with all members of the family or just one. Involving Safe Families, from a Local Authority's point of view, can bring a significant additional layer of flexibility of engagement. Although they do work with an evidence-based core approach, they can also try adaptations of the support being offered without extensive prior testing or multi-level clearances with funding boards.

⁶ Data pack supplied 17/06/2021 for all completed support 01/07/2020 – 31/03/21

⁷ All financial gains are based on families and individuals receiving one year's support, with benefits of that support being realised over between 3 and 10 years, depending on the initial level of need, and discounted for deadweight (what would have happened anyway) and alternative attribution (gains due to the action of other agencies). For more detail, please see Appendix 8 and 9 of the main report.

⁸ Correspondence with Kat Osborn at Safe Families, 13/04/2021 – cohort of 1,327 children for whom support completed April 2019 – Mar 2021

⁹ Sonnet Data Pack 2, data for cases supported and closed to 19 April 2021, slide 3

5. **Understanding trauma and working with the families' complex situations without judgment is key to effective service.** Where it becomes possible to share that viewpoint with public service providers, with schools and others around the family the benefit gained by Safe Families involvement and insight is heightened.

This is an intervention which reaches people – families and young people – that cannot easily be reached by public services. Embracing the complexity of the challenges its families face it gets close to them and supports them in ways that empower, grow and improve, delivering real long-term solutions by empowering the parents and young people themselves. The reach into local authorities has increased nearly tenfold since Safe Families opened in the UK in 2012. Yet it still only supports 39 – 11% of the 343 across the four home nations. How can this impactful service reach more?

1. Safe Families and the families it supports

Safe Families exists to create relationship and connection, working on the principle that ‘everyone deserves to belong’. By linking children, young people and families with local volunteers, Safe Families offers support, hope and belonging to people who would otherwise be facing life alone.

This report summarises research undertaken in 2020/21, designed to understand the nature of the work done by Safe Families, the characteristics of the Safe Families approach that bring about lasting benefits to families (the ‘Theory of Change’), and the value that those benefits bring to the families themselves and others who have an interest in their life courses and life chances (‘stakeholders’, including public agencies who fund care and support). Full details of the research scope and methodologies are provided in Appendix 1.

In this section, we provide an overview of Safe Families and how it has developed, as well as an overview of the services and support it provides to families in crisis, including a focus on the effects of trauma – both in being a root cause of issues faced by many families and an influence in their response to those issues.

Background, history and values

Safe Families delivers a volunteer-led support service model that was initially piloted in the USA in 2003. In broad terms, the service is intended to provide connection and support of the kind that would be provided by close friends or supportive family members, together with a wider community of support around them. The service is delivered through volunteers, who are trained in appropriate support techniques for families facing challenges, centred on building a trusted, stable and loving relationship with that family.

Since launching in the UK in 2012, the organisation has grown from initial work in 4 Local Authority areas to work with over 39 Local Authorities across all 4 nations of the UK with regional offices managing delivery from Scotland down to the South coast of England. Over the eight years that Safe Families has been in operation, the model has stretched and changed to meet need. Initially, Safe Families supported families with children under 10 years old, did not work with families where children were on Child Protection plans and were particularly focused on supporting families to prevent children becoming LAC. However, since 2012:

6. Safe Families has widened its scope to be able to support children and young people aged 0-18+. This is partly due to recognising the need for support for older children, and partly due to increased confidence in the skills and expertise of its volunteers.
7. Safe Families now accepts referrals from families at any level of need where the root of what is happening in the family is isolation. Around 16%¹⁰ of referrals are now from families where children are on Child Protection plans¹¹.
8. Safe Families has now further expanded its model to support care leavers and parents who have had children removed. They have recognised that people from both of these groups need to feel they belong, and that their volunteers are well placed to support them.
9. Safe Families has recognised that the root cause of crisis for the families that they support was isolation, and therefore see offering belonging as their reason for being. While reducing the flow of children into care remains an important goal, they have widened their mission to ensure that ‘no one feels alone because everyone deserves to belong.’

¹⁰ Accurate for data period Apr 2019 – Mar 2021 for all referrals received

¹¹ Correspondence with Kat Osborn at Safe Families, 27/05/2021

Safe Families has a clear set of values which underpin, and help to define its services and activities:

- **Love:** Loving abundantly – supporting with hope, generosity and dignity
- **Belonging:** Building community - establishing positive relationships that bring security and connection
- **Faith:** Trusting boldly - believing in lives transformed and in a God who can do more than we can ask or imagine
- **Empowerment:** Enabling potential - confident that everyone has the ability to thrive
- **Humility:** Serving together - we know we can't do it alone, so we invest in strong, honest and honouring partnerships.

Safe Families has 120 staff, supporting and co-ordinating delivery of support to over 1,500 families every year by a network of over 4,500 volunteers. To date¹², over 12,000 children have benefitted from the work of Safe Families, with the 5,000th family milestone being passed in December 2020. Volunteers are drawn from local areas, and in particular from local churches and other community groups. The UK network of churches gives access to a pool of volunteers who are likely to share the core values of the organisation. Over 1,000 partner churches have supported the work of Safe Families by encouraging members to become volunteers.

Services and support

Safe Families works with families who are referred from Local Authority agencies, particularly Children's Services teams. Typically, families will be referred where there is a need for support in order to reduce risk and improve the wellbeing of children, and in some cases to avoid the outcome of children being taken into Local Authority care. Increasingly, Safe Families is also working with care leavers who need additional support as statutory services begin to step down when they transition to adulthood. Safe Families is not a statutory agency, but is able to work closely with public sector bodies including Children's Services teams and schools, among others.

The main services provided include ongoing **volunteer support** to families, short **overnight stays** (known as **'hosting'**) for some or all members of a family, **resource provision** (the provision of gifted basic goods and services) and, for some families, **advocacy and coordination with other services**, though this is largely as an incidental extra through working with families to help them to engage and communicate. These activities are discussed in further detail in Appendix 4.

The Safe Families approach is different to that of other services, in three main ways.

- Volunteers and staff are able to focus and dedicate **time** to engaging with a family, no matter how long it takes to build enough **trust** for them to be open to receiving support.
- Volunteers and staff focus on developing positive and **supportive** relationships, bringing a **loving** attitude, **listening**, accepting and **understanding** the family and its needs.
- Being outside of the statutory services with which families may be used to dealing, Safe Families is a support service with which a family can **choose** to engage. The support is co-designed with the family from the outset. Safe Families seeks to empower those they support, strengthening capacity and resilience and enabling people to **regain control** and **build aspiration** for the future.

¹² As at April 2021

Many of the supported families have some experience of trauma and its lasting effects. Awareness of trauma, understanding of its effects and working in a trauma-responsive way are crucial factors in bringing about positive outcomes and appropriate support for those families. Setting Safe Families apart from many other providers, the trauma-informed approach actively works to bring about positive value through the support relationship, namely by:

1. **Giving families back control and space to engage:** Safe Families is able to work on flexible timescales and, by working with volunteers, is able to offer more space for families to engage on their own terms and in their own time.
2. **Seeing the value in informal interactions and leaving space for them:** Particularly at the early stage of work with a family, significant value can be created through the simple act of a volunteer having a cup of coffee and chat with either or both parents. Building a genuine trusting relationship in a natural and unforced way lays the foundation upon which to build other support activities and can be especially important for parents who have experienced trauma.
3. **Supporting partner agencies:** helping to support other agencies (e.g. schools) to modify their approaches to enable young people to respond in a way that aligns with the support the family is receiving from Safe Families, meaning that support is more integrated and mutually reinforcing.

2. Why Safe Families is needed – external factors affecting people’s lives

Every family is different and each will have different support needs, but there are three broad sets of factors that can influence a family’s circumstances, behaviours and responses to interventions or support, and that need to be considered as an integral part of that family’s experience. Acknowledging these factors as being at least in part the cause of challenges helps Safe Families volunteers to support the families effectively. They are: a background of trauma, the challenges of isolation without an effective support network around the family, and the difficulties imposed by the families’ situations and the external systems around them.

Trauma

Many of the families supported by Safe Families are experiencing (or have experienced) trauma or the effects of trauma, however this is not always correctly diagnosed. Awareness of trauma and its effects is growing but not yet widespread and services intended to support can inadvertently act to exacerbate the problem. Safe Families staff and volunteers work in ways that are specifically designed to support people who have trauma experience and help them to build strategies for coping with what can sometimes feel like a scary and threatening world.

Trauma may impact on the families referred to Safe Families in multiple ways.

- First, adults in the family (parents, carers or adult siblings) may have experienced trauma in childhood or earlier adulthood which, at the point of referral, may not have been addressed and may be influencing behaviours and capacity.
- Second, one or more children in the family may be experiencing current or past trauma. This may be at least partly a result of unresolved trauma on the part of the adults in the family.
- Third, the current family dynamic may be a cause of trauma for one or more adults in the family, or may be triggering trauma responses, including ‘blocked care’ (a term referring to the fact that it is very difficult for caregivers to reliably provide a full range of care for a child who consistently rejects such care).
- Finally, the parents’ interactions with wider systems, including schools or statutory services, may be causing further trauma or triggering trauma responses.

Research shows that a set of 10 adverse experiences in childhood are associated with an increased risk of poorer health and wellbeing outcomes in later life.¹³ These experiences, known as ACEs, include:

- Verbal, physical and psychological abuse or neglect
- Parental divorce/separation
- A member of the household being in prison
- Household mental illness
- Household domestic violence
- Household alcohol or drug abuse.

Trauma may be caused or exacerbated by ACEs but has a broader definition covering events both within and beyond childhood, including living in poverty or deprivation, long-term illness or hospitalisation, or being the subject of abuse or criminal behaviour. To make the situation more complicated for inexperienced observers or service providers, the effects of trauma and its close relative, attachment disorders, can be confused with conditions such

¹³ Early Intervention Foundation (2020). [Adverse Childhood Experiences: what we know, what we don’t know, and what should happen next.](#)

as Attention Deficit Hyperactivity Disorder (ADHD) or Autistic Spectrum Disorder (ASD). In some cases, there is a combination of one or both of these conditions with trauma, but on occasion these two conditions are diagnosed when the underlying issue is actually trauma.

The Safe Families approach is 'trauma informed'. That is to say that workers and volunteers are familiar at an appropriate level with trauma and the effects and behaviours that arise from it. They understand what can 'trigger' a trauma response and so tailor their interactions with families to minimise the risk of these occurring. Crucially, the service provided is rooted in an understanding of trauma response – principles of behaviour and relationship-building that actively help with recovery from trauma or building strategies to cope with its effects. Significant amongst these approaches are:

- The provision of '**Counter-ACEs**' – a list of protective factors that have been found to lessen the physical and mental health impacts of ACEs, including relationships with trusted adults and opportunities for play and fun.
- **Relationship-based practice** – understanding that within caring roles, the relationship *is* the intervention, echoing findings in several studies that the choice of therapeutic approach is secondary to the relationship between therapist and patient.
- **Therapeutic Parenting** support for a small number of families – a range of techniques that support traumatised children to heal from trauma and other difficulties.

Trauma, its impact on families and Safe Families' approach to supporting people who have experienced trauma are discussed in more detail in the brief literature review attached at Appendix 2.

Isolation and the lack of an effective support network

Many, if not most, of the families referred to Safe Families are extremely isolated, without an effective support network of friends and family around them. This can lead to practical difficulties - not having a friend who might be able to pick up children from school if a parent is delayed or look after them if a parent or sibling has an appointment – as well as emotional difficulties compounding the already-existing mental health challenges of parenting, especially where children have

experienced trauma or have additional needs. In addition, loneliness can present a significant health risk – increasing the likelihood of mortality by up to 26%¹⁴, an effect comparable to that of obesity or cigarette smoking.

Loneliness and isolation can make life very difficult for parents, particularly those who might be experiencing a range of other anxieties. Without anyone to talk to, problems and difficulties can loom larger and solutions seem further away. Lonely individuals are more prone to depression, which in turn can lead people to become yet more isolated. Safe Families describe this as a cycle of loneliness, as shown in the diagram 'The Epidemic of Loneliness'.

Epidemic of Loneliness – Cyclical nature

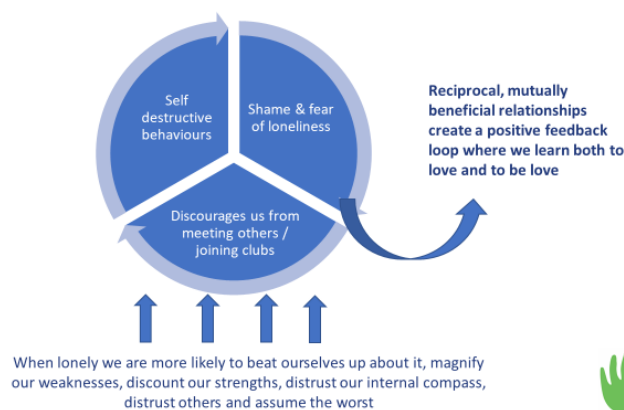


Figure 1: Safe Families' understanding of the impact of loneliness

¹⁴ Campaign to end Loneliness: <https://www.campaigntoendloneliness.org/threat-to-health/>

Safe Families' approach is designed to tackle isolation and loneliness head on. Both 'thick' social connections – those that we have with close friends - and 'thin' social connections – people we say hello to as we pass in the street - are needed for a sense of belonging . Safe Families' approach seeks to support families to build or rebuild both types of connection. 'Family friends' – both those who see the family regularly and those who provide overnight hosting – provide 'thick' social connections and may support the family to build or rebuild other such connections. They might also, through their own social networks or through supporting the family to form new social networks, encourage the formation of 'thin' social connections within neighbourhoods and communities.

External systems

Families are referred to Safe Families because of a presenting need, often first spotted by Children's Services or another referring agency. Like the tip of an iceberg, that apparent need frequently represents only a fraction of the real issues faced by the family, and may not show the full extent or root cause of their challenges.

In our everyday lives, much of our experience is shaped by events, or by the actions and attitudes of others, as well as the ways in which public services, social groups and infrastructure systems are designed and managed. It is easy to characterise the challenges faced by families as being things that are within that family's gift to control, but in reality many of these external systems have an active effect on people's state of mental wellbeing that is beyond their sphere of control, and which often go unrecognised as contributing factors to difficult lives.

It is helpful to understand the effects of external systems and events, not only in order to shift the burden of assumed responsibility away from the individual, but also to identify where, how, and with whose help some of the challenges brought about by systems can be addressed. The diagram below, known as an 'iceberg model', illustrates the point. If we see and respond only to the tip of the iceberg – natural responses to and effects of isolated events, we fail to grasp the root causes and the contributory factors at work deeper in the system.

Where systems around the family are weak, unsupportive, or even damaging, efforts are required at the level of those underlying systems to bring about more sustainable change. Safe Families support for families can address some of the deeper systemic issues, but by no means all of them. In cases where the system is difficult or slow to change, Safe Families' strategies for accepting and coping with it can help build resilience in the family.

There are four recognisable layers in the model, each underpinning the previous one:

- Events and experiences, which cause the family to thrive or be challenged are underpinned by...
- Trends and patterns of behaviour, which are affected by the...
- Underlying structures and systems within which people live and work, which in turn are affected by...
- The mindsets, policies, and norms that are held by the people within the structures.

In the course of our research we analysed six external systems as being particularly relevant to the families supported by Safe Families: Housing, Schools, CAMHS, Policing, Children's Services, and Welfare and benefits. In every system that we explored, we found that the picture was patchy – with the same system supporting positive outcomes in one area or family, but causing harm in other cases. A detailed iceberg model for each of the six systems is attached in Appendix 3. We found clear common factors underlying those instances where systems were weak, unsupportive or damaging. Our analysis of these factors can be found in Figure 2 on the next page.

	Basic necessities	Mistrust, conflict, re-traumatisation and inaccessibility		Mismatch between support and need
Impact on families	Impact on stress, nutrition, educational attainment of children, wellbeing, physical health, sense of stability and safety	Families excluded from entitlements (eg benefits) leading to poverty. Families excluded from being able to be proactive in changing their circumstances	Impact on mental (and potentially physical) health for parents and children, may also mean families don't seek or receive the help they need	Continued or exacerbated difficulties as a result of not accessing the right support
Experience or event	Family do not have the basic necessities to thrive (housing, food, physical and financial resources)	Families encounter rigid or overly complex processes that do not take individual circumstances or trauma into account	Responses from services are re-traumatising for families Mutual mistrust between families and services	Support only available in crisis, or at the wrong time, or from the wrong agency
Trends or patterns of behaviour	<ul style="list-style-type: none"> Problem debt Benefits or wages not keeping pace with costs of living May be exacerbated by over-complex processes for applying for benefits, managing social tenancies etc May be exacerbated by digital exclusion/digital poverty 	<ul style="list-style-type: none"> Communication cold and formal rather than warm and human Several hoops to jump through or complex forms requiring particular answers before support can be provided 	<ul style="list-style-type: none"> Inflexible expectations, presumption that non-attendance means non-compliance Families experience interactions with services as degrading or overly intrusive (eg security guards at reception) Families fear losing what's important to them (eg having their children taken away) if perceived to be non-compliant (and services sometimes play on that perception) Lack of positive experiences of receiving help that is dignified and useful 	<ul style="list-style-type: none"> Long waiting times for support, even in crisis (eg housing, SEND, CAMHS) Very high thresholds to meet before support available or provided Ongoing reduction in universal or preventative services (or inaccessibility of those services) High cost barriers to seeking support from private sector providers
Underlying structural causes	<ul style="list-style-type: none"> Under-investment in infrastructure Under-investment in tackling poverty – or investing in ideologically-driven but ineffective approaches Under-investment in social housing Limited or no contact between decision-makers and those in poverty Downward pressure on wages 	<ul style="list-style-type: none"> Rigid, bureaucratic or managerial accountability systems for services Over-investment in managing risk (eg fraud prevention) rather than meeting need Under-staffing or burnt-out staff therefore no space for flexibility 	<ul style="list-style-type: none"> Over-securitisation of services Under-staffing or burnt-out staff (or compassion fatigue) leads to lack of empathy Rigid distinction between service providers and service users Limited or no co-production or community engagement (may be result of underfunding) 	<ul style="list-style-type: none"> Under-investment in universal services, prevention or early help – funding diverted to crisis support Fragmentation across services and high barriers to access (links to rigid/complex processes)
Mental models, attitudes, beliefs, values	<ul style="list-style-type: none"> Belief that people are inherently 'work-shy' Distinction between deserving and undeserving poor Lack of understanding of the realities of poverty among decision-makers Decisions driven by profit margin/benefits to donors rather than social impact 	<ul style="list-style-type: none"> Lack of understanding of trauma or reasonable adjustments for individuals who have experienced trauma Fear of risks to staff outweighs other considerations Cultures of fear or blame within services Emphasis on targets or completing tasks/closing cases rather than supporting individuals/families Perception that fairness requires being the same for everyone rather than adjustments to meet needs Assumptions about the families that need support – eg expectation that they will be aggressive/non-compliant Rigid them/us boundary between staff and those who need services 	<ul style="list-style-type: none"> Perception from service staff of families as 'the problem' Lack of understanding of the other's experience Assumptions about the types of families that need services 	

Figure 2: 'Iceberg model' showing factors present where systems are unsupportive of families

Across all the systems that we explored, we found that there were key common features where systems supported positive outcomes. Supportive systems:

- Provide appropriate resources, including basic necessities
- Are warm and human in their interactions (person-centred)
- Offer the right support at the right time – in terms of flexibility, timeliness and responsiveness to specific needs.

The underlying factors that enable systems to provide this support are described in Figure 3 on the next page.

	Basic necessities	Person-centred support	Services matched to need
Impact on families	Families are healthier, feel safer at home, better able to participate in society, have reduced stress and increased wellbeing	Families better able to access support, have better mental health	Families are healthier, feel safer, feel part of a community, have reduced stress and increased wellbeing
Event or experience	Family receives what they need to thrive	Family's interaction with services is warm, human, accessible and helpful	The service received fits to the real need at the right time
Trends or patterns of behaviour	<ul style="list-style-type: none"> Value of benefits is tied to living wage / keeps pace with inflation Everyone has access to digital infrastructure and the knowledge they need to apply for the right benefits Sufficient housing stock available for all to have adequate housing People are paid an adequate living wage if employed Families have access to appropriate education and lifelong learning (esp under 5s and adults) 	<ul style="list-style-type: none"> All staff trauma-aware (front-line and leadership) Communication warm and human rather than cold and formal Processes easy to access and do not require specialist skills Asset or strengths-based approaches taken as part of trauma-informed approach 	<ul style="list-style-type: none"> High degree of collaboration among services High level of trust between families and services Services easy to navigate and interact with Openness to deferred or re-planned engagement so that families are ready to engage and it's on their terms Clear communication about what families are entitled to and can access
Underlying structures	<ul style="list-style-type: none"> Infrastructure (digital, transport etc) supports people being able to access work and services Redistribution of resources to ensure all have adequate basic standard of living Collaboration across key agencies involved in tackling poverty, and co-production with those with lived experience 	<ul style="list-style-type: none"> Changes to processes to remove unnecessary barriers, simplify and make more accessible Accountability systems and policy frameworks prioritise person-centred and inclusive approaches Physical and digital services are designed to be welcoming (eg comfortable reception areas) 	<ul style="list-style-type: none"> Community engagement prioritised for resource allocation Universal services, prevention and early help prioritised for resource allocation Clearly planned approach to ensure that the right services are involved at the right time (co-designed with those receiving services?) Processes and structures changed to ensure collaboration across multiple areas of need
Mental models, attitudes, beliefs, values	<ul style="list-style-type: none"> Perception that welfare/benefits provide collective social safety net Poverty seen as a collective responsibility to tackle Belief that if people have a decent basic standard of living they will be more productive Public and state consensus that no child should go to bed hungry 	<ul style="list-style-type: none"> Person-centred approach – treating people as people, rather than service users, clients or problems to be solved See families as equal partners in supporting children (rather than 'the problem') Understanding of impact of trauma on families Understanding of importance of accessibility 	<ul style="list-style-type: none"> Prioritisation of prevention rather than crisis management – stopping the problem happening in the first place is the best way to solve it Person-centred approach rather than service-centred approach

Figure 3: 'Iceberg model' showing common factors present where systems support positive outcomes for families

Safe Families takes a collaborative, relational approach within the systems with which it most closely interacts – namely Children’s Services and schools. This has often been effective within these systems, firstly because, in Safe Families’ experience, they tend to support, or intend to support, outcomes for families, and secondly because where they fall short, the solutions are often best reached by collaboration, close partnership working and information sharing, and are often within the gift of individual staff or service managers.

In other systems, in particular housing and CAMHS, there are occasions when the system was found to fall short or block positive outcomes. In such cases, solutions are not so easily reached, often because the reasons for the shortfall were found to be at the level of underlying structures (for example, lack of resources, burnout, or under-investment). In other situations, all staff involved understand what is needed (for example, a move to a home without damp or mould, or access to mental health support immediately rather than in two years’ time), but it is not within the gift of front line staff to provide this. In these systems, a different approach may be needed.

Safe Families also supports families to draw on the support of these systems, where they are helpful, and mitigate the effects where they are not. In some cases volunteers support families to build, or rebuild, trusting and supportive relationships with professionals, or to advocate more effectively for themselves so that they receive the support they need. Volunteers may provide practical support in navigating these systems, for example with filling in forms or managing appointments.

3. How Safe Families makes a difference – the ‘Theory of Change’

When talking about what an organisation like Safe Families does to bring about change for the people they work with, it is useful to develop a ‘Theory of Change’. A Theory of Change illustrates how an organisation sets out to make a difference to the people it serves. It traces a logical pathway between people’s needs, the activities of the organisation and the changes (outcomes) that are achieved in people’s lives, and can also be referred to as a ‘logic map’. A Theory of Change shows the links between the following elements:

- **Needs.** Needs demonstrated by service users at the point of referral or leading up to referral.
- **Activities.** Broad areas of activity conducted or enabled by the organisation.
- **Approaches.** Distinctive features of the methods or qualities of the approach that are particularly effective in bringing about change.
- **Mechanisms of change.** Aspects of the service user’s immediate experience that leads to outcomes (whether positive or negative).
- **Primary outcomes.** The short-term, direct changes in the lives of service users arising from the activities (typically we expect that these align to needs and to take the form of those needs being met).
- **Secondary outcomes.** The longer-term, indirect changes in the lives of service users, their families and communities that arise from the activities (these may align to needs but may also show positive change beyond the needs identified initially).

Our research showed that Safe Families’ Theories of Change for parents and caregivers and that for children and young people are different but closely inter-related. We have therefore created two Theories of Change to illustrate both the differences and relationships between them. A third Theory of Change for young adults leaving care who are separately supported by Safe Families illustrates further nuance and demonstrates the extent to which the basic Theory can be modified for additional groups. Thumbnails of all three are shown on pages 16 and 17, together with a key to reading the diagrams, and full page versions are attached at Appendix 4.

Key themes emerging from the Theories of Change

In developing the Theories of Change, seven key themes emerged, which are embedded in the overall philosophy and approach of Safe Families and the support it provides:

1. **Most of the supported families are overwhelmed by their circumstances** Often this means that parents’ and children’s fight/flight/freeze responses are triggered, inhibiting the brain’s executive function, which is needed to make good decisions.
 - A key priority is to ensure that families have the space for the fight/flight/freeze response to diminish. Only then can they truly engage with and absorb the support offered.
 - Overnight stays, hosting, self-care activities with their Family Friend and helping them to communicate with other organisations are the key activities that create the space and capacity to engage with support.

2. **Listening with real empathy opens the door to positive change.** For many families, the simple fact of having someone to talk to supports them to feel less anxious and better able to tackle challenges in their lives.
 - Volunteers seek to listen with empathy, rather than trying to fix the problem or take over. Over time, can lead to parents opening up more than they might otherwise have done, or than they had done with other people. This creates a relationship of trust, which is a catalyst for other positive changes.
 - Where families are particularly isolated or have experienced trauma, it may take time to build trust. Volunteers taking the time to listen or just spend time with the family, often over weeks or months, allows the family to feel safe and come to trust the volunteer in their own time.
3. **Positive experiences with loving parenting can counter the trauma of the past.** The overall theory of change for children is rooted in the idea that counter-ACEs – positive experiences in childhood, including safe and loving relationships with caregivers – can, as their name suggests, counter the effect of trauma, leading to positive outcomes in childhood and adulthood.
 - Volunteers and parents together can provide important counter-ACEs including loving relationships with caregivers and other trusted adults, opportunities to have fun, predictable routines and the ability for children to like or feel comfortable with themselves.
 - Strong, loving relationships between the volunteer and the parent can support the parent to heal from their own past trauma.
 - In the case of a young person leaving care, they benefit from the love shown by the volunteer and from the persistence and consistency of the volunteer in forming the relationship and gaining the trust of the young person.
4. **Families need to notice themselves being successful and ‘getting it right’.** When parents feel overwhelmed and have lost confidence in their parenting they find themselves unable to provide the structure and nurture their child needs. The child’s reaction – uncooperative, challenging or withdrawn – worsens the feeling of being overwhelmed. They need help to get out of that loop, spotting what they are getting right, and building upon it.
 - Parents are validated and encouraged by their Safe Families volunteer when making positive changes, however small they may seem to them. The volunteer guides them as to how to build on these.
 - For some volunteers (20% have been trained to date¹⁵) they are helped in this respect by a knowledge of therapeutic parenting techniques (such as [PACE](#)). Currently 40% of families are being supported by volunteers who have this additional training. They are able to hand this knowledge on to the parents, who can then be helped to recognise the further improvement in both how the child responds, and how the parent themselves can feel good about parenting.

¹⁵ Accurate as of 15/08/2021

5. **Parents need nurture and support to tackle their own compassion fatigue/blocked care.** Parents under extreme pressure from factors in their daily lives from inside or outside the family home, or experiencing secondary trauma as they parent traumatised children, may experience 'compassion fatigue' or 'blocked care' where natural responses of empathy or care become diminished.
 - The volunteer's listening, empathy, nurture, support and love for the parent is essential in relieving compassion fatigue and supporting the parent to be able to express love and care for their children where that has been blocked or interrupted.
6. **The volunteer is a catalyst in the parent building a sound support network for themselves.** At some stage, the parent will feel safe in their relationship with the volunteer and with their own children and immediate family, and feel able to renegotiate or walk away from unhealthy or toxic relationships.
 - Loneliness can be a barrier here – when lonely we are more likely to magnify our own weaknesses, discount or diminish our strengths and be discouraged from building mutually beneficial, positive relationships.
 - The volunteer may actively support the parent to reach out to others, to find intentional, supportive communities and to build a network of friends and counteract the 'cycle of loneliness' (described in section 2). This network ideally includes both 'thick' and 'thin' social connections.
7. **Children benefit from the outcomes for their parents.** Changes in the parent's outlook and behaviour are the key drivers of the changes in the child's outlook, behaviour and wellbeing.
 - Through the help of the volunteer, parents are able to explore and refresh their own parenting, and so often to shift the parent/child relationship from a potential source of trauma to a place of safety, fun, and love, where the child can express themselves more freely.
 - This in turn becomes a source of healing for the child, leading to the wide range of outcomes described in the diagrams.

In addition to these seven, in the case of the young person leaving care the following themes emerged:

8. **Self-worth and validation.** Through having someone taking the time to listen to them and the young person feeling that they are not just heard but understood also increases their sense of self-worth. This validates to them their feelings and aspirations as appropriate, realistic and achievable.
9. **Transition into adulthood is aided by the guidance and life skills received.** The young person is able to use the volunteer's modelling of how to live as an independent adult as a reference point of how things are done in adult life. This includes the skills required to live independently day to day, as well as interactions with services and peers.
10. **Broadening of horizons.** The volunteer takes an active interest in the young person's life. They can encourage exploration of young person's broader interests and aspirations, in addition to introducing them to other opportunities. For the young person this can empower them with the realisation of what could be possible for them in their life.

Theory of change diagrams and how to read them

Theory of Change for parents and caregivers

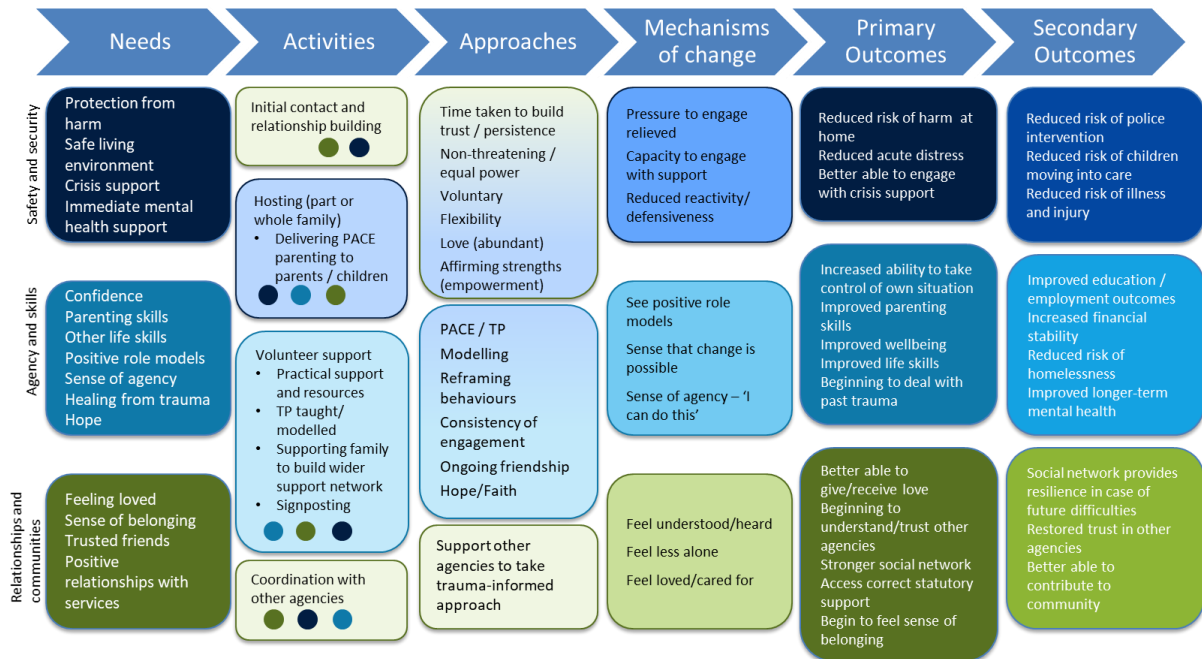


Figure 4: Safe Families Theory of Change for parents and caregivers

Theory of change for children

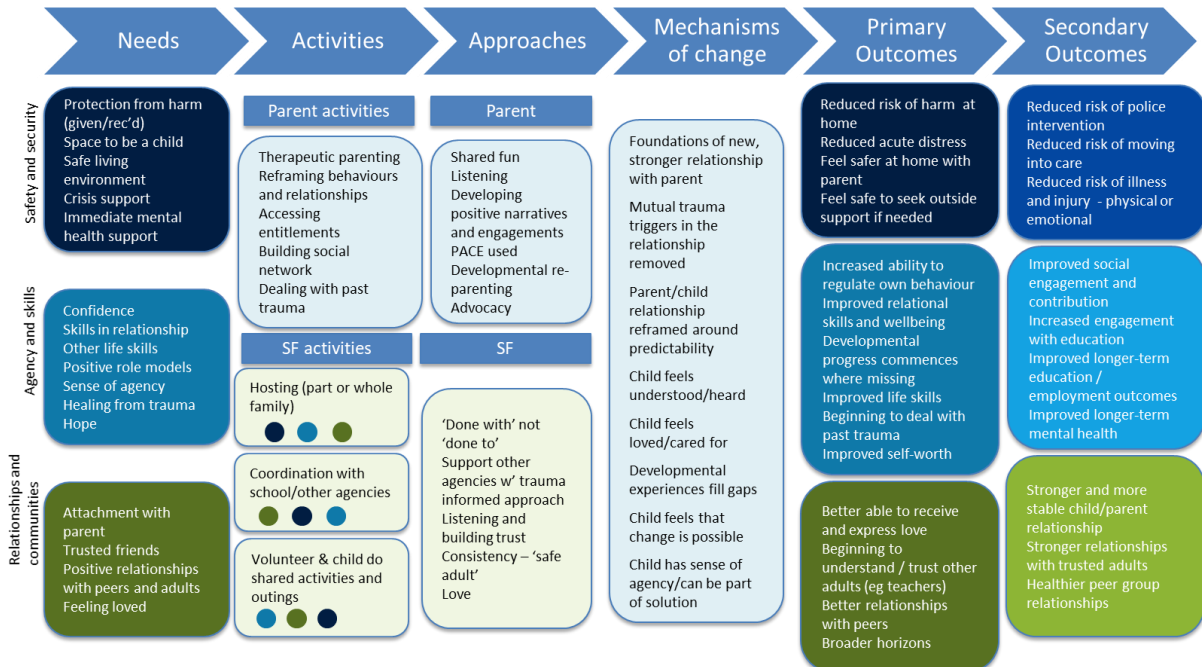


Figure 5: Safe Families Theory of Change for children

Theory of Change for a young adult/young adult transition from looked-after care

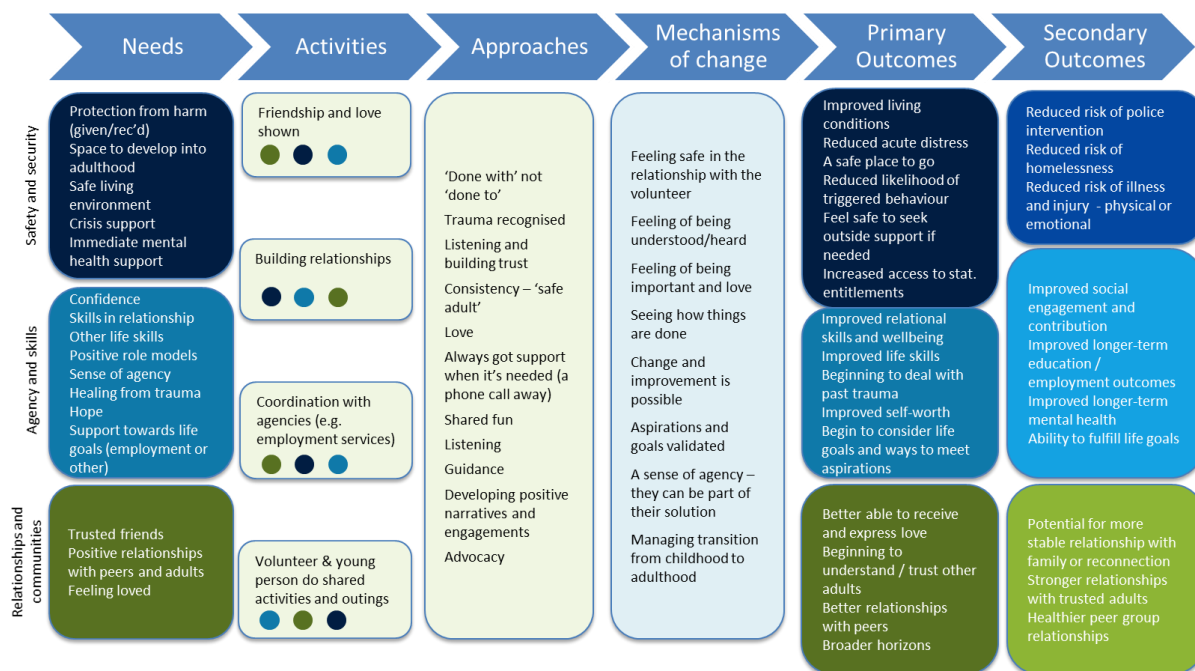


Figure 6: theory of change for young adults transitioning from the care system

Reading the Theory of Change diagrams

The diagrams are read from left to right, following the logical flow from Needs to Outcomes described earlier:



Within each diagram, the three colours (blue, teal and green) denote three domains of change:

- Blue: safety and security
- Teal: agency and skills
- Green: relationships and communities.

Lighter shades of the same colours are used to denote activities, approaches and mechanisms of change related to the domain of change represented by that colour.

Activities are often designed to have an effect in more than one domain of change. The coloured dots in the diagram are used to show which domains of change are affected by a given activity (shown in order of priority from left to right). For example, in the Theory of Change for parents, hosting is an activity that is primarily focused on creating safety and security for families, but also supports developing agency and skills, and relationships and communities.

In the Theory of Change for children, **activities** are separated into those that the parent does with the child (perhaps with the support of Safe Families) and those that Safe Families directly provides for the child. The parent activities here are the direct result of outcomes for the parent in the parents' Theory Of Change.

Mechanisms of change are divided into the three domains of change in the Theory of Change for parents. In the children's and young adults' versions, however, all the mechanisms of change outlined are relevant to all three domains.

A comprehensive discussion of the Theories of Change and the elements within them, including details of the activities and approaches that Safe Families uses, can be found in Appendix 4.

4. Initial Engagement – a key to making the model work

In the next section we will explore the stories of four typical or illustrative families, and discover the difference that Safe Families makes in people's lives. Before looking at those, it is important to understand that the support being offered, and the change it can make, is far from straightforward. It requires dedication, love, consistency and time, and so much more besides. In the words of one participant in our research describing the work they do, 'it's tough.' So it is unsurprising that a referral to Safe Families does not always lead to the full range of outcomes set out in this report and shown in the Theories of Change in section 3.

There are two main stages at which the support offered may not result in the outcomes targeted.

- The support may not happen: through a family being referred but not able to be helped because they need different support to what is available, or are unwilling or unable to engage with support.
- The support may start but the family's circumstances change and the programme is not completed. This may result in partial success, but falling short of the full range of positive outcomes sought.

When the support doesn't happen

Safe Families received 2,262 referrals in the year 2020/21, of which 879 (39%) were either not accepted (336 referrals) or were accepted but had their cases closed without support being provided (543 referrals). Referrals were most likely to be declined where they were out of scope for Safe Families or outside agreed thresholds for support (over 40% of declined referrals) or where the risk to volunteers was deemed too high (21% of declined referrals). Where referrals were accepted but not matched with a volunteer, lack of family engagement was the main reason for this, with 69% of referrals in this category not taken forward for this reason.¹⁶ Reasons for closure of cases without support are explored further in Appendix 6.

Safe Families works with families in very difficult, sometimes chaotic circumstances. A distrust of services is not uncommon and we found this to be an obstacle regularly experienced by Safe Families. Some families may not be prepared to let someone new into their, and their children's lives. For other families, it may be that even responding to the referral is too much to deal with in the circumstances in which they find themselves. Safe Families makes every effort to meet families where they are, including at a time and location of the family's choosing, and is able to take more time to engage with families than statutory services. At the same time, staff have to be realistic and objective about how they prioritise resources and support those families that are in a position to receive support.

When the full support programme is not completed

Of 1,127 families whose cases were closed in 2020/21 as at 19 April 2021, 71% received completed support, while 29% received partial support.¹⁷ Partial support refers to families where support might have initially been provided but then circumstances changed and either the family found that they had progressed to the point that they no longer needed support or they were no longer able to engage. So 'partial support' can be substantially effective (for example, if the programme was largely complete but the family decide to finish a little early) or can fall significantly short (if little of the programme was delivered or if the programme was delivered but other circumstances meant that the family struggled). Indeed for that first group it may be empowering for them to step away.

¹⁶ Safe Families Closure Reasons 2021 – data provided to Sonnet

¹⁷ Data Pack 2, data for cases supported and closed to 19 April 2021, slide 3 (totals added up from escalation/de-escalation numbers). Percentage full/partial support extrapolated to the full cohort of 1,383 used for the evaluation model.

Safe Families ask the families they support to complete an ‘outcomes hexagon’ rating themselves on a 1-10 scale on six key outcome areas: social networks, wellbeing, confidence, physical needs, family relationships and positive parenting. Families complete the outcomes hexagon at the beginning and end of the support from Safe Families, as well as, in most cases, at least one review point during the period when support is being provided. The data from the outcome hexagons, shared with Sonnet, shows clear gaps in outcomes between those who received full support and those who received partial support. Overall, self-reported outcomes for families receiving partial support were lower than those who had received full support, showing no change or slight decreases (0.6 points or less), rather than the 1.3 to 2 point increases reported by those receiving full support across the six key outcome areas This is shown in figures 7 and 8 below.

We do not know the reason for the gap in outcomes between those receiving full and partial support. In other programmes of this type where self-report outcome tools are used, it is common to see a dip in self-reported ratings in the early stages of a programme, where participants may realise that they have a long way to go, feel daunted by the scale of the task, or feel that they inflated their initial self-assessment and that a lower rating is closer to the reality of how they feel. Over time, self-reported ratings usually improve beyond those at the start of the programme. If families exited within the first few weeks of support, it may be that this explains the dip in self-reported outcomes, although there may also be several other explanations. We recommend further exploration of the circumstances and outcomes for those who receive partial support, as there is a clear opportunity here for Safe Families to increase their impact.

It should be noted that, if a case is closed, either before support is provided or with partial support, families can be re-referred if their situation changes and Safe Families is able to successfully provide support.

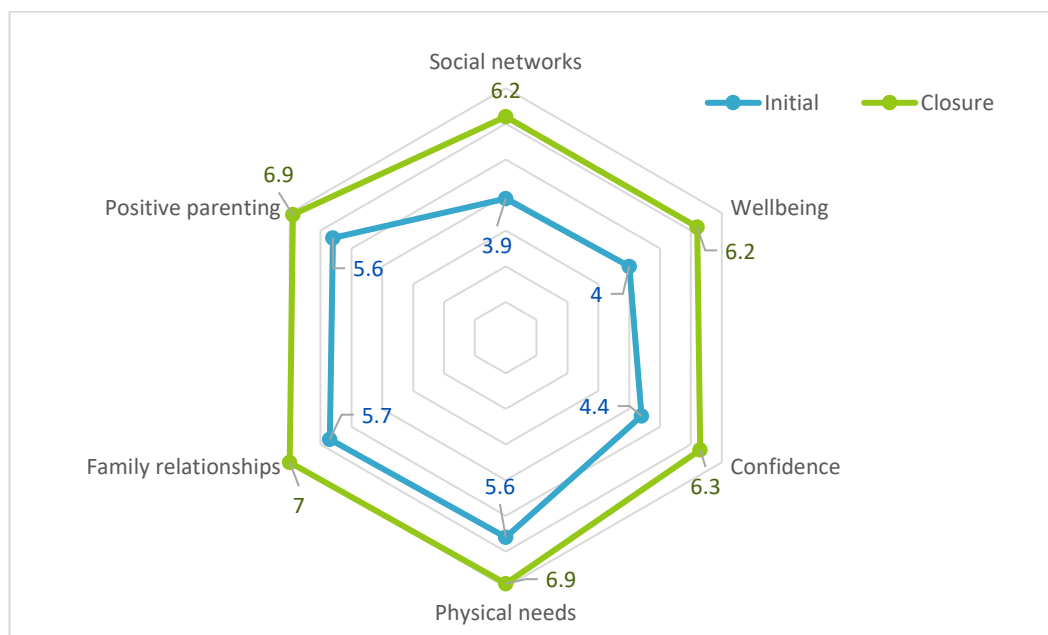


Figure 7: Increases in self-reported outcomes for those who complete support

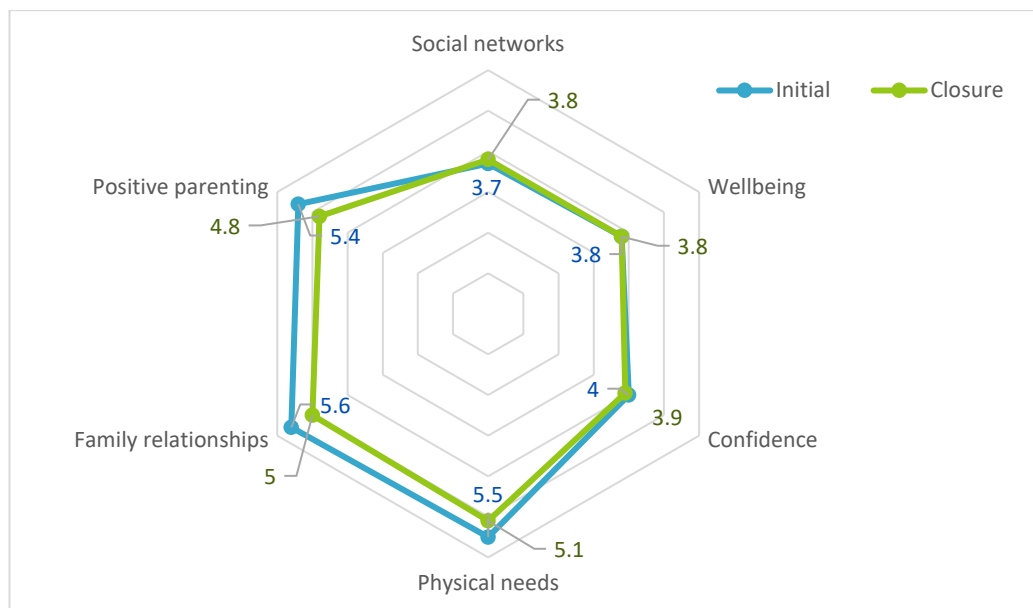


Figure 8: No change or slight decreases in self-reported outcomes for families receiving partial support

The evaluation used in this report and summarised in section 7 picks up the distinction made between families at the point of referral as to whether the children are ‘looked-after’ by the Local Authority, in Child Protection, Child in Need, Early Help, with an additional category at the end for ‘Case Closed’ – so receiving no more formal support from Children’s Services. It recognises that families move to other levels of need and support, effectively going up the scale (‘escalating’) or coming down (‘de-escalating’).

The data that we have for escalation and de-escalation shows that fewer families who have received partial support have de-escalated (86 of 333, or 25% of cases closed 2020/21) compared to those who have completed support (354 of 794, or 44% of cases closed in 2020/21)¹⁸. However, we cannot assume a causal link between full or partial support and escalation/de-escalation, because so many other factors affect escalation rates. For example the family may be escalating as they arrive (see below), Safe Families’ support may actually help avoid their escalating even further, or staying at the same level of need may in itself be a considerable achievement. This link would benefit from further exploration, as, again, would the gap in outcomes between families who have received full and partial support.

However the overall picture in section 7 covers the whole group of families completing their time with Safe Families in 2020/21, whether or not they completed a full programme or only partially did so. So, within those figures it covers the varied effects of only partially completing the programme of support.

Each family is different, and many are escalating in need as they are referred

As mentioned above, families’ trajectories upon referral may also be very different from each other. Around 28% of families referred to Safe Families in the nine months prior to March 2021 were specifically noted by social workers as having a trajectory of need that was escalating in the six weeks prior to referral (89 of 316 cases). Of the remaining cases, 90% were stable in terms of level of need, and 10% were de-escalating. Where support was completed for these families, around 70 to 75% had de-escalated in terms of their level of need within Children’s Services¹⁹.

¹⁸ Data pack 2, slide 3

¹⁹ Data set provided with trajectory prior to referral for cases 01/07/2020 – 31/03/2021

5. Family stories – seeing the theory in practice

As part of the research, we co-developed four ‘family stories’ with Safe Families team that can usefully be used as archetypes representing between them the majority of the families and young people supported by Safe Families. The stories are outlined below, outlining the family situation and a summary analysis of the life courses that would follow on from receiving support from Safe Families, compared with the life course that could be expected to develop in the absence of Safe Families support (sometimes referred to as the ‘counterfactual’).

The graphs that accompany the stories represent the differences in overall wellbeing between the two life courses (the one supported by Safe Families and the counterfactual, unsupported life course). The graphs are illustrative in nature, showing the principles of change and development and not absolute values. Note that the only factor which is changed in the counterfactual life course is the absence of Safe Families support - all other factors, including the support available from other sources (shown on the green line) remain. Key milestones are numbered, with a description of the milestone event/change at the right of each illustration. More detailed descriptions of each life course can be found in Appendix 7.

Lisa: Isolated mum who has fled domestic violence with her 3 children (2 of whom have additional needs)

The situation:

Lisa has fled long-term domestic violence from her previous partner and father to her three children. While now removed from immediate harm, she has uprooted to another part of the country and is therefore away from family and friends. Her eldest son was witness to the abuse of his mother. Now eight, he is starting to show signs of imitating this behaviour, both at school and towards his mother and younger siblings, both of whom have learning difficulties and require a great deal of attention.

There has been a social services referral and the Local Authority is now monitoring the situation closely – another source of stress for Lisa as she fears the removal of her children.

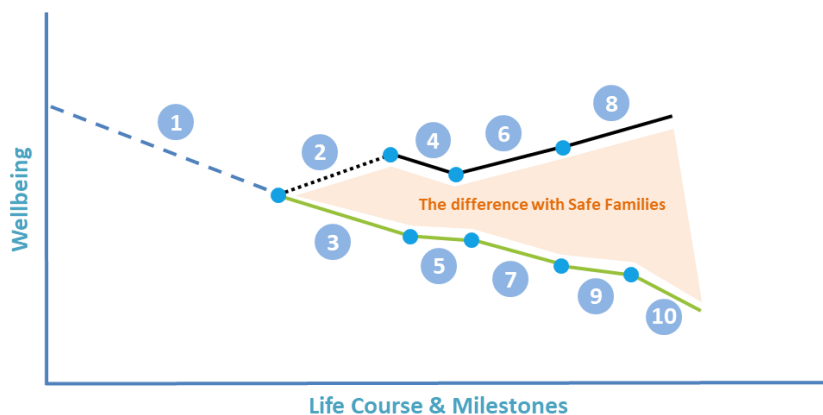
Lisa’s story and the issues within it are likely to be typical for a majority of families that receive support from Safe Families, particularly if domestic violence is taken as a proxy for a wide range of potentially traumatic events that might have occurred.

Response highlights:

- Safe Families takes the time to listen, be patient and build trust with the family before beginning to deliver activities – over time, these activities may include overnight hosting, practical support, modelling behaviours, working with other agencies to plan and manage interventions, and actively supporting Lisa to rebuild her confidence, promote positive mental wellbeing and meet new people in her new local area.
- Safe Families will remain committed to the family despite likely challenges with behaviour of children or parents. As Lisa’s trust in the volunteer and confidence in herself grow, over time these challenges begin to lessen. If the school is also able to support the children with strategies that avoid triggering trauma reactions, the children’s educational outcomes will improve. In the long term, there might be positive outcomes in terms of training and employment, and the risk of the children struggling at school and eventually becoming NEET or long-term unemployed after leaving education is reduced. The volunteer may continue to spend time with Lisa as a family friend long after the formal volunteering support is completed.

- The alternative to support would be continued escalation of risk and increasing safety concerns for the children: deterioration in Lisa's mental and physical wellbeing and increased risk from the behaviour of her eldest child. In the worst case, she may return to her former partner, which would entrench patterns of abuse and increase the risk of the children being taken into local authority care for their own safety. Safe Families' support provides an alternative person for Lisa to trust, reducing the risk of return to a former partner and the risk that children will need to be taken into care.

Lisa: Isolated mum who has fled domestic violence with her 3 children (2 of whom have additional needs)



- Lisa is struggling with the impact of the domestic abuse she has suffered and the impact on her children. Her eldest child is increasingly problematic, and she is questioning whether she can continue to keep him at home.
- Safe Families begin working with the family, firstly to build trust and then to find the best way to help them. Lisa can see that she has a way to achieve control again.
 - Struggles continue, eldest child's behaviour gets worse and education is suffering severely. School refer the child onto Social Services at this point.
 - Initial interactions with Safe Families are tough and the eldest child is resistant. Lisa begins to question her ability to continue.
 - Behaviour begins to spread to the two younger siblings.
 - Safe Families' work with the mother to begin to find techniques to improve her mental health and confidence to then try to combat the families' problems.
 - Lisa turns to previously abusive partner for support with money and children and he returns to the home and begins abuse again.
 - Lisa is confident and begins to implement techniques taught by Safe Families and begins to feel she is in control.
 - Eldest child begins replicating father's violent behaviour towards his siblings and his mother.
 - Eldest child taken into care in attempt to try to protect the 2 younger children.

Annie: Single mother with young baby, has had 3 children removed previously, is isolated and struggling to cope

The situation:

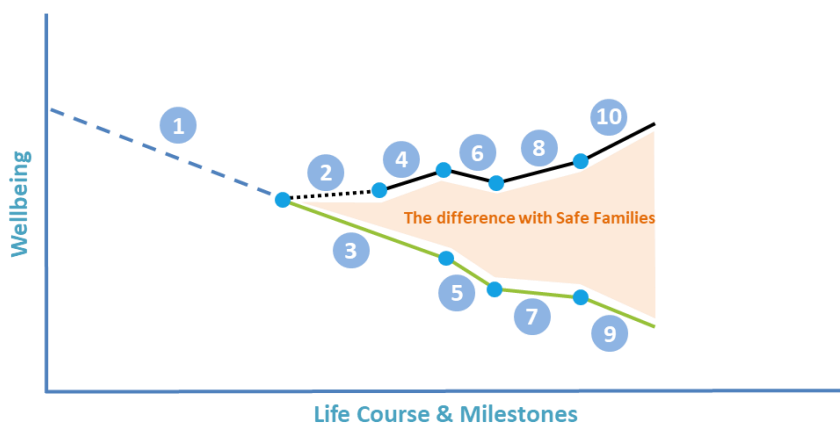
Annie grew up in care following abuse by a relative. In early adulthood, she had three children removed from her care due to her alcohol abuse – a result of post-natal depression. This and other factors have led to severe anxiety. She has had a new baby and the Local Authority are trying to support her. At the moment, she is coping well and the baby is safe and well cared for. However, there is some concern that this may not continue. Annie herself is resistant to contact or help, fearing history repeating itself. She has no support network and neglects her own self-care because she is so focused on keeping the child with her.

Response highlights:

- Building trust takes a long time – Annie initially has the same opinion of Safe Families as of other organisations that have tried to tell her what to do or take her children away. Safe Families show her that they are coming from a position of support, with her wellbeing at the forefront.

- Only after several months does Annie let her guard down enough to explore her own trauma and fears – but this may trigger further trauma and the relationship between Annie and the volunteer may need periods of rebuilding. Over time, the volunteer comes to understand Annie’s fears and is able to support her both in her parenting and in advocating for herself and her child with statutory services.
- Annie begins to understand her own trauma and how to live with it, she has an empowering and supportive relationship with the volunteer and she is able to help her child grow, develop and thrive. Her sense of purpose and self-worth is increased.
- Annie’s child benefits from having a positive relationship with Annie and with the volunteer – and ultimately the risk of being taken into care is reduced.

Annie: Single mother with young baby, has had 3 children removed previously, is isolated and struggling to cope



- 1 Annie is caring for the child well but her mental state is unbalanced. LA are attempting to help her but she is resistant and mistrusting after her previous experiences.
- 2 Progress is slow initially as it takes a while for Annie to trust Safe Families’ volunteer. Annie’s engagement can depend upon how the LA has described Safe Families and what they can do.
- 3 Annie’s wellbeing continues downwards and without any intervention.
- 4 Trust is achieved to a point that focus can turn to focus on the causes of Annie’s mental health issues.
- 5 The LA eventually become involved and Children’s Services begin to monitor. She is frightened, and worried that her child will be removed.
- 6 Attempting to address the cause of her trauma leads Annie to an initial regression.
- 7 LA monitoring continues. Care of the child continues to be sufficient that child remains with mother.
- 8 Understanding the causes of Annie’s trauma enables Safe Families to start to give general support and parenting advice and she feels more secure.
- 9 As child grows older it becomes clear that Annie does not have the capability to support their development and decision is to take child into care.
- 10 The relationship between Annie and the Safe Families’ volunteer continues after the formal process ends. Her child is well supported and continues to develop.

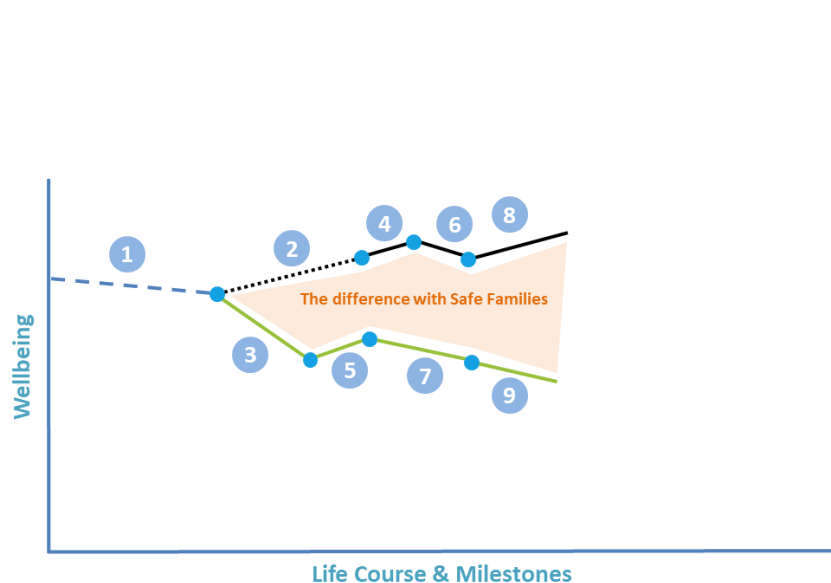
Jasmin: Mum without support network around her. Going into hospital for an operation and needs someone to look after her 3 year-old daughter and support around her medical condition post-operation

The situation:

Jasmin needs to go into hospital for an operation that becomes more urgent the longer that she waits to have it. She has been putting it off despite the risks entailed because she has no-one who can step in and care for her three year-old daughter. There is also the realistic possibility that Jasmin will be physically incapable of looking after her daughter whilst she is recovering from her surgery.

In a wider sense, there is concern that Jasmin has found herself without any form of support network on whom she can rely, especially in an emergency such as this. Whilst this situation can arise because of a gradual separation from friends over many years whilst pushed for time as a single parent, it may arise for other reasons. People in a situation similar to Jasmin's may have got to that point through being an asylum seeker in a foreign land, for example, struggling alone with a system which they do not know how to navigate. In such cases additional barriers may arise, such as language and limitations as to the services which they can access due to insecure immigration status. In addition to being extremely stressful the isolation experienced can become a problem when it comes to interactions and ability to engage with the immigration services (an asylum seeker is required first to secure their status in order to gain access to the further services).

Jasmin: Mum without support network around her. Going into hospital for an operation and needs someone to look after her 3 year-old daughter – and support around her medical condition post-operation



- 1 Jasmin is in need of a serious operation and is without sufficient support network around her to care for her 3 year-old daughter whilst she is in hospital and recovery.
- 2 Safe Families put a volunteer in place who earns Jasmin's trust. This enables the volunteer to care for the daughter during the operation and when needed during Jasmin's recovery.
- 3 Without any form of support Jasmin will delay her operation with a potentially stark impact upon her physical health.
- 4 Jasmin's health continues to improve and she takes back full care. She also has the additional support of the Safe Families' volunteer who has become a trusted friend.
- 5 Jasmin eventually resorts to the child going to stay with paternal grandparents, even though Social Services see this as detrimental to the child's wellbeing.
- 6 Jasmin suffers post-operation complications but with a developing support network in place she is able to receive treatment as quickly as possible without worrying about how to care for her daughter.
- 7 Care is not long term however, and Jasmin's recovery suffers from having to care for her daughter alone.
- 8 Jasmin recovers without further complication and is able to fully support her daughter's development with the security and additional support of her network.
- 9 Jasmin's daughter's wellbeing suffers from her mother being unable fully to support her development.

Response highlights:

- The default course of action would be for the child to become 'looked after' through the Local Authority. Safe Families' hosting, in a recognised arrangement, means the child is never labelled as a Looked After Child. The hosting volunteer gets to know Jasmin and her daughter before the hospital stay to build trust. Jasmin has control over when hosting begins and ends, significantly reducing the stress and anxiety felt by both her and her child.
- The volunteer also supports Jasmin after her discharge from hospital – this may include helping her with carrying heavy shopping, or looking after her daughter so she can rest. This helps her to recover more quickly and more fully than if she had been on her own.
- As a result of this, Jasmin no longer feels alone in her care of her daughter. For any future situations that arise, she now has someone on whom she can lean for support. In the course of the relationship the Safe Families volunteer will also look to establish how it has come to be that Jasmin has no support network around her and to assess whether there are ways in which she can be supported further.

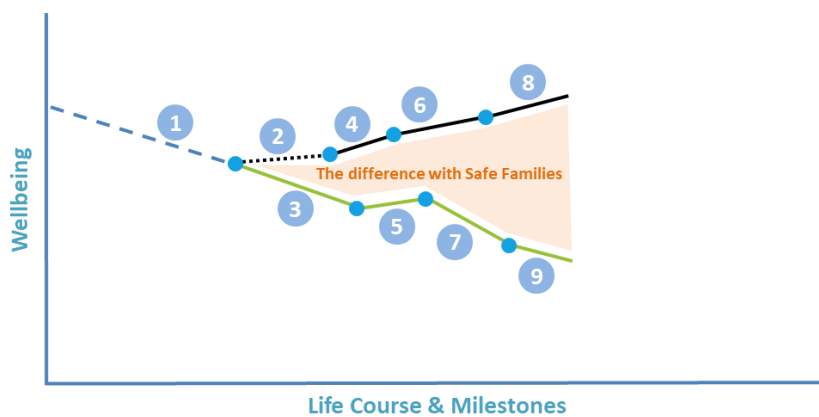
Thomas: 20 year-old care leaver. Became looked after when aged 4. Now living independently, is isolated and struggling with low mood

Safe Families is seeing an increasing number of referrals relating to young adults leaving Local Authority care who are struggling with the transition from the care system to adulthood. Thomas' story illustrates the challenges that can arise for those young people, who often lack the type of support network that most young people benefit from in a number of ways at a similar stage of their lives.

The situation:


Upon leaving the care system and moving into a hostel, Thomas feels alone. Since being admitted into care at the age of five, his only contact with his birth family are very rare interactions with his maternal grandmother. As a result Thomas is without anyone who 'checks in' with him regularly in a parental way, and this has left him struggling with cooking, budgeting and finding work as well as severely impacting his sense of self-worth. Struggling with low mood and motivation, he isolates himself in the hostel, spending a lot of time alone in his room, not getting out of bed until the early afternoon on most days after staying up late playing computer games. Online gaming represents his sole form of socialising. He leaves the hostel only to buy food or marijuana, to which he has turned to help him sleep and achieve a sense of escape.

Thomas: 20 year-old care leaver. Became looked after when aged 4. Now living independently, is isolated and struggling with low mood



- 1 Low moods mean that Thomas has low motivation and cannot see a way to move his life forward out of its current state.
- 2 It takes a long time for the Safe Families' volunteer to get through to Thomas so he can see it as something that can help him. It feels to him like yet another agency getting involved and dictating how he lives.
- 3 He continues on his current trajectory, unmotivated. His grandmother tries to encourage him to find work but he doesn't put much effort in.
- 4 They begin to build a relationship and spending time together. It is the beginning of starting to hold the care leaver to a routine.
- 5 Thomas does manage to find some low-paid work and feels better for having some disposable income.
- 6 Safe Families' volunteer becomes a trusted part of Thomas' life and begins to support him to find work experience and then towards paid work.
- 7 His lack of routine and motivation means that he struggles with time-keeping and is persistently late for work, eventually losing his job. This sends him into a further downward spiral.
- 8 They work through Thomas' trauma together and through that and having achieved paid work, he feels empowered to find somewhere permanent to live.
- 9 He begins seeing his grandmother less due to his lack of motivation and therefore their relationship suffers.

Response highlights:

- Thomas' isolation and his perception of being left to look after himself is the key trigger for his low mood. The Safe Families volunteer is persistent in contacting Thomas and meeting up with him. Over time, Thomas comes to trust that the volunteer is really there for him, loves him as he is and has his best interests at heart.
 - Over time, Thomas confides in the volunteer about his ambitions, interests and fears, and seeks guidance and support. The volunteer provides the kind of support that other young people may get from families and friends – helping him with his CV and job search, checking in on how things are going and supporting him to stay confident and resilient when things do not go as planned. They begin to cook and eat together, and Thomas gets a chance to develop life skills including budgeting and DIY.
 - The ultimate outcomes of this may be that Thomas eventually finds sustainable work and is able to do well at work. He may feel more able to socialise with colleagues and make new friends, as his self-worth improves.
- 

6. How Safe Families creates value – the stakeholder view

Stakeholders are those individuals and organisations who experience benefits (secondary outcomes) from the primary and secondary outcomes of direct service users (in this case the parents that Safe Families works with).

We have identified key stakeholders through a series of workshops with Safe Families staff and with the project Steering Group, which explored the nature of those stakeholders’ interests in the changes in the families’ lives.

These stakeholders are shown in Figure 9, which identifies eight key stakeholder groups, the gains for which are outlined below. In addition, the gains for children (as stakeholders in their parents’ theory of change) and volunteers are also outlined.

The discussion that follows and which is given in more detail in Appendix 5 takes each stakeholder in turn, working clockwise around the wheel, starting with Local Authority Children’s Services.

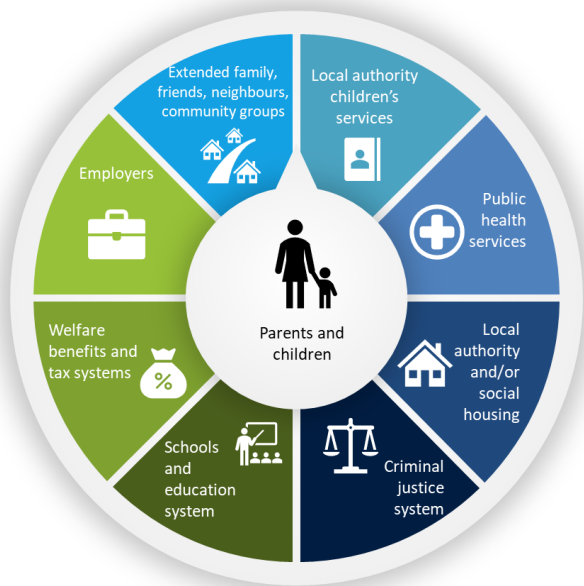
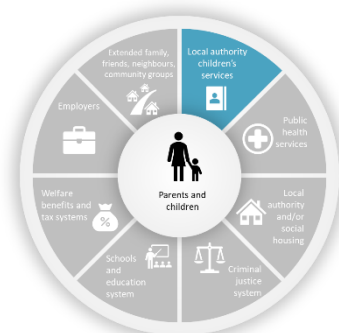


Figure 9: Stakeholders who benefit from Safe Families' work

Local Authority Children’s Services:

As families become more stable and build their support networks their overall level of need for support from local authorities is maintained or gradually reduced. They are also more likely to engage positively, with a new found trust, with Children’s Services, meaning that their needs can be met at the appropriate level. Local authorities with a strong relationship with Safe Families have found that their overall approach has become better able to meet families’ needs through working together with their volunteer supporters. All of this results in cost savings to Children’s Services. Specific gains include:

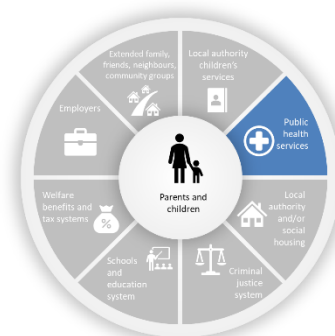
- Accessing a wider range of early help support
- De-escalation of need for parents and child
- De-escalation of need for siblings
- More effective engagement with families
- Flexible delivery meaning greater potential cover
- Need less likely to escalate to higher costing levels
- Changed approaches leading to wider benefits.



Public Health services:

As parents' and children's mental health and wellbeing improve and the home environment becomes physically and emotionally safer, the need for medical intervention including GP and A&E visits is likely to reduce, resulting in cost savings. Families are also more likely to access preventative and early intervention help, again leading to overall cost savings as crises further down the line are prevented. Specific gains include:

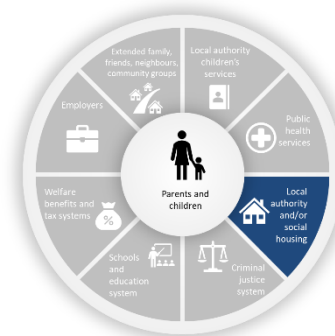
- Reduced need for medical intervention for injuries and domestic abuse
- Safer living environments leading to reduced need for treatment
- Improved access to preventative healthcare
- Mental health care early intervention
- Reduced health risks from isolation
- Reduced risk of substance abuse.



Local Authority and/or Social Housing:

As families become more in control of their situations they are likely to be better able to maintain and manage tenancies. This is likely to lead to a range of savings as well as intangible benefits for housing providers. Specific gains include:

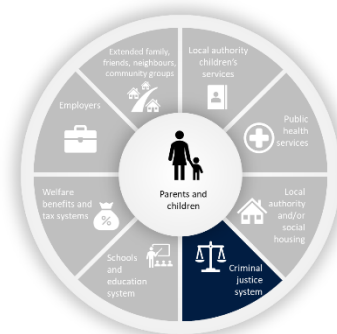
- Improved living conditions
- Improved tenancy management
- Earlier access to support
- Reduced problem debt
- Young care leavers better able to maintain tenancies
- Stronger neighbourhoods.



Criminal Justice system:

Only a small proportion of the families that Safe Families supports have interactions with the criminal justice system. However, Safe Families work means that even those families in the most vulnerable situations are less likely to have difficult interactions with police officers or other parts of the system. Specific gains include:

- Reduced risk of becoming victims of crime
- Reduced need for police intervention in families
- More positive relationships with police
- Reduced risk of criminalisation.



Schools and the education system:

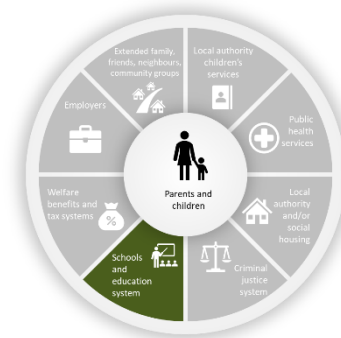
As children's home environment improves, they may be better able to engage positively in school. In addition, Safe Families' direct work with schools (which is in its early stages) may result in more children being better supported and better able to reach their potential. Safe Families' direct work with schools encourages key staff to take a consistent and collaborative approach with the parents, for the benefit of the child.

Safe Families also works with the family to establish a positive morning routine and structure in their homelife, which is also key to a child's ability to fully access their education at school. Part of this can be finding ways for the children to fit in with their peers which can help them to find enjoyment and friendship in their school day. For example, Safe Families may provide resources to make sure that they have appropriate school uniform and PE kit if the family are not in a position to continue to replace clothes as the child grows, so helping the child to fit in at school.

Previous patterns of interactions between children and school staff that may have triggered the child's trauma can be spotted and changed.

This is likely to result in several gains, including:

- Improved educational outcomes for children supported by Safe Families
- Improved engagement and behaviour, resulting in less disruption for other pupils and less teaching time loss due to disruption
- Improved relationships between the children supported by Safe Families and their peers
- Reduced risk of exclusion where this may previously have been a risk
- Reduced risk of child's trauma responses being triggered by the school
- Support through an Education, Health and Care Plan ('EHCP'). Safe Families do, in some cases, work with parents to advocate on behalf of the child so that they receive the support they need in school.
- Wider benefits of trauma-informed approaches. As key staff in schools work collaboratively with Safe Families and mirror the same trauma-informed strategies and techniques, this may have an overall effect on their interaction with children beyond those directly supported by Safe Families.
- Access to remote learning. During the Covid-19 pandemic, Safe Families volunteers have been able to support some families with digital infrastructure so that they can access remote learning. This was provided alongside support for the parents to manage their child's home schooling, with some volunteers providing additional online learning sessions for children; taking some of the pressure from the parents.



Welfare benefits and tax systems:

Gains to the state in terms of welfare benefits and tax are likely to be long-term as family members begin to take up employment. Specific gains include:

- Take-up of benefits
- Moving into employment
- Increased revenue from working parents.

Employers:

Many of the parents and young people with whom Safe Families work may not be in employment at the point of referral. For those that are employed, their being able to process and begin to heal from past trauma may enable them to thrive at work – to enjoy their work more and perhaps to progress more. They may also be able to build and benefit from stronger relationships with colleagues. This leads to gains for employers, including:

- Reduced absence or presenteeism
- Productivity
- More diverse workforce.

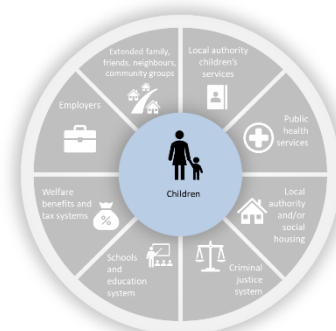
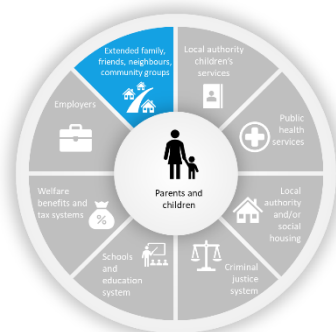
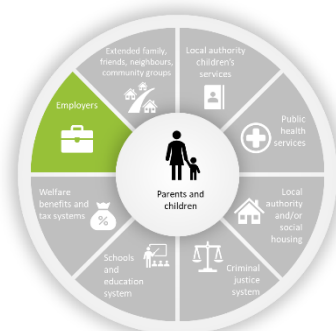
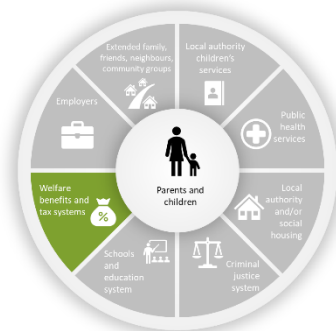
Extended family, friends, neighbours and community groups:

Extended family, friends, neighbours and community groups are likely to benefit from stronger relationships with the families supported by Safe Families, resulting in richer and more positive experiences for all. Specific gains include:

- Rebuilt or strengthened relationships with extended family, friends or neighbours
- Community wellbeing including strengthened social connection across the community
- Active community participation by a wider range of families.

Children of parents with whom Safe Families work (as detailed in the Theory of Change for children)

Safe Families’ work with parents and children has a positive impact on children’s wellbeing, behaviour, development and relationships with peers and adults. The full level of that impact may be hard to spot since Safe Families work is preventative in avoiding escalation of problems, as well as helpful in de-escalating.



Specific gains include:

- Improved behaviour at home
- Self-expression
- Confidence
- Children's brain development
- Positive relationships for children with other 'safe' adults
- School engagement
- Broader horizons for the child through the involvement of the volunteer
- Wellbeing. All of these, taken together, are likely to maintain or improve children and young people's wellbeing.

7. Evaluation of outcomes

Section 4 explained the outcomes of safe families work and split these into outcomes for:

- supported families
- supported families where support is provided specifically to a teenager
- cases of young people transitioning from life as a Looked After Child (LAC) into adulthood.

Section 6 looked at the stakeholders that benefit from the delivery of those outcomes. This section places values on some of the outcomes from the perspectives of different stakeholders.

Firstly, we will explain the overall approach to this evaluation. Then we will summarise the figures for individual cases and for Safe Families in total, highlighting key points of interest. That will be split out across the stakeholders' interests and comments added about how those values arise. We complete the section by commenting on the methodologies used for evaluation and the key assumptions within the calculations.

The overall view of value: it's at least...

Those receiving Safe Families' support can be split into three groups:

- 99% of cases are in support of families with younger children
- 28% of which are families with a teenager getting specific support
- 1% involve supporting the transition into adulthood of a Looked-after Child ('LAC').

With 1,383 families or single young people having completed a program of support with Safe Families in the twelve months to 31 May 2021²⁰, this results in total savings and valuable benefits from that year's support (but realised over several years into the future) of at least:

- Family with younger children - **£36,219,841** – or **£26,454 per family**
- Family with support of teenager - **£10,783,469** – or **£27,846 per family**
- LAC transition into adulthood - **£972,136** – or **£70,291 per young person.**

This results in total impact of Safe Families' support being at least:



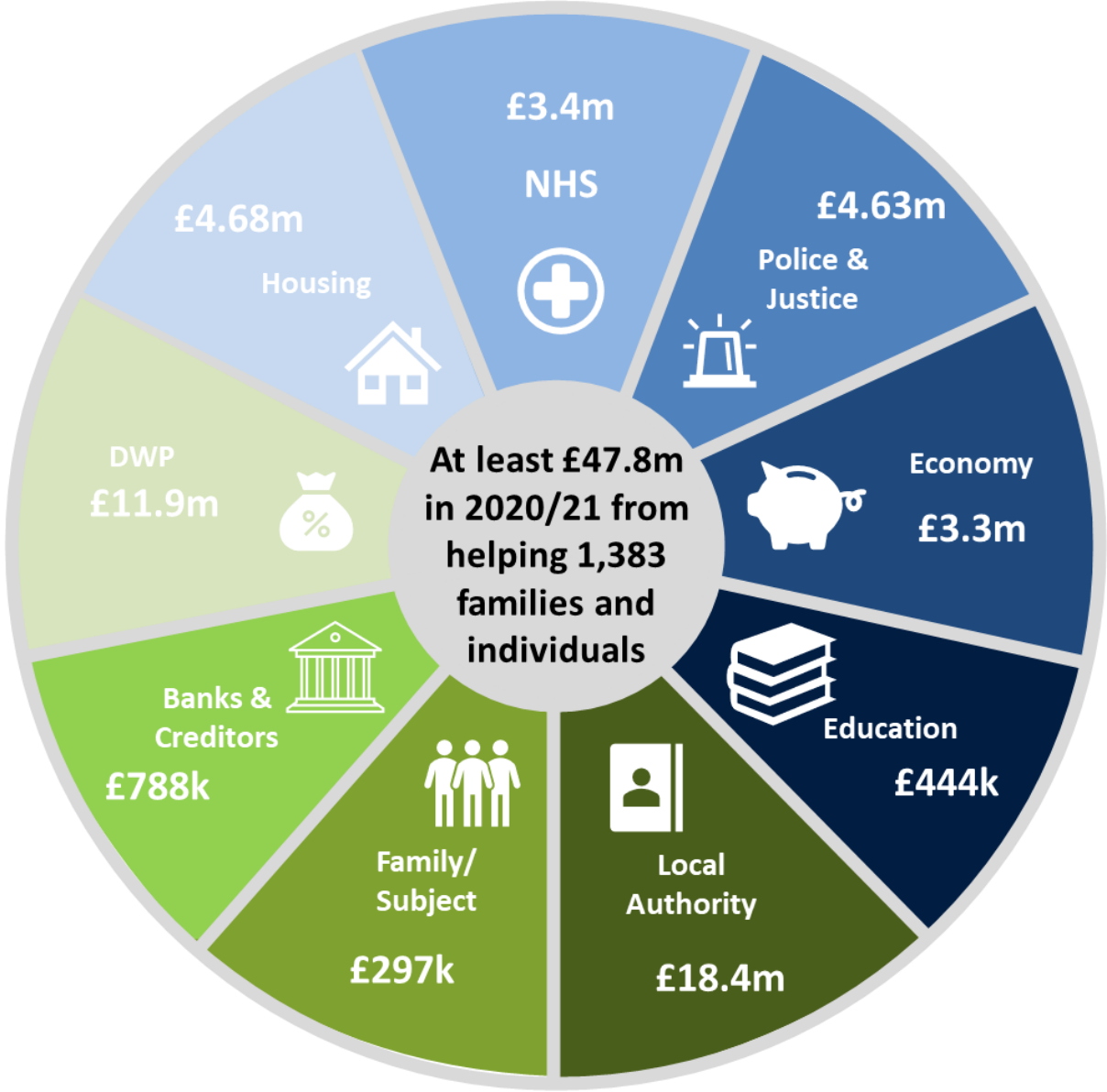
²⁰ Safe Families Closure Reasons 2021

Although conservatively stated, this is clearly a great achievement, and the explanations below will emphasise how wide is the benefit to different stakeholders. However it is essential that we remember that these financial reflections are mere shadows of the deep, life-changing benefits enjoyed by families who find new opportunities, new focus, and new friends through Safe Families' support. Enabling families to support, nurture and provide safe homes for their children is the really exciting story here.

Full details of our approach to evaluating the outcomes, including the measures used and assumptions underpinning the models can be found at Appendix 8.

Measuring outcomes from stakeholder perspectives

As previously stated in Section 7, the outcomes of Safe Families' work have a benefit for many stakeholders around the family or young person. The minimum £47.8m of savings and gains identified are experienced by the various stakeholders as follows:



NHS	£3.4m	Reduced numbers suffering depression and other mental health difficulties for parent or child requiring clinical support. Relatedly, reduced risk of need for medical intervention due to alcohol dependency or drug use and abuse. Visits to the GP or A&E specifically attributed to isolation and loneliness also reduce.
Police & Justice	£4.63m	The likelihood of the police being called to attend a disturbance is significantly reduced. Instances of domestic violence (including child on parent) are also reduced.
Economy	£3.3m	The economy benefits from less time being lost to presenteeism and absenteeism, on the part of parents with jobs but distracted by the complexities of home life.
Education	£444k	As need de-escalates, so too does the rate of persistent truancy and permanent exclusion from school for children of all ages.
Local Authority	£18.4m	The provision of somewhere for a child to live is a significant cost to the Local Authority. Safe Families support and hosting can prevent the costs of a child becoming Looked After. At CiN and higher levels of need and support the costs of case management and intervention from the Local Authority also mount up. ²¹
Family/ Subject	£297k	Safe Families are able to provide support and signposting to specialist organisations to help families and individuals with any debt issues. Additionally, a LAC transition case is more likely to find meaningful employment as a result of Safe Families support, which carries a financial benefit to the individual.
Banks & Creditors	£788k	With Safe Families' support, the risk of problem debt is reduced (as above) – resulting in savings to creditors as well as the individual.
DWP	£11.9m	De-escalation in need is mirrored by the reduced likelihood of a young person growing up to be Not in Employment, Education or Training (NEET) and therefore to be less reliant upon DWP for benefit payments such as Universal Credit.
Housing	£4.68m	In addition to problem debt, complex home life is also likely to contribute to rent arrears building up. Safe Families are able to provide support to those in arrears, for example budgeting or further signposting to specialist support organisations. There are also costs incurred for housing providers when damage is done to their homes.
Community Value		Domestic incidents and outbursts of behaviour are not limited to within the home and can often impact upon a family's wider community. Although there are no costs directly attributed to Community Value, things such as damage to property have an impact on the community as well as the family in the home.

Key assumptions used

Whilst a large proportion of the calculations within our evaluation are based upon information either from Safe Families or from trusted sources, we have to make a number of key assumptions. These assumptions have been sense checked by Safe Families and our Steering Group participants to ensure that they are realistic, reasonable and that they accurately reflect the lives of the people they support. Additionally, any assumption made is deliberately conservative so as to not unrealistically inflate the potential cost or saving.

Full details of the assumptions used in the evaluation are included in Appendix 9.

²¹ The saving quoted here is realised over a period of years, accounting for deadweight and alternative attribution, as is the case for all stakeholders. The total in-year saving to local authorities is £1,867,831 across the whole cohort of 1,383 families. An average figure for a single case would be misleading as the saving to local authorities varies considerably by level of need on referral and whether that is deemed to be escalating or de-escalating.

Risks and sensitivities

In producing the illustrative evaluation a series of assumptions have been made. Even though they have been discussed, researched and arrived-at reasonably, could they be wrong, and lead to a material inaccuracy in the overall figures presented? If that inaccuracy is large relative to the reported figure it might be sufficiently great to change the view of the reader as to whether or not the work done is valuable. This is how we define a 'material' inaccuracy. A figure that does not change materially when an assumption is adjusted is said to be 'materially insensitive' to that adjustment. The areas of assumptions most likely to give rise to a material inaccuracy are those where the underlying assumptions are most material to the overall view presented, and those where there is a higher degree of estimation and less reliance on supporting evidence in that assumption. In the former case ('A') the focus is on the rates of escalation and de-escalation, and in the latter ('B' to 'E') the focus is on five specific cost areas that appear in most of the evaluated profiles.

In sensitivity set A – the rates of escalation and de-escalation – the greatest sensitivity is shown, but focusing on an area where reliable data is held. Rather than reflecting whether the figures are reasonably accurate even if key assumptions vary, they show how the potential value changes if effectiveness of Safe Families' work falls. It takes two more moderate positions (i and iii), and an extreme one (ii). In all three there is still a significant benefit from Safe Families' work, and furthermore all of these figures ignore the benefit of curtailing further escalation of cases in future, a point noted in the research but unquantifiable from current data.

In sensitivities B to F the attention turns to the detailed cost and benefit lines in the underlying models for each of the levels of need. They all show that the model is materially insensitive to changes in these estimates although if more than one of the estimates is changed at the same time the effects added together become more material.

Further details of the underlying calculations are shown at the end of Appendix 9. In summary they show the difference to the overall cost based upon the following changes to specific costs, all evaluated against the total value of impacts of £47.8m:

A. Rates of escalation and de-escalation

(i) Increasing the percentages of cases which escalate rather than stay the same or de-escalate (the changes in the percentages are detailed at Appendix 9)	£39.3m
(ii) In cases which are evaluated as de-escalating beyond the need for future support, assuming that they still need some support at the first (Early Help) level	£30m
(iii) For cases which stay at the same level in the analysis, instead splitting them to show half escalating by one level, and half de-escalating by one level	£52.6m

B. Length of stay in Local Authority foster care

(i) Reducing weeks in foster care for Child Protection cases from 6 to 0 weeks per year	£46.4m
(ii) Doubling weeks in foster care for Child Protection cases from 6 to 12 weeks per year	£49.4m
(iii) Doubling weeks in foster care for Child Protection as at point (ii), with the addition of 6 weeks per year for Child in Need cases	£54.2m

C. Loneliness and Mental Health: increased likelihood of mental health issues occurring for all levels to 55%, as in Child Protection level (currently LAC 60%; CP 55%; CiN 50%; EH and closed 35%)	£47.1m
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D. Domestic violence

- | | |
|---|--------|
| (i) Increased likelihood of domestic violence for all levels to 40%, as in Child Protection level | £47.2m |
| (ii) Decreased likelihood of domestic violence for all levels to 10%, as in Early Help level | £44.7m |

Currently these percentages for numbers of families experiencing domestic violence are set at LAC 14%; CP 40%; CiN 33%; EH 10%; Closed 5.5%)

E. Truancy and Exclusion

- | | |
|--|--------|
| (i) Truancy and exclusion rates for all levels below Child Protection adjusted into line with Child Protection. 15% for truancy and 2% for exclusion. | £47.1m |
| (ii) Truancy and exclusion rates for Child Protection and Child in Need adjusted to in line with Early Help. 2.1% for truancy and 0.25% for exclusion. | £47.4m |

Currently these percentages of families experiencing truancy are LAC 12.1%; CP 15%; CiN 12.1%; EH 2.1%; Closed 0.5%, and for exclusions LAC 0.11%; CP 2%; CiN 0.75%; EH 0.25%; Closed 0.1%).

- | | |
|--|--------|
| F. NEET rate: adjusted the likelihood of NEETism for children for all levels to 21%, as in Child in Need (currently LAC 18%; CP 24%; CiN 21%; EH 16% and Closed 11%). | £42.1m |
|--|--------|

8. Conclusions

This review shows that Safe Families' intervention works: it de-escalates need for 46% of families who engage with services, with a further 34% remaining at the same level of need (a proportion of whom may have been on an escalating trajectory prior to referral)²².

11% of families referred are found to be unsuited for the support offered, and a further 24% of families do not engage²³. Those receiving Safe Families' support can be split into three groups:

- 99% of cases are in support of families with younger children
- 28% of which are families with a teenager getting specific support
- 1% involve supporting the transition into adulthood of a Looked-after Child ('LAC').

The support falls into three broad types of service:

- Volunteers befriend families, providing the care and support that family friends offer, supporting them to respond to the challenges they are facing and stabilise their families, as well as forming the core of a caring community to which families belong.
- Where needed, volunteer families 'host' young people from these families for overnight stays to allow space, support and an opportunity for both family and the children to recover.
- Safe Families' volunteers provide resources of time, toys and household goods, and more besides, to help families to lift themselves out of the practical problems that face them.

That structure belies how flexibly Safe Families' services are delivered, and the extent to which they are tailored to the needs of the families and young people being supported. That distinctive flexibility runs through the approaches used by Safe Families in delivering support, and the responses expected that provide the link to outcomes that meet families' needs.

It is the approaches – the qualities and nuances in delivery with which support is delivered – built around the core of the consistent relationship of friendship and trust between the family and the volunteer, that make Safe Families so effective. There are many aspects to these approaches, of which those below are central to the difference that is made to families.

Safe Families:

- **Give time** for families to engage with the volunteer, without pushing to a pre-set timetable; and allowing the support to continue for as long as it takes – indeed they can stay on as a permanent friend if that's what the parents want
- **Are voluntary:** given because the volunteer wants to and because they care about the family – which means the family finds their support more engaging
- **Are flexible and responsive,** listening and responding to the needs and views of the family or young person
- **Are consistent, regular and reliable,** in it for the long term, and centred around the on-to-one core relationship between the parent or young person and their dedicated volunteer

²² Safe Families Data Pack 2, data for cases supported and closed to 19 April 2021

²³ Closure Reasons 2021 – Sonnet analysis

- **Match the volunteer to the family**, so that their experience fits and the potential for a bond to develop is there
- **Affirm** the family' or child's efforts, and get involved in a non-threatening way, without implied judgment and risk for the family
- **Work with parents to support the children**, as well as engaging with the child as an adult family friend – a 'safe adult' introduced to a challenging situation
- **Bring skills and insight** into how to parent the children, manage aspects and challenges of daily life, and engage well with public agencies.

Safe Families can make little difference if the families do not engage at the outset. They can, and do, wait to give them time, keep trying to make contact, and offer much more flexibility in when and how to meet than could be offered by many public service employees. Some 15% of families referred cannot be supported, and a further 24% are referred but do not engage fully, and the cases are closed soon after referral. Safe Families continues to look at these to see how approaches can be improved to reduce these numbers, but it is unrealistic to reduce either of them to zero. On the other hand the 29% of families that start but do not complete the full Safe Families programme (18% of those referred) should not necessarily be interpreted as failure, even though their outcomes are somewhat poorer than those who complete the programme. This includes both occasions in which support is not completed and so is less likely to be fully effective, and those in which the family decides they have achieved all they need and do not need further support (a success).

Eight groups of external stakeholders have been identified that benefit from the changes made in families lives and situations. These are in addition to the children, and the parents, who are of course beneficiaries of the changes in their own and each other's lives.

With 1,383 families or single young people having completed a programme of support with Safe Families in the twelve months to 31 May 2021, this results in total savings and valuable benefits from that year's support (but realised over several years into the future) of at least:

- Family with younger children - **£36,219,841** – or **£26,454 per family**
- Family with support of teenager - **£10,783,469** – or **£27,846 per family**
- LAC transition into adulthood - **£972,136** – or **£70,291 per young person.**

This results in the total impact of Safe Families' support being at least £47.8m. That gain, and some indication of how it arises, are shown in the table on the next page:

NHS	£3.4m	Reduced numbers suffering depression and other mental health difficulties for parent or child requiring clinical support. Relatedly, reduced risk of need for medical intervention due to alcohol dependency or drug use and abuse. Visits to the GP or A&E specifically attributed to isolation and loneliness also reduce.
Police & Justice	£4.63m	The likelihood of the police being called to attend a disturbance is significantly reduced. Instances of domestic violence (including child on parent) are also reduced.
Economy	£3.3m	The economy benefits from less time being lost to presenteeism and absenteeism, on the part of parents with jobs but distracted by the complexities of home life.
Education	£444k	As need de-escalates, so too does the rate of persistent truancy and permanent exclusion from school for children of all ages
Local Authority	£18.4m	The provision of somewhere for a child to live is a significant cost to the Local Authority. Safe Families support and hosting can prevent the costs of a child becoming Looked After. At CiN and higher levels of need and support the costs of case management and intervention from the Local Authority also mount up.
Family/ Subject	£297k	Safe Families are able to provide support and signposting to specialist organisations to help families and individuals with any debt issues. Additionally, a LAC transition case is more likely to find meaningful employment as a result of Safe Families support, which carries a financial benefit to the individual.
Banks & Creditors	£788k	With Safe Families' support, the risk of problem debt is reduced (as above) – resulting in savings to creditors as well as the individual.
DWP	£11.9m	De-escalation in need is mirrored by the reduced likelihood of a young person growing up to be Not in Employment, Education or Training (NEET) and therefore to be less reliant upon DWP for benefit payments such as Universal Credit.
Housing	£4.68m	In addition to problem debt, complex home life is also likely to contribute to rent arrears building up. Safe Families are able to provide support to those in arrears, for example budgeting or further signposting to specialist support organisations. There are also costs incurred for housing providers when damage is done to their homes.
Community Value		Domestic incidence and outbursts of behaviour are not limited to within the home and can often impact upon a family's wider community. Although there are no cost directly attributed to Community Value, things such as damage to property have an impact on the community as well as the family in the home.

Several points stand out from the review:

10. **Safe Families support works** for families and young people that are isolated, lonely, finding it hard to engage with public services, and carrying the shadows of past and present trauma in their lives. The impact of this support is seen in the fact that 46% of families supported de-escalate in terms of level of need and a further 34% remain at the same level of need²⁴. De-escalation rates range from 44% of families with a child in care (LAC) ceasing to be so to 53% of those at Early Help coming out of the need for Local Authority support altogether. The impact of Safe Families' support is also evident in self-reported outcomes for families (an average increase of 1.3 to 2 points on a 1-10 scale across the six key outcomes of social networks, wellbeing, confidence, physical needs, family relationships and positive parenting²⁵).
11. **The better the engagement with the Local Authority** that is referring the family **the more effective the work** with the family is likely to be.
12. **The values it brings, and which come through in its approaches, are key to its effectiveness.** Love, in the sense of caring for someone as a fellow human being, is central to Safe Families' values and a fundamental force for good. While rarely discussed by commissioners, here it is a central underpinning of the distinctive and effective approaches taken by Safe Families staff and volunteers.
13. **Safe Families can do things that it is hard, if not impossible, for a public service agency to achieve.** Their volunteers have the credibility of not being paid so their motives may be seen more clearly by families, they are not time-limited as to how long they can allow for engagement, when they can see families, or how long they can stay involved. They can host young people at short notice to give everyone breathing space, they can meet families in locations that suit in a very flexible way, and they can engage with all members of the family or just one. Involving Safe Families, from a Local Authority's point of view, can bring a significant additional layer of flexibility of engagement. Although they do work with an evidence-based core approach, they can also try adaptations of the support being offered without extensive prior testing or multi-level clearances with funding boards.
14. **Understanding trauma and working with the families' complex situations without judgment is key to effective service.** Where it becomes possible to share that viewpoint with public service providers, with schools and others around the family, the benefit gained by Safe Families' involvement and insight is heightened.

²⁴ Correspondence with Kat Osborn at Safe Families (27/05/2021)

²⁵ See figure 7 on page 15 for further details of the increase in self-reported outcomes for each outcome area.

DELIVERING IMPACT MATTERS

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