

The cost effectiveness of Action for Children's Intensive Family Support Services

Final Report

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Key Findings

- The research found that Intensive Family Support (IFS) services have a positive impact on the outcomes of families facing multiple problems and the costs incurred to the public purse associated with supporting those families.
- This study has highlighted the extremely complex nature of estimating the costs associated with supporting families accessing Action for Children's IFS Services. The difficulties encountered in estimating costs arise from the multiple difficulties faced by the families.
- While the difficulties in the data make the calculation of realisable savings problematic, this study has shown that an exploration of the impact of IFS services on local authority expenditure can be achieved by using a combination of real data and research-based estimates.
- The analysis suggests that the IFS service has the potential to result in a realisable savings resulting from a reduction in offending and unauthorised absences from school.
- A lower cost was incurred for a third of the families six months after the IFS service ceased compared to the costs they incurred six months prior to receiving the intervention.
- Projected expenditure may also be reduced through costs avoided by preventing children and young people entering care.
- The costs avoided through the prevention of children and young people entering care range between £5,475 and £130,471 per family depending on the type and length of the placement.

1. Introduction

This report details the findings of a study carried out by the Centre for Child and Family Research (CCFR) to explore the cost effectiveness of providing Action for Children Intensive Family Support (IFS) Services. The research was conducted on a sample of 43 families in two local authority areas. The research explores the costs incurred to local authorities prior to the families accessing the IFS service, during the intervention and after the IFS provision ceased. These costs have been bought together with data on the outcomes achieved by the families in the sample during the data collection time period.

Background

Action for Children Intensive Family Support Services

The first IFS service was established by Action for Children in 1995 and aimed specifically to address the needs of families at risk of eviction due to anti-social behaviour. This first service was a pioneer for the intensive family support or family intervention project model which has since spread across the country. IFS services are now delivered in 45 local authorities.

The service provides a coordinated response to individual family's needs, through a key worker who provides a period of intensive support designed to improve the family's outcomes. Due to the complexity of need present across the families, the IFS service is often provided alongside universal and targeted provision, such as parenting programmes.

Since 1995 Action for Children has been involved with and commissioned various research studies. In response to the renewed national focus on families facing multiple difficulties, Action for Children commissioned a new research programme in 2012 to update the evidence base on IFS services. This consisted of two parallel studies:

- The *Evaluation of Action for Children's IFS Services* (Action for Children, 2012) (completed in 2012) set out to examine effective features of the service, the impact achieved, and to understand whether, and in what ways, the model has changed since its inception. The evaluation was carried out in four IFS

services delivered by Action for Children, two of which participated in the study on cost effectiveness.

- *The cost effectiveness of Action for Children's Intensive Family Support Services* aims to estimate the realisable savings and costs avoided that can be achieved by Action for Children's IFS service.

This report outlines the findings of the cost effectiveness research and makes reference to the *Evaluation of Action for Children's IFS Services*.

Policy context

During the current government's time in office much attention has been given to the financial burden placed on public services addressing the difficulties faced by the country's most 'troubled families' or families facing multiple problems (Department for Communities and Local Government (DCLG), 2013a; DCLG, 2013b). Troubled families are defined as (DCLG, 2013a) those for whom members:

- Are involved in crime and anti-social behaviour
- Have a child not in school
- Have an adult out of work
- Cause a high cost to the public purse

Such families face multiple difficulties which intersect a range of public sector agencies including health, social care, education, criminal justice, housing and welfare, along with voluntary organisations, such as Action for Children. In addition to universal provision, financial costs are incurred to these agencies through two main avenues: first, the negative effects of difficulties may incur specific costs, such as the costs associated with crime and anti-social behaviour. Second, costs are incurred through the provision of support and services aimed at addressing these difficulties. The cumulative impact is that a disproportionate amount of public expenditure may be being spent on a small percentage of families facing multiple problems, resulting in an unequal burden being placed on the public purse (DCLG, 2013a).

In light of this evidence, in December 2010 the Prime Minister stated his commitment to improve the lives of the country's most 'troubled' families (DCLG, 2013a). The

commitment included the aim to improve employment, reduce crime and anti-social behaviour and absences from school. These aims seek to both reduce the financial burden placed on the public purse, along with improving families' outcomes and wellbeing. As part of this commitment, the government pledged an investment of £448 million to the Troubled Families Programme, to which each local authority is signed up. The programme is designed to address national objectives and to support local authorities to develop local strategies. Part of this pledge was to support the expansion of local intensive family intervention programmes (also known as Family Intervention Projects) within local authority areas, such as the IFS services provided by Action for Children.

The changing nature of IFS services in the current context

The *Evaluation of Action for Children's IFS Services* (Action for Children, 2012) found that the IFS services had retained many features in common with the original model. These commonalities include:

- recruitment and retention of high quality staff;
- a key worker approach with each worker holding a small case load and staying involved as long as possible;
- the use of sanctions with support, and
- creative use of resources, choice and empowerment.

However, it was also evident from the *Evaluation of Action for Children's IFS Services* (Action for Children, 2012) that the service model has been adapted to changing national policy and local contexts. Each local IFS service may be commissioned to address a particular need and may therefore differ slightly in its delivery methods or the types of family supported. A description of the two IFS services included in this study is given below. The evaluation (Action for Children, 2012) identified a shift towards IFS services working with children at the edge of care in recent years. Some services are explicitly commissioned to prevent or reduce entry into care. The extent of this shift is such that the internal evaluation found that commissioners of the services have not included educational or employment outcomes in the commissioning agreements. This may represent a notable shift in

focus for intensive family support, which does not necessarily reflect national government objectives.

The evaluation also noted that there has been greater embedding of multi-agency approaches. There has been a long recognised need to improve multiagency working to address the needs of vulnerable people (Howarth and Morrison, 2007; Department of Children, Schools and Families, 2010; Munro, 2011). This is compounded when addressing the needs of various members of a single family, who may each be facing multiple and interrelated difficulties. While the service is intended to address a range of needs and may be offered as a sole service, due to the complexity of need present across the families, it is likely that the IFS service will often be provided alongside universal and targeted provision, such as parenting programmes.

Research evidence on the effectiveness of intensive family support

Regarding the government's key priorities, there is evidence to suggest that intensive family support services have a positive impact on anti-social behaviour and criminal activities, and school attendance (Action for Children, 2011; Lloyd *et al*, 2011; DCLG, 2012b). Evidence regarding parental employment is less positive; Lloyd *et al* (2011) found on average a 14 per cent reduction in the proportion of families who were 'workless'.

While the government's priorities for intensive family support services focus on three main outcome areas (school attendance, anti-social behaviour and crime, and employment) it is evident that Action for Children's IFS service seek to address a range of difficulties faced by the families they work with. Lloyd *et. al.* (2011) found evidence that at least half of the families accessing intensive family support reported improvements in parenting skills and familial relationships and instances of domestic abuse. Elsewhere, the 'whole family approach' has been found to be a particularly effective element of intensive family support services (Action for Children, 2011; DCLG, 2012b). The evaluation into Action for Children IFS services found evidence of improved parental mental health, confidence, aspirations, family routines and parenting skills, familial relationships, budgeting, engagement with services and the child or young person's emotional or mental wellbeing. Unless these difficulties have

reached a threshold at which services are needed, it may be difficult to accurately estimate the financial or 'realisable' savings associated with these outcomes. They do, nonetheless represent an important change for the individuals and families involved.

The *Evaluation of Action for Children's IFS Services* (Action for Children, 2012) found that, for some families, who may have been referred to the IFS service at a time of considerable crisis (*c.f.* DCLG, 2012a), stabilisation of the family circumstances itself is a positive outcome. In some cases the trajectory of the families' outcomes on entry to the service is of worsening behaviours or outcomes. Therefore, a trajectory that stabilises through the course of the intervention represents a real term improvement for the family.

Evidence of the effectiveness of intensive family support services, is however, mixed (Gregg, 2010; Fletcher and McKee, 2012). This is partly due to the complex nature of the difficulties faced by families facing multiple problems. Lloyd *et al* (2011) note that family intervention projects continue to work with very disadvantaged families. This may make comparing their overall short term outcomes with the general population problematic. Furthermore, these difficulties may be deep seated and generational (DCLG, 2012a). Evidence of positive change (or distance travelled) may be a more appropriate way of measuring outcomes. Furthermore, the extent to which data on a range of outcomes, held by a range of services and agencies can be brought together, may compound the complexity of comprehensively understanding the impact of the service. The complexity of data regarding these families and their outcomes is explored further in Section 2.

The costs of families facing multiple problems

In 2011, it was estimated that the costs of one troubled family was £745,000 per year (DCGL, 2013a). Other research has estimated lower costs. By contrast, in an evaluation of six intensive family support projects, the average total costs of closed cases ranged from £3,954 to £36,850 (Nixon *et al* 2006, cited in Flint, 2010). Variations in these costs may be a consequence of different costing methodologies, along with different configurations of services. Calculating and comparing the costs of families facing multiple problems has proved to be a complex task (Flint 2011;

DCLG, 2013b) and may require a degree of transparency to ensure like is compared with like (DCGL, 2013a; Holmes and McDermid, 2013).

Given concerns regarding public spending associated with families facing multiple problems, it is also necessary to examine how those costs might be best reduced, alongside ensuring outcomes are improved. There is some existing evidence to suggest that an 'investment' of intensive family support such as that provided by Action for Children, may reduce the medium and long term costs incurred (Ward, Holmes and Soper, 2008; DCLG, 2013a). DCLG (2013a) state that all local authorities need to understand what benefits are 'realisable'. These are benefits on which an economic value can be placed. DCLG (2013c) argue that one of the key areas through which expenditure can be reduced is through the costs avoided by the prevention of a child being taken into care. If interventions are provided early enough, the cost of placing a child in care is reduced.

The biggest challenge for researchers, commissioners and policy makers however, is the accuracy of the data. Flint (2011) notes that accurate estimations of cost benefits are highly problematic due to difficulties in identifying all the costs associated with a single family. Furthermore, a challenge arises when attempting to accurately estimate the number of families who may achieve positive outcomes from intensive family support, along with the number of families who may have achieved the positive results irrespective of the support provided (Statham and Smith, 2010; DCLG, 2013a).

Further complexities are introduced when considering how changes in costs should be interpreted. Despite evidence suggesting that intensive family support services may reduce spending on these families, there is other evidence that, in the short term at least, the opposite may be true (Flint, 2010; Boddy et al 2012). Increased costs may, in some circumstances, be indicative of positive outcomes and longer term savings (Flint, 2010; Holmes et al, 2012; Holmes and McDermid, 2013; Ward, Brown and Westlake, 2013). For instance, Boddy and colleagues (2012) found that the health needs of some families accessing intensive family support had gone unmet prior to accessing the service. The study found that the intensive family support helped to identify this unmet need and encourage families to engage with

health provision. This results in a short term increase in the costs, but also ensures that needs are being met.

Action for Children's own internal review found that for a proportion of families for whom the intervention sought to address safeguarding concerns, child protection services were escalated, rather than reduced. The report notes that this may be due to increased observations of the family by the IFS service worker, leading to a fuller understanding of the risk factors. Research carried out by the Centre for Child and Family Research has found that children receiving child protection services (including care) later are more likely to have higher needs and incur a higher cost (Ward, Holmes and Soper, 2008; Ward, Brown and Westlake, 2013). Multiple referrals to children's social services can lead to increased costs compared to cases where actions are taken swiftly (Holmes and McDermid, 2012; Ward, Brown and Westlake, 2012). Furthermore, there is some evidence to suggest that continued but decreasing levels of support are associated with sustained long term outcomes (Lloyd et al, 2011; Ward, Brown and Westlake, 2012). It is therefore necessary to consider changes in costs alongside changes in outcomes with families with such complex needs.

In light of concerns regarding the cost of families facing multiple problems, and the evidence needed to get a better understanding of the costs of supporting families facing multiple problems, this report aims to explore the changes in costs over time incurred by a sample of families accessing the Action for Children IFS services.

Aim

The aim of this research is to estimate the realisable savings to local authorities of delivering Action for Children's Intensive Family Support (IFS) services. In order to do this, the research examines the changes in cost over time, by estimating the costs incurred to local authorities associated with a sample of families over three time periods; for the six months prior to referral to the IFS, during the provision of the intervention, and for the six months after the IFS service was closed.

In response to the evident need to better understand the costs of supporting families facing multiple problems, a key output of this research is the development of a tool that estimates the costs of provision to families accessing IFS services. The tool is

designed to estimate the costs of provision prior to referral, during and after provision of the IFS service. Where possible the tool estimates the costs of all the services and support provided to the families in addition to the IFS service. Costs data is brought together with outcomes data to demonstrate where reductions in expenditure and realisable savings occur, along with estimating where costs might be avoided. This tool is designed to estimate the costs based on 'real life' cases, at the family level.

Method

In 2011 the government sought to estimate the cost of families facing multiple problems using a 'top-down' cost estimation method (2013b). The proportion of people accessing each service that were likely to be 'troubled families' were estimated. A proportion of the services' expenditure was thus allocated to families facing multiple problems (DCGL, 2013b). These data were brought together with other research and evaluations to estimate the costs of families facing multiple problems. While families facing multiple problems do share some characteristics they are not a homogenous group. This approach to cost estimations does not allow for variations in the needs and characteristics of families and therefore the costs they incur.

Previous research undertaken by CCFR has identified that the costs of interventions provided by vulnerable families vary according to the needs and characteristics of service users, the services provided and the procedures for accessing, reviewing and maintaining those services (Ward, Holmes and Soper, 2008; Holmes and McDermid, 2012). This research utilises a 'bottom-up' approach to costing services (Beecham, 2000). Essentially all the costs are built up from an individual child (or family) level, based on all support and services that an individual receives. This approach enables variations in costs for different levels of support provided, along with variations in the needs of different families to be taken into account. It also introduces transparency into cost estimations. This enables the drivers of variations in cost to be examined.

The participating sites

Four sites were initially identified for inclusion in the study. However, due to difficulties in the data collection (explored in Section 2 below) only two sites were able to provide the data. Set up interviews were conducted with local authority

commissioning and performance managers, and the Action for Children IFS service manager to obtain background information about the services for families facing multiple problems.

The two sites consisted of one large shire county and one medium metropolitan district. Site 1 had supported 100 families in the previous 12 months, and Site 2 had supported 43 families. This variation in the number of families accessed perhaps reflects the differing sizes of each service. Both of the sites noted that the service had been commissioned specifically to reduce the numbers of children entering care. Site 2 reported that they had a specific focus on preventing children entering care where a sibling was already looked after. Both sites use a range of referral mechanisms through which families could enter the service.

Data collection

The sites were asked to provide data on a sample of 20 families¹ who had received support from the IFS service and whose case had been closed for at least six months at the time of the data collection. The sample selection is detailed in Appendix A.

Data were collected for each individual in the sample families for three time periods: six months prior to referral to the IFS service, throughout the duration of the intervention, and six months after the case was closed. Data were provided by the IFS services about each family member's needs and characteristics, the reason for referral to the IFS service, the referring agency and any additional services that the family accessed through the entire data collection period. These data were matched with data collected by the local authority about any children's social services interventions, education and offending outcomes, along with additional data on the services and support accessed by the family. The data collected was designed to reflect the *Financial framework for the Troubled Families programme's payment-by-results scheme for local authorities* (DCLG, 2012c). Further details of the variables collected for each family member can be found in Appendix B.

¹ One site provided data on 23 families.

Cost estimations

These data were bought together with the unit costs of different types of services, including the costs of the IFS service, to estimate the costs associated with the sample families during the three data collection time periods. The sites provided expenditure data on the IFS service. Where data were not available, existing standardised unit costs have been used (for more information on the unit costs used see Appendix C).

The terminology used in this report

For the purpose of this study, a 'realisable saving' is defined as a reduction of current or actual expenditure. A 'cost avoided' is a change in the projected or predicted expenditure. For example, a reduction in expenditure to a Youth Offending Service will be achieved because a child ceases to offend is a 'realisable saving'. If a child who is identified as at risk of offending due to their challenging behaviour, does not offend (and therefore does not incur a cost to Youth Offending Services), a cost has been 'avoided'. Indeed, an avoided cost may also be considered a 'saving' to a local authority; whereby funds have been allocated, but are no longer required. However, the two terms will be used throughout this report to distinguish between the two different ways changes in the costs over the three time periods occur.

As noted above, much consideration has been given to the extent to which investment in intensive support for families facing multiple problems leads to longer term savings. To this end, this research also examines the financial 'return on investment'. This is defined as the extent to which the realisable savings estimated for the families in the sample, exceeds the 'investment' of the IFS intervention. This is distinct from Social Return on Investment and considers only the financial return.

2. The families and the data available about them

The nature and availability of family level data

The Department for Communities and Local Government (DCLG) encourages all local authorities to "examine what they spend on troubled families, how they spend it, and how effective that expenditure is" (DCLG, 2013a:5). Robust and accurate data are necessary to gain a comprehensive understanding of the needs and characteristics of families accessing IFS services and therefore their cost and

outcomes (Holmes et al, 2010; Holmes, McDermid and Sempik, 2011; Holmes and McDermid, 2012). However, it was evident that the participating sites had considerable difficulties in compiling the data.

The data on the sample families' needs and characteristics, outcomes, services accessed and their costs are held across a number of departments and teams. Two of the four original authorities were unable to provide the data required. This is not because the data were unavailable, rather, it was reported that compiling data from a range of sources was prohibitively time consuming. While the individual services and workers are likely to have a detailed knowledge of the individual families they work with, this information was not centrally coordinated (Holmes et al 2010; Holmes et al 2012). Neither of the sites reported that they had a centralised source or system to coordinate the data on families facing multiple problems from different agencies and services. These data were previously bought together through the NatCen (National Centre for Policy Research) data set. However, the participating sites reported that they were no longer submitting data to this collection.

As such, data on the families were manually gathered and matched. While this was possible for the sample families for the purposes of this research, such an approach would be prohibitively time consuming on a routine or systematic basis (c.f. Holmes et al, 2010).

As noted above, many families accessing IFS services may also be accessing a range of additional services. Accurate cost estimations of service provision require detailed information on the provider, when the provision started and ceased, the length of the activity and the frequency of its provision. In keeping with other studies carried out by CCFR, data on the additional services accessed by the families was partial (Holmes et al 2010; Holmes et al 2012). In order to estimate the costs of additional services, therefore, a number of assumptions have been necessary when estimating these costs². Unless otherwise stated, the additional services have been costs for the entire period. The frequency of provision has also been assumed based on previous research carried out by CCFR. These are outlined in Appendix D.

² These assumptions have been used across the costs and outcomes research programme at the Centre for Child and Family Research.

The numbers of offending outcomes were available, however, no further information on the type of offence was provided. While unit cost information is available on the costs of crimes (DCLG, 2013c), the lack of detailed data has not made it possible to accurately estimate the costs of offenses other than the police involvement. It was not possible to obtain family level data on access to health services.

In addition to the difficulties in accessing family level data identified in this study, complications also arose when compiling robust and accurate costs information. DCLG acknowledge that “just as families’ problems fall across multiple areas of need, the expenditure on them falls across multiple parts of the public sector” (DCLG, 2013a; 6). They also acknowledge the need to compile a comprehensive set of unit costs of services accessed. The availability of such unit costs is improving, through tools and publications such as the compendium of unit costs compiled by the Personal Social Services Research Unit (PSSRU, Curtis (ed.), 2012) and the Family Savings Calculator (Department for Education, 2009). These standardised unit costs, however, do not allow for local variations.

Difficulties have also been identified in accurately understanding how the costs of families facing multiple problems are distributed across local authority budgets. These budgets are aggregated and configured differently. Consequently, local authorities have reported difficulties in obtaining a comprehensive picture of expenditure on families facing multiple problems as a whole. Moreover, other expenditure may be located within other departments or agencies, such as health or the police. This results in difficulties in matching budgets to acquire an accurate and comprehensive estimation of expenditure. This issue may be more easily overcome in community budget areas, where joint or coordinated commissioning of services is implemented.

However, despite the complexities in gathering cost and family level data, two of the local authorities were able to provide sufficient data on a sample of 43 families to facilitate some analysis regarding the changes in costs incurred over the three time periods. It was possible to collect data on the families’ needs and characteristics, the services involved, the reason for referral and the length of the intervention from

the IFS service. The local authorities were able to gather data on children's social services involvement and school attendance.

The families

In total data were collected for 43 families consisting of 184 individuals; 63 adults and 121 children. The ages of the children ranged from under one year to 17 years old. The average age of the children was 9 years old. The average number of children in each family was 2.8 children. This sample showed fewer large families than those found in other studies (Lloyd et al, 2011), however, 18 per cent (n = 8) of the families had three or more children. More details about the sample can be found in Appendix D. Like other studies exploring intensive family support services, the sample for this study appeared to also show high levels of disadvantage. Just over half (n = 22:51 per cent) were lone parents, compared to 25 per cent of the general population (Lloyd et al, 2011). Of those families where employment data was available (n = 35) over three-quarters (n = 27:77 per cent, or 62 per cent of the whole sample) were workless. Of these families, 14 had two adults in the household. A little under half of the families with two adults in the household (n = 6:43 per cent) reported that neither adult was in employment, a little over a third (n = 5:36 per cent) had one adult in employment, and, three (21 per cent) had both adults in employment.

The majority of the families (n = 18:42 per cent) were referred by children's social services, 14 per cent (n = 6) by Anti-Social Behaviour services and 12 per cent (n = 5) by the school or college. Family Network Meetings, housing, multi-agency placement panels, parenting programmes and Youth Offending services referred two families each (5 per cent) and Education Welfare Officers, health, voluntary services and Woman's Aid each referred one family (2 per cent). Table 1 shows the primary reason for referral.

Table 1: Primary reason for referral to the IFS services

Primary reason for referral	Number of families	
	Number ¹	Percentage ¹
Child behavioural concerns	11	26
Child protection	5	12
School non-attendance	5	12
Anti-social behaviour	5	12
Adult mental health	5	12
Child learning disabilities	3	7
Adult substance misuse	2	5
Domestic abuse	2	5
Child mental health	2	5
Child's physical and mental needs	2	5
Family breakdown	1	2
Total	43	100

¹Totals may not add up in tables due to rounding of figures.

The families in the sample, however, presented multiple difficulties. Just under a third of the families (13: 30 per cent), or 26 children, had support from Children's Social Services on entering the IFS service. Over three quarters (n = 34:79 per cent) of the families had Children's Social Service involvement (66 children) at some point during the data collection period. Fifteen children (in thirteen families) were placed in care at some point during the data collection period. The involvement of Children's Social Services is explored further in Section 3 below.

In addition, 45 children in 12 families (27 per cent) were identified as having challenging behaviours. Offending amongst children and young people was also commonly identified in the data. 30 children in 23 families (53 per cent) were identified as offenders. However, offending outcomes were only recorded for 16 children and young people. Furthermore, some discrepancies were identified between the data about the families provided by the IFS service and that provided by the local authority. For instance, the IFS services provided information on the 'primary reason for referral'. Two of the families for whom school non-attendance was recorded by the IFS service as the primary reason for referral, had no unauthorised absences recorded by the local authority. This highlights difficulties in matching data across different agencies and providers as discussed above.

The complexity of needs, are perhaps demonstrated by the range of additional services accessed by the sample. The majority of the families (n=34:79 per cent) were identified as accessing additional services. The range of services are explored further in Section 3 below.

As noted above, previous work carried out by CCFR has found that costs of child welfare services vary according to the needs of families, in addition to the types of services they have received. It is evident that the families in the sample faced multiple difficulties which varied within the sample. It is necessary to consider the variations in these families when examining the cost estimations and their changes over time. The next section will explore these costs, along with the outcomes achieved by the families

3. Linking costs with outcomes: cost effectiveness analysis

It is evident from the findings of the previous two sections of this report that estimating the costs associated with supporting families accessing Action for Children's Intensive Family Support (IFS) services is complex. To be able to accurately interpret these costs it may be necessary to introduce transparency to estimations and to understand the various components through which the costs are estimated. The bottom up cost estimation methodology used in this research makes this possible. This section will examine each cost component to then bring them together for a more comprehensive analysis. Illustrative cost case studies will be used to demonstrate how the costs have been estimated and the factors that impact on costs.

The costs of Intensive Family Support services

The total cost of the IFS services were reported to be £617,000 per annum in Site 1 and £224,900 per annum in Site 2. The variation in the costs of the two IFS services is a result of the variations in the size of the service. The conventional 'top down' method for calculating the unit cost of an intervention is to divide the total expenditure by the number of individuals or families who have accessed the intervention. Using this method the average costs of the IFS service in Site 1 are £6,170 per family and in Site 2 are £5,230 per family. This method however, does not take into account the varying length of the intervention. The managers of the

participating IFS services reported that the length of the intervention is tailored towards a family's needs and progress. In Site 1 the average length of the intervention was just over one year (413 days) and ranged from seven months to one year, nine months. The average length of the intervention in Site 2 was just under one year (269 days) and ranged from two months to just under two years.

In keeping with the bottom up approach used in this research, an average cost per day of the IFS service has been calculated for each site. The cost per day has been used to estimate the costs of the IFS provision for each family. Table 2 summarises the costs of providing the IFS service to the sample families.

Table 2: The cost of the IFS service per family in each site

Site	Cost per day per family ¹	Average cost per family ¹	Range per family ¹
Site 1	£14.94	£6,171	£3,152 - £9,950
Site 2	£16.47	£5,230	£1,089 - £14,271

¹ Totals may not add up in tables due to rounding of figures.

The costs of additional services

It is perhaps a reflection of the multiple and complex difficulties faced by the sample families, that almost 80 per cent of them were in receipt of additional services. The most frequently accessed services were those aimed at supporting mental wellbeing. Child and Adolescent Mental Health Services (CAMHS) were accessed by almost a fifth of the families (n = 8:18 per cent), and 13 per cent of families (n = 6) accessed adult mental health support. Anti-social behaviour services were accessed by 16 per cent of families (n = 7) and 6 families (13 per cent) accessed Youth Offending services. There was also a variety of voluntary sector and local services that were identified in the sample. However, due to insufficient information it was not possible to include these in cost estimations. The full breakdown of the services accessed by families is detailed in Appendix D.

While the range of additional services accessed by the sample families may be indicative of the profile of the families, their provision presents a methodological difficulty for evaluating the effectiveness of the IFS services. The presence of additional services makes it difficult to attribute causality to the service in question (*c.f.* Flint 2011). Another service, or indeed a combination of services, may be the

cause of changes in outcomes. To fully examine the effectiveness of the IFS services on outcomes for families facing multiple problems, it may therefore be necessary to consider a comparative study; the outcomes of a control group of families with matched needs, but who do not access the IFS services are compared to those who do (Fletcher and McKee, 2012). Nonetheless without a comparator study it is possible to argue that IFS services have a positive impact on families' outcomes as part of a package of services and support.

Table 3 below shows the estimated costs of additional services accessed by the sample families. The limitations of the data regarding services outlined in Section 2 should, however, be borne in mind. Unless otherwise stated, it was assumed that the service was provided to the family for the entire data collection period. Therefore, the majority of the families' changes in the costs of additional service provision are minimal. It may be advantageous to consider how more comprehensive service data may be utilised to shed further light on the contribution of the provision of additional services to the costs of families facing multiple problems. However, it is evident from this data that additional services may contribute a notable proportion of the overall costs of support to the sample group.

Table 3: The costs of additional services

Family number	Additional services: before IFS service ¹	Additional services: during IFS service ¹	Additional services: after IFS service ¹
1	£434	£1,106	£434
2	£292	£765	£292
3	£624	£68	£624
4	£865	£711	£865
5	£251	£810	£251
7	£675	£1,777	£675
8	£624	£68	£624
9	£3,094	£8,330	£3,094
10	£1,904	£3,617	£1,904
11	£434	£1,135	£434
12	£2,197	£5,188	£2,197
13	£434	£1,135	£434
14	£434	£1,135	£434
15	£434	£1,135	£434
16	£434	£1,135	£434
17	£3,094	£9,996	£3,094
18	£1,482	£2,052	£1,482
20	£292	£765	£292
21	£1,904	£5,539	£1,904
22	£752	£2,082	£752
23	£434	£1,135	£434
24	£863	£2,256	£863
25	£1,857	£2,234	£1,857
26	£1,482	£684	£1,482
29	£4,080	£5,549	£4,080
30	£375	£980	£375
32	£624	£68	£624
33	£1,218	£2,858	£1,218
34	£375	£980	£375
35	£1,482	£912	£1,482
36	£863	£2,256	£863
37	£4,080	£5,059	£4,080
39	£434	£1,135	£434
40	£4,080	£9,302	£4,080
41	£7,174	£22,638	£7,174
42	£1,733	£7,064	£1,733
43	£1,575	£980	£375
<i>Total</i>	<i>£53,381</i>	<i>£114,637</i>	<i>£52,181</i>
<i>Average</i>	<i>£1,443</i>	<i>£3,098</i>	<i>£1,410</i>

¹Totals may not add up in tables due to rounding of figures.

The average cost of additional services was £1,443 before the IFS service, £3,038 during the provision and £1,410 after the provision.

The Evaluation of Action for Children's IFS Services found that through the intervention, key workers identified unmet needs and encouraged families to engage with additional support, including health provision, meaning, the provision of additional services may result in short term increases in costs. (Action for Children, 2012) This may be seen as problematic because local commissioners have been encouraged to consider how they can reduce costs associated with families with multiple problems. However, without sufficient data about the additional services the sample families have accessed (including the start and end dates and the frequency), this analysis has not been possible in this study. It would be possible if this data became available.

Troubled Families Programme priorities

As noted throughout this report the key components of the Troubled Families programme is to turn the lives of 'troubled families' around through improving employment, reducing crime and anti-social behaviour, and absence from school. In the light of these priorities, this research examined the changes in the costs estimated for the sample families associated with these indicators.

Employment

Data on employment status were available for 35 of the 43 families in the sample. These families were constituted of 51 individuals of working age. This research found little evidence of change in the employment status of the families in the sample. The majority of the individuals for whom employment data were available were unemployed throughout the three data collection periods (n = 33: 65 per cent). A third (n = 17) were employed throughout the three data collection periods. There was evidence of change for just one individual who was reported to be unemployed at the time of entering the IFS service and employed on exit. However, the interviews with service users and staff in internal evaluation suggest that the service helps some parents take positive steps towards employment, such as changes in some parents' attitudes towards work and attending training to obtain qualifications through the support provided by their IFS worker.

Unemployment incurs a substantive cost to the public purse. The Department for Communities and Local Government (2013a) estimate that £10million per year is spent on Jobseekers Allowance on all families facing multiple problems. This figure increases to £420million when Council Tax Benefit and Housing Benefit are included. The impact of intensive family support on the changes in public spending associated with unemployment should be considered to develop a comprehensive understanding of cost effectiveness. However, it was not possible in this study to match data on receipt of welfare to individual families. Such an analysis may, however, contribute to the evidence base on the effectiveness of IFS services. Action for Children IFS services have not routinely collected data on employment outcomes, to date. A better understanding of the changes in the employment status of the families they work with through the routine collection of data may be advantageous.

It should be noted that the Action for Children IFS service is not unusual: other studies have found that intensive family support services have had minimal impact on employment (Flint, 2010; Lloyd et al, 2011). Moreover, while improving employment outcomes is a priority for national government, the two IFS services participating in this study were commissioned specifically to reduce the numbers of children coming into care. This may reflect differences in the needs of local and national government.

Offending

The Action for Children IFS services identified 30 children in 23 families (53 per cent) as offenders on entry to the service. The majority (n = 21:70 per cent) of those were identified as no longer offending when the IFS service ceased, there was no data for a fifth (n = 6:20 per cent) and three children (10 per cent) continued to offend. However, there were discrepancies between those identified as offenders and the number of offending outcomes provided by the local authority. Of the 30 children and young people identified as offenders by the IFS services, 11 had offending outcomes provided by the local authority. A further five children and young people who were not identified as offenders by the IFS services did have offending outcomes recorded in the data provided by the local authority. It is unclear from data why this discrepancy may have occurred. It does however, highlight the need for improved

data matching across the various agencies working with families facing multiple problems.

The data do not include any other details regarding why an offence was recorded. The costs of crimes, and the potential costs avoided through prevention programmes have been calculated elsewhere (DCLG, 2013b). If individual level data were available on the different types of crime committed, they may also be included in cost estimations. This analysis, where possible, has included the cost of the police officer time in dealing with the offending outcome. However, other studies have suggested that intensive family support services may help to reduce expenditure and avoid costs through reducing offending behaviours and targeted prevention programmes (DCLG, 2013b).

Of the 16 children and young people for whom offending outcomes were recorded, there was a reduction on the number of offending outcomes once the IFS provision had ceased for 11 of the young people. Four had a higher number of offences in the period following the IFS service. The number of recorded offending outcomes remained stable for one child. The reduction in the number of offences for those 11 children and young people is estimated to account for a saving to police time of £231 in total. The research estimated that if the level of offending remained stable after the IFS service ceased, an additional cost of £1,023 across all 16 young people would have been incurred. This amounts to a cost avoided of £1,023. These figures would be higher if the costs of the actual offences committed were included in cost calculations.

School non-attendance

The sample data suggest some improvement in school attendance was achieved over the data collection period for the majority of families presenting with school attendance difficulties. In total, 17 children and young people from 12 families had difficulties with school attendance. The majority (n = 15:88 per cent) of these children and young people were not attending school prior to accessing the IFS services. Three quarters (n = 13:76 per cent) were not attending school during the intervention and seven continued to be absent from school after the intervention ceased. However, of those seven, four had a reduced level of non-attendance. Two thirds (n

= 13:76 per cent) of the 17 children had a lower number of recorded unauthorised absences after the IFS provision ceased, compared to the number recorded prior to receiving the service.

For the purposes of this study, school attendance difficulties are defined as more than 5 weeks unauthorised absences within one school year (Department for Education, 2009). The numbers of unauthorised absences in each of the three time periods were provided by the local authorities. This was used to estimate the costs of non-attendance for the relevant families in the sample. Table 4 below shows the costs of non-attendance incurred by each of the 12 families in the three time periods and the change in the estimated costs before during and after the intervention.

Table 4: The costs of school non-attendance by family

LA	Family	Costs prior to accessing the IFS service ¹	Costs during the IFS service ¹	Costs after IFS service ceased ¹	Difference in the cost of attendance before and after the IFS service ¹
1	1	£ -	£ -	£ 1,908	-£1,908
1	3	£ 3,743	£ 1,121	£ 1,908	£1,835
1	5	£ 2,015	£ 2,694	£ 1,908	£108
1	7	£ 123	£ 3,578	£ 1,908	-£1,784
1	8	£ 1,234	£ 3,085	£ -	£1,234
1	12	£ 905	£ 3,249	£ -	£905
1	13	£ 5,614		£ -	£5,614
1	19	£ 1,614	£ -	£ -	£1,614
1	21	£ 4,319	£ 5,244	£ 3,815	£503
1	24	£ 113	£ 7,177	£ -	£113
2	31	£ 1,316	£ 3,044	£ 1,908	-£591
2	33	£ 9,357	£ 4,041	£ -	£9,357
<i>Total</i>		£ 30,353	£ 33,232	£ 13,353	£ 17,000

¹Totals may not add up in tables due to rounding of figures.

Table 4 shows that for three families, the estimated costs of non-attendance increased between £591 to £1,908 after the IFS intervention ceased. Seven of the families show some increase in non-attendance during the intervention. However, for nine of the families, the costs of non-attendance after the intervention ceased were lower compared to the estimated cost prior to the intervention. This suggests that the

children and young people showed improvement in attending school after the IFS service had intervened. A total realisable saving of £17,000 was achieved after the IFS provision.

The estimated realisable saving associated with unauthorised absences before and after the IFS service intervention, ranged from £108 and £9,357 between the families. For Family 33, the estimated difference between the cost of unauthorised absences prior to and after accessing the IFS service (£9,351) exceeded the cost of the IFS intervention (£4,530). This results in a financial return on investment (associated with changes in school attendance alone) of £4,827. A return on investment was not identified for the remaining families. These families still faced multiple difficulties. There is however, evidence to suggest that sample families accessing the participating IFS services did achieve positive outcomes in relation to school attendance, and these outcomes are being sustained six months after the IFS provision ceased.

School non-attendance may have additional costs associated which are not included in these data. For instance, Parenting Orders may be applied to families who face significant difficulties in attendance and/or anti-social behaviour. Of the 12 families who were identified as having school attendance difficulties, just over half (n = 7) had also offended. It is therefore likely that a proportion of the sample families would be subject to a Parenting Order. In some cases Parenting Orders have additional conditions, such as a requirement to attend a parenting course. Data on Parenting Orders were not available for this study. However, given the likely possibility that some of these families would be subject to one, it is possible to estimate the additional cost of these, using an illustrative cost case study. This hypothetical example is based on one of the families in the sample with the characteristics associated with Parenting Orders³.

³ This cost case study is based on one of the families in the sample. Some of the information has been changed to protect the identity of the family. With the exception of the additional cost relating to the Parenting Order, the cost information has remained the same.

Box 1:**Cost case study 1: Family A: The costs of school non-attendance and offending**

Family A were referred to the Intensive Family Support (IFS) service in Site 2 in April 2012. The family were referred by children's social services amid concerns about the mother's ability to address her children's challenging behaviour and non-attendance at school. The three children in the family, aged six, 14 and 15, had all repeatedly had unauthorised absences from school prior to referral to the IFS service. The older children had also both offended prior to referral.

The mother became subject to a Parenting Order during the intervention period and as a result was required to attend a parenting programme. The IFS service was delivered to the family for a period of eight months. Within this time the school attendance of all three children improved considerably, as did the offending behaviour of the two older children.

Prior to referral, a family support worker had been working with the family, and this support continued throughout the data collection time period. An Educational Welfare Officer and the Anti-Social Behaviour team also worked with the family throughout the data collection period.

Table 5: The costs associated with Family A for the three data collection periods

Cost	Before¹	During¹	After¹
Offending	£66		
School non-attendance	£9,357	£4,041	
Costs of the IFS service		£4,530	
Parenting Order ²		£619	
Education Welfare Officer	£592	£1,550	£292
Family support worker	£375	£980	£375
Parenting course		£1,200	
Anti-social behaviour team	£251	£328	£251
Subtotal	£10,640	£13,247	£917
		Total for entire period	£24,805

¹Totals may not add up in tables due to rounding of figures.

²Cost estimation based on the costs of Parenting Orders included in DCLG (2013b)

The total cost incurred by this family across the three time periods was £24,805. The difference in the estimated cost incurred before and after the intervention was £9,723. With an investment of £4,530, and assuming that without the intervention the difficulties faced by the family would have remained consistent, this amounts to an estimated return on investment of £5,193.

The costs of children on the edge of care

This and other studies have found that a high proportion of families accessing intensive family support services also have some involvement with children's social

services. A little under 80 per cent (n = 34) of the sample families in this study had evidence of involvement with children's social services at some point during the data collection period. Of those over a third (n = 13) of the families had one or more children placed in care at some stage during the data collection period.

As noted above, there is evidence from the internal evaluation carried out by Action for Children, to suggest that local authority commissioners are increasingly procuring interventions such as Action for Children's IFS services, with the specific aim of reducing the numbers of children coming into care. Indeed, the two IFS services participating in this study were commissioned on these criteria. Greater attention may be being placed on the numbers of looked after children due to evidence of increased numbers of children with children's social services' involvement nationally. While the number of children referred to children's social services has been steadily rising over recent decades, this rise has accelerated since 2010 (Munro, 2011). Department for Education statistics show there was an 11 per cent increase in referrals in the year after the death of Peter Connelly and a further 10.4 per cent increase in the following year (Department for Education, 2010). The numbers of referrals to social care continued to rise in 2011 and 2012 (Department for Education, 2011; Department for Education, 2012a). A study published by the Association of Directors of Children's Services (ADCS) based on responses from 105 local authorities found that there had been an increase of 20.3 per cent in the number of Section 47⁴ Inquiries being undertaken, and a 32.9 per cent increase in the number of children subject to a Child Protection Plan (Brookes, 2010). Furthermore, previous research carried out by CCFR suggests that the costs of children's social service interventions are some of the most costly services provided to vulnerable children and families (Ward, Holmes and Soper, 2008; Holmes and McDermid, 2012). Table 6 below shows the estimated costs for the 15 children and young people placed in care during the study data collection period. The estimations include the cost of the placement fees and allowances, along with costs of case management activities undertaken by children's social services personnel (Ward, Holmes and Soper, 2008 inflated for financial year 2012-13). Variations in costs of age related allowance have also been accounted for. A number of the children and young people

⁴ Section 47 Inquiries are an in depth assessment carried out where concerns have been raised that a child may be at risk of significant harm.

had also received interventions from children’s social services as either a child in need or as part of a child protection plan during the data collection period. These costs have also been included in cost estimations (Holmes and McDermid, 2012).

Table 6: The estimated costs of placing the children and young people in care

Family number	Costs before the IFS service ¹	Cost during the IFS service ¹	Costs after the IFS service ¹	Difference in the cost of care after the IFS service ¹
1	£197	£197	£23,129	-£22,932
3	-	£2,055	£6,120	-£6,120
4	-	£2,397	£8,247	-£8,247
6	£658	£31,388	£21,659	-£21,001
8	£1,606	£20,416	£22,017	-£20,411
8	£1,606	£20,416	£22,017	-£20,411
10	£689	£4,607	£22,554	-£21,865
14	£291	£215	£2,213	-£1,922
18	£855	£16,047	£22,554	-£21,699
23	£596	£13,051	£13,794	-£13,198
28	£22,204	£1,161	£658	£21,546
30	£227	£1,548	£61	£166
32	£22,932	£7,056	£22,932	-
32	£22,932	£1,890	-	£22,932
35	£6,777	£13,608	£22,932	-£16,155

¹Totals may not add up in tables due to rounding of figures.

Four out of the 15 individuals saw a reduction in children’s social services involvement during the data collection period. The reduction for two of these families constitutes a realisable saving of £21,546 for Family 28 and £22,932 in the case of Family 32. If the investment expenditure of the IFS service is also taken into consideration this reduction accounts for a financial return on investment of £19,796 for Family 28 and £21,843 for Family 32.

However, this cost may be inflated if different types of placements are accounted for. In the absence of placement information, the ‘standard’ unit cost from Ward, Holmes and Soper’s study (2008) has been used in cost estimations. This is based on the child being placed in local authority foster care. However, children with higher needs may be placed in different types of placements. Young people, aged over 11, with higher needs are likely to be placed in specialist or residential care. Given the profile of the sample families the additional costs of placing the children in care in the

sample families in residential placements has also been calculated. These are outlined in Table 7.

Table 7: The estimated costs of placing the children and young people in residential care

Family number	Costs before the IFS service ¹	Cost during the IFS service ¹	Costs after the IFS service ¹	Difference in the cost after IFS service ¹
3	-	£1,681	£20,418	-£20,418
4	-	£277	£29,526	-£29,526
10	£136	£17,745	£90,753	-£90,617
14	£26	£18	£8,112	-£8,086
18	£182	£63,291	£90,753	-£90,571
30	£535	£3,072	£61	£474
32	£92,274	£28,392	£92,274	-
32	£92,274	£7,605	-	£92,274
35	£25,482	£54,756	£92,274	-£66,792

¹Totals may not add up in tables due to rounding of figures.

When the costs are estimated based on the child being placed in residential care, the overall costs are increased. A reduction in cost after the IFS intervention has ceased is identified for two of the individuals. For Child 2 in Family 32 this difference amounted to £92,274. When taking the cost of the IFS service into account, this amounts to an estimated financial return on investment of £91,185.

The costs of children's social service involvement reduced for three children and young people in two families over the time period of the study. However, in the majority of cases, the costs of placing the children from the sample families in care increased over the time period. This, however, may not necessarily infer that the IFS service is having a negative (or no) impact on safeguarding. There may be a number of explanations behind the evidence of increased children's social services involvement. For instance there is some evidence to suggest that increased observations of a family once an intervention begins, may bring additional difficulties to light. These difficulties may have been unknown on referral to the service (Boddy et al, 2012; Holmes and McDermid, 2012). In such cases, the intensity of support provided may escalate after an intervention has been provided, before it starts to reduce. This may be the case in some of these families.

Furthermore, there is strong evidence to suggest that delays to decision making and the provision of intensive child protection interventions, such as placing a child or young person in care, has a detrimental effect on the child. This evidence points to children placed in care later being likely to have higher needs, and therefore needing more costly placements (Ward, Holmes and Soper, 2008; Ward, Brown and Westlake, 2012). Moreover, despite coming under substantial criticisms in recent years, there is a growing body of evidence to suggest that placing children in care leads to better long term outcomes (Ward, Skuse and Munro, 2005; Wade *et al* 2011; Davies and Ward, 2012; Farmer and Lutman, 2012; Ward, Brown and Westlake, 2012). Such improvements in outcomes may reduce costs in the longer term (Ward, Holmes and Soper, 2008). The increase in the number of days in care identified in the sample families may be indicative of swifter assessments of need. The IFS intervention, therefore, may ensure that children and young people for whom there are child protection concerns are receiving the support they need, when they need it.

Nonetheless, it is evident that placing children from families facing multiple problems in care incurs a high cost. It has already been noted that the two participating sites were commissioned to prevent children being placed in care. One of the sites reported that the prevention of siblings of children already looked after also being taken into care was of particular importance. Research has shown that children in care commonly receive interventions from children's social services, such as being placed on a Child Protection Plan prior to being placed in care (Ward, Holmes and Soper, 2008; Holmes *et al* 2010; Holmes and McDermid, 2012). Whether a child is identified as 'in need' or placed on a child protection plan, may be a predictor of future placement in care.

There were three families in the sample for whom one child was looked after and children's social services were working with siblings, but they were not in care. The potential cost avoided through preventing siblings from entering care for one of these families has been estimated in an illustrative cost case study. The case study compares the estimated costs incurred for the actual social care activity compared to the costs of placing the second two children in care. The estimations assume that the second two children will have been placed in care for the same number of days for which they were placed on the Child Protection Plan.

Box 2:**Cost case study 2: Family B: Children on the edge of care**

There were three children in Family A aged, 13, eight and five years. All of the children were identified as in need prior to referral to the IFS service, due to concerns regarding the children's challenging and anti-social behaviour.

Despite the efforts of the children's social services, difficulties faced by the family escalated. In June 2011 the oldest child was placed in care. The family were referred to the Intensive Family Support (IFS) Service in June 2011 amid concerns that the younger siblings would also be taken into care. The family received support from the IFS service for eight months.

The oldest child continued in their placement throughout the period, along with receiving CAHMS support to address their challenging behaviours. After four months the younger two children were no longer considered to be in need and remained with their mother.

Table 8 suggests that preventing the younger siblings being placed in care constitutes an estimated cost avoided of £25,398.

Table 8: The costs of actual and hypothetical children's social services activity with Family B

	Actual costs ¹			Hypothetical costs ¹		
	Before	During	After	Before	During	After
Costs of the IFS service		£3,630			£3,630	
Children's social services involvement with child 1	£855	£16,041	£22,554	£855	£16,041	£22,554
Children's social services involvement with child 2	£855	£427		£855	£14,514	
Children's social care involvement with child 3	£855	£427		£855	£14,514	
CAMHS support to Child 1	£1,482	£2,052	£1,482	£1,482	£2,052	£1,482
Total	£4,047	£22,577	£24,036	£4,047	£50,751	£24,036
<i>Additional cost of placing child 2 and 3 in care</i>						£29,028
<i>Estimated cost avoided</i>						£25,398

¹Totals may not add up in tables due to rounding of figures.

Fifty five children from 21 families in the sample were identified either as a child in need or as being subject to a Child Protection Plan at some point during the data collection period. The costs of these children being placed in care have been estimated, using the method applied to Family B. Two hypothetical costs have been calculated, the 'standard' cost of being placed in local authority foster care and the cost of placing children and young people over the age of 11 in residential care.

Table 9 below shows these two hypothetical costs, alongside the estimated costs associated with the interventions the child actually received under the auspices of Child in Need or Child Protection interventions. Table 9 estimates that notable costs might be avoided through preventing the children being placed into care. As noted above, attempting to predict which children who would otherwise need to be placed in care without the IFS intervention is not without problems. In 2012, 8 per cent of Section 47⁵ Investigations resulted in a child being placed in care (Department for Education 2012a, 2012b). It could therefore be assumed that a minimum of 8 per cent of the children in the sample families who had previous involvement with children's social services may go on to be looked after. It could also be argued that given the high needs of the children in the sample, this figure is likely to be higher.

Taking the investment cost of the IFS service into account, it can be estimated therefore that provision of the IFS services to families on the edge of care may result in return on investment of between £5,475⁶ and £68,442 per family if all children are placed in foster care, and £10,438⁷ and £130,471 per family if children are to be placed in residential care. While the costs of children's social services involvement with the sample families constitutes a substantial proportion of the overall cost of supporting them, the estimated costs of placing children in care suggests that the provision of Action for Children IFS services constitutes a notable cost avoided.

⁵ Ibid.

⁶ This figure is based on 8 per cent of the children and young people being placed in care.

⁷ Ibid.

Table 9: The costs of preventing care: The actual and hypothetical costs of children's social services

LA	Family number	Cost of IFS Services	Costs of actual children's social services involvement			Hypothetical costs of child placed in local authority foster care			Hypothetical costs of child placed in residential care			Difference between the total actual and hypothetical estimations		Hypothetical return on investment	
			Before	During	After	Before	During	After	Before	During	After	Child placed in foster care	Child placed in residential care	Child placed in foster care	Child placed in residential care
1	2	£7,022	£3,422	£205	£1,885	£88,998	£246	£36,968				£120,700		£113,679	
1	3	£6,275		£1,207						£86,190		£20,213	£84,983	£13,939	£78,709
1	4	£3,825	£347	£47		£11,808	£1,599					£13,013		£9,188	
1	7	£4,706		£2,236	£1,855			£36,614		£30,240		£62,763	£140,911	£58,057	£136,205
1	9	£7,216	£592	£1,844		£13,734	£28,914		£55,263			£40,213	£52,828	£32,997	£45,612
1	11	£9,950		£4,638				£101,412				£96,774	£196,134	£86,824	£186,184
1	12	£6,065			£1,156							£18,500	£46,502	£12,434	£40,436
1	13	£7,694	£284	£5,030	£485	£2,991	£75,225	£7,502	£6,591	£49,179		£79,919	£49,971	£72,225	£42,277
1	15	£5,348		£266	£5,538			£2,299		£111,930		£92,274	£108,425	£86,470	£103,077
1	16	£7,559		£729	£720			£4,674		£11,091			£14,315	£2,099	£6,756
1	17	£8,635	£1,197				£27,195					£25,998		£17,363	
1	18	£3,630	£1,711	£853			£44,772	£29,028				£71,236		£67,605	
1	21	£7,933		£467	£367			£2,520		£5,922		£7,608		£325	
1	22	£7,410		£317				£4,158				£3,841	£16,414	£3,569	£9,004
2	24	£3,383	£2,848	£2,723	£921	£45,318	£43,326	£27,690	£92,274	£88,218	£64,896	£109,843	£238,897	£106,460	£235,514
2	28	£1,750	£658	£325	£658	£22,204	£10,980	£22,204				£53,746		£51,996	
2	31	£7,525		£2,399	£803			£48,762		£13,482		£59,041	£247,255	£51,517	£239,731
2	33	£4,530	£5,696	£2,205		£91,910	£69,940		£276,822	£211,926		£153,949	£480,847	£149,419	£476,317
2	40	£7,758	£1,012	£6,169	£1,974	£34,300	£106,346	£66,612				£198,102		£190,344	
2	42	£14,271	£1,974	£6,906		£66,612	£209,718					£267,450		£253,178	
2	43	£4,180	£47	£1,007	£658	£1,586	£26,230	£22,204				£48,307		£44,127	
Total		£136,664	£19,789	£39,575	£17,021	£451,428	£823,411	£375,501	£430,950	£921,219	£335,634	£1,573,956	£1,643,311	£1,437,291	£1,565,650
Average		£6,508	£1,649	£2,083	£1,418	£37,619	£43,337	£31,292	£107,738	£115,152	£55,939	£74,950	£136,943	£68,442	£130,471
Total return on investment based on 8 per cent of children being paced in care													£114,983	£125,252	
Return on investment per family based on 8 per cent of children being paced in care													£5,475	£10,438	

The total costs associated with the sample families

The cost drivers associated with families facing multiple problems are complex and interconnected. While the costs associated with one aspect of a family's life, such as school attendance, may reduce over time, other aspects, such as children's social services involvement, may increase. As outlined above, understanding the changes in the costs of each of the individual drivers can go some way to shed light on the cost effectiveness of IFS services. However, in order to examine the cost effectiveness of IFS services as a whole, the estimated costs of the different factors have been brought together to examine changes in the *total* cost incurred by the sample families. Table 10 details these costs.

As Table 10 shows, in 27 per cent of the families (n = 12) no change was identified in the estimated costs incurred in the six months after the IFS service ceased compared to the six months prior to accessing the service. In 40 per cent (n = 17) of the families, the costs estimated for the six months after the IFS service ceased was greater than the cost estimated for the six months prior to the IFS intervention was accessed. In some cases these higher costs may be indicative of the identification of previously unmet, additional needs. The provision of services to meet these needs may increase costs in the lifetime of this study, but may lead to longer term savings.

A third of the families (n = 14) incurred a lower cost after the IFS intervention ceased compared to those incurred prior to receiving the IFS service. Of these families, the difference in the costs incurred in the two time periods was greater than the costs of the IFS intervention for three families. Therefore, a return on investment ranging between £10,588 and £21,879 per family is estimated. However, given the evidence of a reduction in the estimated costs incurred and improved outcomes, further savings may be calculable for additional families 12 – 18 months after the IFS service ceased.

Table 10: Summary of costs incurred to all families

Family number	Average of costs of IFS service	Cost of additional services			Costs of offending			Costs of school non-attendance			Costs of children's social service			Subtotal			Sum of difference in subtotal
		Before	During	After	Before	During	After	Before	During	After	Before	During	After	Before	During	After	
1	£7,022	£434	£1,106	£434	£0	£0	£297	£0	£0	£1,908	£197	£197	£23,129	£631	£8,325	£25,768	-£25,137
2	£7,022	£292	£765	£292	£0	£0	£0	£0	£0	£0	£3,422	£205	£1,885	£3,714	£7,991	£2,178	£1,537
3	£6,275	£624	£68	£624	£0	£0	£33	£3,743	£1,121	£1,908	£0	£3,262	£6,120	£4,367	£10,726	£8,684	-£4,318
4	£3,825	£865	£711	£865	£0	£0	£0	£0	£0	£0	£347	£2,444	£8,247	£1,212	£6,979	£9,112	-£7,900
5	£8,769	£251	£810	£251	£0	£231	£33	£2,015	£2,694	£1,908	£0	£0	£0	£2,266	£12,504	£2,191	£75
6	£5,259	£0	£0	£0	£0	£0	£0	£0	£0	£0	£658	£31,388	£21,659	£658	£36,646	£21,659	-£21,001
7	£4,706	£675	£1,777	£675	£0	£0	£0	£123	£3,578	£1,908	£197	£2,236	£1,855	£996	£12,298	£4,437	-£3,441
8	£4,676	£624	£68	£624	£0	£0	£0	£1,234	£3,085	£0	£3,211	£40,833	£44,034	£5,069	£48,661	£44,658	-£39,589
9	£7,216	£3,094	£8,330	£3,094	£0	£0	£0	£0	£0	£0	£592	£2,238	£0	£3,686	£17,784	£3,094	£592
10	£4,751	£1,904	£3,617	£1,904	£0	£0	£0	£0	£0	£0	£689	£4,607	£22,554	£2,594	£12,975	£24,458	-£21,865
11	£9,950	£434	£1,135	£434	£0	£0	£33	£0	£0	£0	£0	£4,638	£0	£434	£15,723	£467	-£33
12	£6,065	£2,197	£5,188	£2,197	£0	£33	£0	£1,810	£9,748	£1,908	£0	£0	£1,156	£4,007	£21,034	£5,261	-£1,254
13	£7,694	£434	£1,135	£434	£0	£132	£0	£9,357	£0	£1,908	£284	£5,030	£485	£10,075	£13,991	£2,826	£7,248
14	£4,900	£434	£1,135	£434	£33	£165	£0	£0	£0	£0	£291	£413	£2,411	£758	£6,613	£2,845	-£2,086
15	£5,348	£434	£1,135	£434	£0	£0	£0	£0	£0	£0	£0	£266	£5,538	£434	£6,749	£5,971	-£5,538
16	£7,559	£434	£1,135	£434	£0	£0	£0	£0	£0	£0	£0	£729	£720	£434	£9,424	£1,154	-£720
17	£8,635	£3,094	£9,996	£3,094	£0	£0	£0	£0	£0	£0	£1,197	£0	£0	£4,291	£18,631	£3,094	£1,197
18	£3,630	£1,482	£2,052	£1,482	£0	£0	£0	£0	£0	£0	£2,566	£16,900	£22,554	£4,048	£22,583	£24,036	-£19,988
19	£6,140	£0	£0	£0	£0	£0	£0	£1,614	£0	£0	£0	£0	£0	£1,614	£6,140	£0	£1,614
20	£3,152	£292	£765	£292	£0	£0	£0	£0	£0	£0	£0	£0	£0	£292	£3,917	£292	£0
21	£7,933	£1,904	£5,539	£1,904	£0	£0	£0	£4,319	£5,244	£3,815	£197	£467	£367	£6,420	£19,183	£6,087	£333
22	£7,410	£752	£2,082	£752	£0	£693	£0	£0	£2,128	£0	£0	£711	£0	£752	£13,025	£752	£0
23	£3,989	£434	£1,135	£434	£99	£165	£0	£0	£0	£0	£596	£13,051	£13,794	£1,129	£18,340	£14,228	-£13,099
24	£3,383	£863	£2,256	£863	£0	£33	£0	£113	£7,177	£0	£2,848	£2,723	£921	£3,824	£15,572	£1,783	£2,040
25	£2,819	£1,857	£2,234	£1,857	£0	£0	£0	£0	£0	£0	£0	£0	£0	£1,857	£5,053	£1,857	£0
26	£1,517	£1,482	£684	£1,482	£0	£0	£0	£0	£0	£0	£0	£0	£0	£1,482	£2,201	£1,482	£0
27	£2,333	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£2,333	£0	£0
28	£1,750	£0	£0	£0	£0	£0	£0	£0	£0	£0	£22,862	£1,487	£1,316	£22,862	£3,236	£1,316	£21,546
29	£4,589	£4,080	£5,549	£4,080	£0	£0	£0	£0	£0	£0	£0	£0	£0	£4,080	£10,137	£4,080	£0
30	£4,453	£375	£980	£375	£0	£0	£33	£0	£0	£0	£227	£1,548	£61	£602	£6,980	£469	£133
31	£7,525	£0	£0	£0	£0	£0	£0	£1,316	£3,044	£1,908	£0	£2,399	£803	£1,316	£12,967	£2,711	-£1,395
32	£1,089	£624	£68	£624	£33	£0	£0	£0	£0	£0	£45,864	£8,946	£22,932	£46,521	£10,103	£23,556	£22,965
33	£4,530	£1,218	£2,858	£1,218	£66	£0	£0	£9,357	£4,041	£0	£5,696	£2,205	£0	£16,336	£13,634	£1,218	£15,119
34	£2,061	£375	£980	£375	£0	£0	£0	£0	£0	£0	£0	£0	£0	£375	£3,041	£375	£0
35	£2,100	£1,482	£912	£1,482	£0	£0	£0	£0	£0	£0	£6,777	£13,608	£22,932	£8,259	£16,620	£24,414	-£16,155
36	£4,861	£863	£2,256	£863	£0	£0	£0	£0	£0	£0	£0	£0	£0	£863	£7,117	£863	£0
37	£4,258	£4,080	£5,059	£4,080	£0	£0	£0	£0	£0	£0	£0	£0	£0	£4,080	£9,317	£4,080	£0
38	£7,136	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£7,136	£0	£0
39	£13,221	£434	£1,135	£434	£0	£0	£0	£0	£0	£0	£0	£0	£0	£434	£14,356	£434	£0
40	£7,758	£4,080	£9,302	£4,080	£0	£0	£0	£0	£0	£0	£1,012	£6,169	£1,974	£5,092	£23,229	£6,054	-£962
41	£10,830	£7,174	£22,638	£7,174	£0	£0	£0	£0	£0	£0	£0	£0	£0	£7,174	£33,468	£7,174	£0
42	£14,271	£1,733	£7,064	£1,733	£0	£0	£0	£0	£0	£0	£1,974	£6,906	£0	£3,707	£28,241	£1,733	£1,974
43	£4,180	£1,575	£980	£375	£0	£0	£33	£0	£0	£0	£47	£1,007	£658	£1,622	£6,168	£1,066	£556

4. The development of a tool

One of the objectives of this research is to develop a tool which will enable Action for Children to carry out a bottom up analysis in additional localities. At the time of writing, the Centre for Child and Family Research (CCFR) is completing the development of the draft tool with Action for Children. The functionality, formatting, the data to be included and the analyses to be produced are being finalised.

The tool is based on an Excel spread sheet and allows the user to enter family level data. The unit costs used in this research are included in the tool. However, it will be possible for users to customise the costs to reflect local variations if they wish. The tool contains formulae which will bring together the family data with the cost data in order to calculate the costs incurred in three time periods: prior to receiving IFS service, during the IFS provision, and after the IFS intervention has ceased. The tool also estimates the costs avoided, such as through the prevention of children and young people entering into care. This tool may facilitate the analysis of costs across community budget areas, as it allows for the distribution of expenditure across a range of services and agencies supporting families facing multiple difficulties to be explored

The tool uses a pivot table to summarise the data. A pivot table enables the cost incurred by individual family members to be aggregated to calculate an estimated family cost. The pivot table also enables the data to be filtered by a range of different parameters, such as the needs and characteristics of the family, or the length of time an intervention is provided. This will enable the data of specific groups of families to be analysed.

Unlike other research exploring the costs of families facing multiple problems which has used aggregated data and calculated costs from the top down, this research has utilised family level data. This approach has facilitated the variations in families' needs and circumstances, and therefore, variations in cost, to be examined (McDermid, 2008; Holmes et al 2010). Where possible, routinely collected data has been utilised to reduce the burden on the participating sites. However, as noted throughout this report, it has not always been possible to match some data items to

individual families and data for some components was partial. Furthermore, it was noted that for two of the four original sites, the time required to gather these data from the various sources was prohibitive.

Family level data facilitates a detailed analysis across a range of variables. It can introduce transparency into cost estimations and can facilitate a better understanding of why variations occur. This analysis can be highly valuable to contribute to the evidence base on the cost effectiveness of intensive family support services and for informing planning and practice. However, the development of a tool that uses such an approach requires data that is both easily obtainable and configured to readily enable analyses. The findings of this and other studies (McDermid, 2008; Holmes et al, 2010; Holmes et al 2012) suggest that while a wide range of family level data exists across other agencies working with families facing multiple problems, data is frequently variable and sometimes lacking in detail. These difficulties have been taken into account in the development of the tool. The time taken to gather and input the data required, must be equivalent to the value of the information that it produces

Given the complexity of the data, the tool should be used with reference to this report. This will ensure that the data are analysed within the context of the complexities identified through this study. A user guide will also be produced to support the tool.

5. Conclusions and Recommendations

Conclusion

The findings of this research and the *Evaluation of Action for Children's Intensive Family support services* (Action for Children, 2012) present a complex yet positive picture of the impact that IFS services are having on both the outcomes of families facing multiple problems and the costs incurred to the public purse. The *Evaluation of Action for Children's IFS services* found evidence of improved parental mental health, confidence, aspirations, family routines and parenting skills, familial relationships, budgeting, engagement with services, educational outcomes, and the child or young person's emotional or mental wellbeing. This research suggests that that the provision of IFS services to families facing multiple difficulties may contribute to a reduction in local authority spending, through both realisable savings and costs avoided.

This study has highlighted the highly complex nature of estimating the costs incurred by families accessing Action for Children's Intensive Family Support (IFS) Services. The complications encountered in estimating costs arise from multiple difficulties faced by the families and the methodological challenges in estimating realisable savings and cost avoided for such a complex group.

The nature and availability of data on the sample families

It was evident through the study that the data on the needs and circumstances of families accessing IFS services, along with the outcomes they achieve and the services they access is problematic to obtain. These data are held across a range of agencies, in a variety of formats. The sites participating in this study reported difficulties with gathering and matching data. None of the sites reported having a central repository for these records. Therefore the data required for this study was matched manually. It was also evident that information on some components, such as offending, were not available at the individual level. Most notably, no family level data were available from health services. While each individual service may have detailed data at the family level, there is no system to routinely combine these data to obtain a comprehensive understanding of the family.

In response to the multiple and complex needs of families facing multiple problems, the government advocates a 'whole family approach' and the better coordination of support across services (DCLG, 2013a). When attempting to better understand the needs and services provided to these families', Munro's recommendation that services should seek to understand a child's whole journey (Munro, 2011) becomes expanded, whereby the *families* complex journey through a range of provisions and interventions needs to be understood and effectively analysed. As services are encouraged to provide a more coordinated response to delivery, it may be advantageous to consider how data on these families may be brought together in an effective and efficient way. Furthermore, as greater attention is paid to the cost of these families to the public purse, better coordinated data would provide a more comprehensive and transparent analysis of costs.

While the difficulties in the data make the calculation of realisable savings problematic, this study has shown that an exploration of the impact of IFS services on local authority expenditure can be achieved by using a combination of real data and research-based estimates.

Defining 'effectiveness' and cost avoided

This research has been carried out at a time of economic austerity and cuts to public spending. It is therefore unsurprising that concerns have been raised regarding the disproportionate costs incurred to the public purse by the families accessing IFS services. In response to these concerns local commissioners have been encouraged to consider how these costs might be reduced (DCLG, 2013a). Effectiveness is generally considered to be achieved if the costs incurred after the provision of an intervention are lower than those incurred prior.

However, there is evidence to suggest this may not be the only measure of effectiveness, given the relatively short timeframe of the study. Unmet and unidentified needs may be prevalent in the population of families accessing IFS services (Boddy et al, 2012). The additional intervention of an IFS service worker may uncover needs that had previously gone unidentified. For example, this and the evaluation of IFS services carried out by Action for Children (Action for Children, 2012) have suggested that the IFS service workers may identify previously unidentified safeguarding concerns. Where additional needs are identified, additional services, and thus additional costs, may be incurred during and/or after the intervention. There is an extensive body of evidence to suggest that swift action increases the likelihood of vulnerable families achieving positive outcomes in the longer term (Ward Holmes and Soper, 2008; Davies and Ward, 2012; Ward, Brown and Westlake, 2012). The provision of additional services may lead to short term increases in the costs associated with the families, but may lead to a reduction of costs in the longer term. It may be advantageous to consider collecting data for these families after a longer time frame to examine the longer term impact of the service. However, given the difficulties in accessing data on the families identified in this and other studies (Flint, 2010; Lloyd et al 2011), such a study may be complex. Further research to examine the role of the IFS service worker in identifying unmet

needs may also contribute to the overall understanding of the longer term cost effectiveness of IFS services.

The sizeable difficulties faced by these families should also be taken into consideration when examining cost effectiveness. As noted in the Introduction, many of these families may be on a trajectory of worsening outcomes and increased costs on referral to IFS service. The stabilisation of circumstances, or the 'flattening of their trajectory', may in actuality amount to real term savings, compared with their predicted costs, along with improved outcomes. A longitudinal comparison study exploring the trajectories of families with similar needs who do not access IFS services, compared with those who do, would provide further evidence on the longer term impact of IFS services.

While over a third of families saw an increase in the costs over the time period of the intervention, these additional costs were primarily due to additional support provided by children's social services. It is likely that some of these families' child protection difficulties did escalate during the time of the study. However it is also likely that some increase in the involvement of children's social services is the result of families receiving the support that they needed. Furthermore, the research highlights the substantial costs avoided through the potential prevention of children and young people entering care. In some cases, these costs avoided were greater than the additional costs of the increased interventions they received as a child in need or as part of a Child Protection Plan. Some caution should be taken with these findings due to difficulties in predicting which children would otherwise have remained with their parents without the IFS intervention

Summary of key findings

Some caution may be necessary when comparing the findings of this study directly with other research exploring the costs of intensive family support. To ensure like is compared with like, firstly, the components included in cost estimations, and secondly, the model of delivery itself must be understood.

However, the findings of the study have found some evidence for cost effectiveness in relation to school attendance and prevention from care. Similarly to other studies (Lloyd et al, 2011; Boddy et al 2012), there was less evidence of effectiveness in relation to offending and employment.

These data should be brought together with findings from *The Evaluation of Action for Children's Intensive Family Support Services* (Action for Children, 2012), which suggest that families accessing IFS services achieve positive results on a range of 'soft' outcomes. These include increased parental confidence, increased aspirations, the development of family routines and improvement in family relationships. While placing a monetary value on these particular outcomes is not without problems, it should be considered that IFS services have a positive impact on families as a whole.

The analysis suggests that the impact of the IFS services have the potential to result in savings to local authorities. Projected expenditure may be reduced through costs avoided by preventing children and young people entering care. These costs avoided ranged between £5,475 and £130,471 per family depending on the type and length of the placement. A third of the families incurred a lower cost after the IFS service ceased, compared with the costs prior to receiving the IFS service. Of those, a financial return on investment is estimated in three families. The return on investment ranges between £10,588 and £21,879 per family. However, given the evidence of a reduction in the estimated costs incurred and improved outcomes, further savings may be calculable 12 – 18 months after the IFS service ceased.

Recommendations

- I. It may be advantageous to consider how a more comprehensive data set on the families accessing Intensive Family Support Services might be coordinated across the various agencies working with them. Most notably data on: the types of offences committed by family members, employment status, health data and more detailed data on additional services accessed would substantially contribute to the evidence base. These data should be brought together in such a way that does not place additional burden on services.

- II. It may be attractive to potential commissioners for Action for Children to consider the role they might play in the coordination of data. The tool currently being developed by the Centre for Child and Family Research may assist in this role.
- III. Consideration may be given as to how the IFS services might be developed to move adults towards employment.
- IV. Given the increasing importance placed on the prevention of children being placed in care, it may be advantageous to consider how more emphasis may be placed on this objective at a national level. At a local level commissioners may want to consider how to most effectively build local and national priorities into contracts with Action for Children to ensure the whole range of needs are being addressed.
- V. It may be advantageous to consider following up families who have received the IFS services after a longer time frame to examine the longer term impact of the service.
- VI. Further research to test the role of the IFS service worker in identifying unmet need may also contribute to the overall understanding of the longer term cost effectiveness of IFS services.
- VII. A longitudinal comparison study exploring the trajectories of families with similar needs who do not access IFS services would provide further evidence on the longer term impact of IFS services. To more fully understand the costs saving associated with working with families facing multiple problems, it may be necessary to consider the costs of providing different types of support to families with similar needs.

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Appendices

Appendix A: Sample Selection

The study used a purposive sample, whereby the sample was selected on the basis of one or more characteristic. The purpose of the sample selection was not to estimate costs that would be representative of all families accessing the Intensive Family Support (IFS) service. Rather, this study aimed to explore the various drivers for changes in costs.

During the set up meetings, the local authority commissioners were asked to identify the key characteristics or needs that the IFS services sought to address. These were used to inform the selection criteria. The following criteria were used:

At least two families in the sample with the following characteristics:

- One or more child on the edge of care
- One or more child who was previously in care
- One or more parent in long term worklessness
- One or more child involved in anti-social behaviour

These categories were not mutually exclusive; families who meet a number of these criteria were selected.

The IFS service workers identified a sample based on these criteria.

Appendix B: Data collected

The following table shows the data collected for each family in the sample. The table also shows whether it was provided by the Action for Children Intensive Family Support service or the local authority.

Table B.1: The data items collected for the sample families

Data item	Notes	Data provided by
Unique ref. or ID No		Action for Children IFS services and the local authority
Family members	"Family" is defined by all those who are in direct receipt of the Action for Children Intensive Family Support Service.	Action for Children IFS services
Reason for referral		Action for Children IFS services
Referring agency		Action for Children IFS services
Date IFS services started		Action for Children IFS services
Date IFS services ceased		Action for Children IFS services
For each adult in the family:		Action for Children IFS services
Age on referral		Action for Children IFS services
Gender		Action for Children IFS services
Is the parent/carer disabled?		Action for Children IFS services
If yes: Type of disability		Action for Children IFS services
Is the parent/carer in employment, education or training?	To be checked at each time point	Action for Children IFS services
Is the parent/carer an offender?	To be checked at each time point	Action for Children IFS services and the local authority
For each child or young person in the family:		
Age on referral		Action for Children IFS services
Gender		Action for Children IFS services
Is the child or young person disabled?		Action for Children IFS services
If yes: Type of disability		Action for Children IFS services
Number of referrals to children's social services		
Number of days in care	To be checked at each time point	Local authority
Number of days identified as a child in need under Section 17 of the Children Act 1989	To be checked at each time point	Local authority
Number of days on a Child Protection Plan	To be checked at each time point	Local authority
Number of Offending Outcomes	To be checked at each time point	Local authority
Number of half days unauthorised absence from	To be checked at each time point	Local authority

school		
What additional services are the family accessing? For each service please state:	<p>“Additional services” are defined as any intervention, support, professional or group who may be involved with the family, in addition to the Intensive Family Support service. It might include social care, education, health, employment, housing, and voluntary agencies. Contacts with police, EWOs, YOS may also be included here.</p> <p>To be checked at each time point</p>	Action for Children IFS services and the local authority
Service type	To be checked at each time point	Action for Children IFS services and the local authority
Service provider	To be checked at each time point	Action for Children IFS services and the local authority
Start date	To be checked at each time point	Action for Children IFS services and the local authority
End date	To be checked at each time point	Action for Children IFS services and the local authority
Frequency of contact with service (e.g. 1 hour per month) or number of contacts.	The LA or AfC may not have these data – we may have to go to the individual services for this.	Action for Children IFS services and the local authority

Appendix C: Unit costs used in this report

The data provided by the sites varied in its completeness. For offending outcomes, number of unauthorised absences and social care involvement, the frequency of occurrence was provided. Table C.1 shows the unit costs for events and services for which the frequency was known included in this report. Data on the provision of additional services, however, was partial. Data were not provided on the frequency of provision. In such instances, a number of standardised assumptions regarding the frequency of the provision have been made in cost estimations. These are outlined in Table C.2

Table C1: Unit costs for events and services for which the frequency of occurrence was provided

	Unit cost		Source
Police call out (offending outcomes)	£33.00	per hour	Family Savings Calculator: Department for Education, 2009
Truancy	£10.28	Per day	Family Savings Calculator: Department for Education, 2009
<i>Social Care Costs</i>			
On-going support for a Child in Need	£3.62	Per day	Holmes and McDermid, (2012) inflated for financial year 2012-13
Child in Need Review (if more than 182 days)	£230	per review	Holmes and McDermid, (2012) inflated for financial year 2012-13
On-going support for a child on a Child Protection Plan	£7.82	Per day	Holmes and McDermid, (2012) inflated for financial year 2012-13
Case Conference Review (if more than 182 days)	£230	per review	Holmes and McDermid, (2012) inflated for financial year 2012-13
<i>On-going support for a child in care¹:</i>			
Standard cost: under 1 - 2 years	£121	Per day	Ward, Holmes and Soper (2008) inflated for financial year 2012-2013
Standard cost: 2 - 4 years	£122	Per day	Ward, Holmes and Soper (2008) inflated for financial year 2012-2014
Standard cost: 5 - 9 years	£123	Per day	Ward, Holmes and Soper (2008) inflated for financial year 2012-2015
Standard cost: 10 - 15 years	£126	Per day	Ward, Holmes and Soper (2008) inflated for financial year 2012-2016
Standard cost: 16 - 18 years	£130	Per day	Ward, Holmes and Soper (2008) inflated for financial year 2012-2017
Child in residential care	£507	Per day	Ward, Holmes and Soper (2008) inflated for financial year 2012-2018

¹ These costs include the placement fees or allowance, the on-going support provided by the allocated social worker, care planning and Looked After Child Reviews.

Table C2: Unit costs of additional services where the frequency of occurrence was not provided

Additional service	Unit cost		Source	Assumed frequency
Adult Mental Health Support	£62.00	per hour	Family Savings Calculator: Department for Education (2009)	1 hour per week
Anti-Social Behaviour Team	£19.28	per hour	Holmes et al (2012) inflated for financial year 2012-13	1 hour per fortnight
Autism Family Advisory Team ages 0-3	£54.33	per month	Curtis (2012) Unit costs of health and social care, schema 8.3.2 children with low functioning autism	per month of support
Autism Family Advisory Team ages 4-11	£641.58	per hour	Curtis (2012) Unit costs of health and social care, schema 8.3.2 children with low functioning autism	per month of support
Autism Family Advisory Team ages 12-17	£37.16	per hour	Curtis (2012) Unit costs of health and social care, schema 8.3.2 children with low functioning autism	per month of support
CAMHS	£114.00	per hour	Curtis (2012) Unit costs of health and social care, schema 12.7 - multi-disciplinary CAMHS face to face contact	1 hour per fortnight
Child Disability Support	£35.00	per hour	Curtis (2012) Unit costs of health and social care, schema 6.8 key worker support for disabled children and their families	Based on 1.5 hours per month
Drug & Alcohol Support	£24.00	per hour	Family Savings Calculator: Department for Education, 2009	1 hour per week
Education Welfare Officer	£22.79	per hour	Holmes et al (2012) inflated for financial year 2012-13	1 hour per week
Educational Psychology	£40.16	per hour	Holmes et al (2012) inflated for financial year 2012-13	1 hour per month
Family Support Worker	£28.83	per hour	Curtis (2012) Unit costs of health and social care, schema 11.4 - social care assistant (also known as Family Support Worker)	1 hour per fortnight
Health Visitor	£62.00	per hour	Curtis (2012) Unit costs of health and social care, schema 10.3 Health Visitor	1 hour per month
Parenting Support	£1,200.00	per programme	Family Savings Calculator: Department for Education, 2009	Per programme
Pastoral Support	£33.18	per hour	Holmes et al (2012) inflated for financial year 2012-13	1 hour per week
SENCO	£17.00	per hour	Unit cost taken from Ward, Holmes and Lam (forthcoming), unit cost is per hour of one to one teaching support.	3 hours per day (15 hours per week)

Teenage Parenting Support	£28.83	per hour	Curtis (2012) Unit costs of health and social care, schema 11.4 - social care assistant (also known as Family Support Worker)	1 hour per fortnight
YOT	£33.37	per hour	Holmes et al (2012) inflated for financial year 2012-13	1 hour per fortnight
Youth Inclusion Support	£33.37	per hour	Holmes et al (2012) inflated for financial year 2012-13	1 hour per fortnight
Youth Work	£22.50	per hour	Holmes et al (2012) inflated for financial year 2012-13	1 hour per fortnight

Appendix D: details of the sample

Table D1: The characteristics of the families

	Site 1	Site 2	Both
Average number of days IFS intervention provided	357	269	316
Average age of the children	10	8	9
Average number of children	2.3	2.5	2.8
Average number of additional services provided	1.5	1.25	1.4
Number of families for with social care involvement	23	11	34
Number of families with school attendance difficulties	2	2	4
Number of families with one or more offenders	15	8	23
Number of families with one or more child with challenging behaviours	5	8	13
Number of families with one or more child with a physical or learning disability	15	10	25
Number of families with one or more adults out of work	14	13	27

Table D2: Additional services accessed

Services accessed	Number of individuals		
	Site 1	Site 2	Both
Adult mental health support	5	1	6
Antisocial behaviour team	5	2	7
Autism support	-	1	1
CAMHS	3	5	8
Drug and alcohol support	3	1	4
Education welfare officer		1	1
Educational psychologist	2	1	3
Family support worker	-	6	6
Pastoral support (school)	-	2	2
Parenting programme	-	1	1
SENCO	-	4	4
Youth offending	5	1	6
Youth inclusion support programme	3		3
Youth worker	6	1	7