An Evaluation of the *Breaking the Cycle* Initiative
on behalf of the Scottish Government

**Evaluation of South Lanarkshire ‘Breaking the Cycle’ Project – Report of 2008 fieldwork**

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**Acknowledgements**

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1. Introduction
This report presents the findings from the final stage of research evaluating the South Lanarkshire ‘Breaking the Cycle’ pilot project. The paper builds on an initial ‘scoping report’ drafted in January 2007 and which focused on the origins, organisational structure and objectives of the Project.

The research forms part of the national evaluation of the Breaking the Cycle programme, funded by the Scottish Government and also involving family intervention projects in Falkirk and Perth & Kinross. In addition, the evaluation covers the nationally renowned Dundee Families Project and the more recently-established Aberdeen Families Project. The contents of this report will contribute to the final evaluation report due for submission to the Scottish Government by October 2008.

This report draws on fieldwork undertaken in August 2008 which involved:

- Interviews with senior managers in the Council’s Housing and Social Work departments
- An interview with the BtC team manager
- Interviews with the BtC project workers
- An interview with a South Lanarkshire Council Investigation (ASB) Officer
- An interview with the Acting Manager of the South Lanarkshire Shelter Families Project
- Re-interviews of two BtC service user families
- One interview with a recently-accepted BtC service user family
- One interview with a former BtC service user family

The report also draws on quarterly monitoring reports submitted to the Project Steering Group by the Project Manager.

2. Procurement and governance

Procurement
In contrast to the other two BtC pilots South Lanarkshire decided to set up its project as an in-house team, based in the Housing & Technical Resources Department and located in the Council’s main East Kilbride office.

As a large authority with considerable previous experience of support initiatives for vulnerable groups (e.g. the NEST scheme targeted on parents abusing drugs), SLC believed it had the organisational and managerial capacity to run such a team as a directly provided council service. It was also seen that integrating the function within the Council structure (rather than contracting it out) would bring some important
benefits in terms of the closeness of the team’s collaboration with relevant council colleagues – especially staff in Housing and Social Work.

The Acting Project Manager sees an inherent advantage in the team’s status as a council-run service because of a local authority’s ultimate responsibility for families requiring intensive support (in terms of child protection as well as homelessness rehousing). The fact that ‘the buck stops with (social work and homelessness) colleagues’ is seen as providing powerful incentive for a council-run team to ‘own a family’s problems’ in a way which a voluntary agency might not.

**Organisational location**

The Project’s role as an aspect of ‘homelessness prevention’ is seen as critical, Accordingly, it is anticipated that (funding permitting), the team’s organisational location will become more closely integrated with homelessness services under the Council’s newly designated Head of Homelessness.

South Lanarkshire is a highly decentralised authority and it is recognised that this compounds the challenges faced by the BtC team in developing relationships with locally-based housing staff. As suggested by the senior housing manager responsible for the team, this could imply (for the longer term) a case for an element of decentralisation of team members to local housing offices.

In contrast to the other two BtC authorities, the lead department in South Lanarkshire was Housing rather than Social Work. Apart from the close linkages with other council housing functions, this is also seen as having helped to ensure effective collaboration between Project staff and local housing associations. A number of referrals to the Project have involved association tenants (although, formally, such referrals have been made by social workers).

**Governance**

While line management for BtC staff is within Housing and Technical Resources, the Project’s operation is also overseen by a multi-agency Project Steering Group. This brings together senior managers from Housing and Social Work and the Anti-social Behaviour team. The Shelter Families Project is also represented as a link with the wider voluntary sector.

PSG meetings take place quarterly and involve discussion on individual cases, as well as consideration of wider strategic issues (e.g. factors underlying the unexpectedly limited number of referrals being made to the Project in its first year). The meetings provide a forum for the BtC Project Manager or other participants to raise any concerns about ‘blockages’ in inter-agency working and which are compromising progress for specific families. The PSG also serves as a means of ensuring that the Project is properly integrated within the wider South Lanarkshire scene – countering the risk of insularity within the East Kilbride district.

Key actors see the PSG as paying tribute to the breadth of the range of stakeholders with an interest in the Project’s operation. Hence, although set up in the context of the scheme in its ‘pilot project’ guise, it is envisaged that the forum would be retained if the Project is ‘mainstreamed’ as a permanent entity. It is, nevertheless, perceived by the Acting Project Manager that PSG contribution would be enhanced by:
achieving greater continuity in the representation of the various participating stakeholder organisations

• involving more operational staff instead of (or as well as) very senior managers – the latter have valuable insights into the strategic context but are seen as detached from the front line.

3. Project staffing and management

Team members
The team is overseen by a senior housing manager who holds the policy brief for homelessness. Within the team, the Project Manager oversees all five Project Workers, the team’s Admin Officer and the recently-seconded Community Psychiatric Nurse. Most of the staff were recruited via re-deployment/secondment from elsewhere in the Council. While several have previously worked as housing officers, support workers or homelessness staff, the team also contains members with voluntary sector experience. The Acting Project Manager sees it as valuable to have a team with complementary strengths and interests. Encouraging a degree of ‘specialisation’ is beneficial in job satisfaction terms. Intra-team mentoring has also proved valuable in sharing expertise.

Recruitment and retention
Setting up the team and installing all staff in post took somewhat longer than anticipated. Once established, however, the team has remained quite stable. Over the Project’s 18 months of operation, only one caseworker has needed to be replaced (due to promotion within the Council of the former postholder), and one other move has resulted from maternity leave on the part of the Project Manager. While it proved possible to recruit a highly capable Acting Manager, the handover process left the team effectively leaderless for two months. Although the team’s cohesion is seen as having enabled it to function reasonably well during this period there was some damage to morale. It was also somewhat wasteful of resources due to the unfortunate coincidence of this period with the arrival of a new caseworker which caused a delay in that staff member being assigned cases to manage.

The short-term status of the pilot undoubtedly compromised the Council’s ability to recruit qualified staff with directly relevant experience. However, partly in recognition of this fact, a substantial induction programme was developed for the initial cohort of staff members before the team began receiving referrals in March 2007. This programme included:

• Introduction to NCH intensive support model
• SLC child protection procedures
• ESCAPE – accredited model in practical parenting for chaotic families
• Motivational interviewing
• Conflict management
• Drug awareness
• Routes into work
• Procedures on training for vulnerable adults

Management issues
Caseworker staff have all brought enormous enthusiasm and commitment to the team. However, some have understandably found it difficult to reconcile tensions between identification with a family and responsibility to report newly identified child protection issues to the relevant social worker. The Acting Project Manager has also seen a need to help some team members recognise the danger of creating a ‘dependency culture’ among service user families. This problem may be partly attributable to a lack of formal training or directly relevant previous experience on the part of some caseworkers.

There is also a scenario where the caseworker is seen as at risk of becoming dependent on the family – liable to resist withdrawing from involvement with a family where members are failing to respond to support by taking back responsibility for their own lives. This tendency may have contributed to the relatively low throughput of families to ‘closed case’ status. In addressing this issue, the Project Manager has sometimes found it useful to require a caseworker to take on a new case – thereby making unavoidable the tapering down of support for existing service users.

4. The referral process

Referral criteria
As established at the start of the pilot, eligibility criteria specify that households referred to the Project must be families – i.e. including children aged under 16 – who are either: (a) Subject to a Notice of Proceedings on nuisance grounds where ‘there is significant and substantive evidence of antisocial behaviour’, or (b) living in temporary accommodation awaiting a tenancy offer but with a history of antisocial behaviour in previous tenancies. Eligibility also depends on the referral agency demonstrating that the family requires ‘a greater level of support than can be provided by the statutory or voluntary services’.

There is no requirement for (non-homeless) service users to be council tenants, but it is implicit in the criteria that they will live in the social rented sector – or have a history of social renting.

Formally, the referral criteria have remained unchanged throughout the pilot period. However, resulting from one recent case consideration has been given to relaxing the expectation that families must contain children under 16. This results from an instance of a referred family involving elderly parents caring for a severely disabled son/daughter in their 20s. The family was facing eviction with the consequence that they would need to be rehoused under the homelessness legislation.

Referral practice
Over the Project’s first 18 months of operation the majority of referrals (9) have originated from housing area offices (some have involved families already evicted
and subsequently accepted as homeless). The Social Work Department (including, in one instance, a Child Support Worker) have made 7 referrals. One referral has come from the Shelter Families Project.

Following assessment, most referred families have been accepted for Project support. Of the four referrals rejected, two involved families which ‘never engaged’ with the assessment – perhaps signifying a lack of commitment at the outset. In one of these instances, further investigation revealed that there could have been an issue about eligibility – the youngest son in the household already being aged 16.

Both Housing and Social Work senior managers acknowledge that referral practices at the outset were not always satisfactory. The Project has had to counteract a mindset in some local housing offices that referring a family for Project support means entirely relinquishing responsibility.

With hindsight, Social Work accepts that some of the families considered for possible referral in the early days were highly unlikely to engage. A number of interviewees stressed that family co-operation with the Project was often stimulated by a belief that children might otherwise be taken into (or retained in) care. ‘The children are all that some of these families have got’. The possible loss of a family’s tenancy was also often an important consideration but not necessarily the main incentive for engagement.

One referral was rejected because the extent of criminal activity attributed to the referred family was judged as too great. The personal safety of Project staff is a consideration here but ‘there is no one who is ‘too dangerous’ – it’s just about whether we have someone with the necessary skills’ (Acting Project Manager). Another issue seen as significant by Project staff is the need for the referring officer to appreciate that referral to the Project will require them to work in partnership with the team during the assessment period.

**Referral numbers**

The volume of referrals to the Project has generally been consistent with the Team’s capacity. In a few cases it has been necessary to ‘hold over’ assessments until sufficient staff time has been freed up. Otherwise there has been no pressure to establish a ‘waiting list’ as such.

More of a concern has been the perceived reluctance of some relevant parties to perceive referral for Project support as an appropriate way of addressing client family problems. BtC team members feel that they are only gradually breaking down ingrained scepticism among some housing and ASB staff as to the potential benefits of intensive support rather than pursuit of an enforcement-centred approach. Validating this view, the ASB officer interviewed as part of the fieldwork acknowledged initial doubts on the BtC team’s approach to tackling antisocial behaviour but asserted a growing confidence that referral to the team could be worthwhile, in principle.

The Acting Project Manager sees a vital need to raise the team’s profile across the Council and beyond, and to promote better understanding of the Project’s role. This has been taken forward with the external management consultancy assistance. Over time, however, it is expected that confidence in the Team’s potential will snowball as
increasing numbers of local Housing and Social Work staff become aware of instances where BtC intervention has made a lasting difference to renowned 'problem families'.

5. Working with families

Common problems
Apart from the nuisance caused to neighbours or others, problems common to many or most families referred to the Project include:

- A lack of parenting skills
- Poor domestic hygiene and domestic skills
- Low self-esteem of parents and children
- Poor school attendance
- Alcohol and/or drug dependency
- Depression
- Debt

Project staff believe that, in a number of cases, low self-esteem suffered by mothers is directly linked with having suffered abusive relationships and neglect as children.

For Project staff, the most intractable problems are often debt and drug abuse. Drug dependency can be a critical barrier to achieving progress on any other front. It is sometimes difficult for caseworkers lacking previous experience of drugs work to fully appreciate the challenge posed in attempting to break an addiction. In recognition of this, the team has recently secured the services of a Community Psychiatric Nurse with drugs expertise (see Section 3).

Most families accepted for Project support have been large, often containing both teenagers and babies or very young children. This compounds the scale of the intervention activity required because of the common need to work with family members individually as well as collectively.

Support provided directly
Virtually every case involves some work on parenting. This often includes attempting to establish routines around going to bed and getting up, encouraging home cooking and eating as a family unit. Caseworkers also analyse and attempt to improve family dynamics and to help families resolve internal conflicts.

Particularly in the early stages of a case support is often focused on helping the family to improve domestic conditions and hygiene. This often involves clearance of gardens, replacement of broken furniture and re-decoration of family rooms. Help with food shopping and preparation is also a common component of support at this stage.
In terms of its potential impact on ASB as experienced by neighbours, ‘door control’ advice given to many service user families is seen as critical in preventing the problematic congregation of young people in families’ homes.

Assistance with rehousing has also been a feature of many cases. This may involve helping the mother navigate the process of securing a transfer or a move from homeless temporary accommodation to a suitable permanent tenancy. In other instances, helping to secure separate accommodation for an older teenager (often via the ‘homelessness route’) may be a critical contribution to ‘solving’ the ASB problems which triggered the original referral.

Encouraging and facilitating whole-family activities has been another common component of support plans. This can involve, for example, taking families out to local attractions such as the Strathclyde Country Park or the Glasgow Science Centre. On a similar theme, introducing children and their parents to new leisure activities, particularly sporting and other active pursuits such as trampolining, gymnastics, climbing and horse-riding. Families have routinely been provided with leisure passes for swimming or fitness classes. Connecting school-age children with council-provided summer holiday activities is another common form of support provided.

**Collaborative working**

In working with designated families, BtC staff need to collaborate closely with various other professionals, especially the relevant social workers. Addressing poor parenting can raise challenges here, since social workers must retain prime responsibility for child protection. There have been some concerns on the part of Social Work about the risk of caseworker ‘collusion’ with families where there is a tension between retaining a family’s trust and reporting child protection concerns to the relevant social worker. However, the Social Work Department considers that this issue has now been satisfactorily addressed.

BtC staff also need to work with ASB officers. However, an ASB officer interviewed in the research believed that there was a lack of consistency in the ways that different caseworkers operate, with some being liable to ‘identify too closely’ with service user families. There is frequently a need for close collaboration between ASB officers and BtC staff when complaints arise about families currently receiving Project support. The ASB officer interviewee recounted an instance where, at a joint meeting with a BtC service user family, the caseworker present was perceived as playing a role more akin to that of a family member than a professional. The main significance of this comment may be as a graphic illustration of the ‘culture gap’ between Council colleagues often needing to work collaboratively in addressing ASB.

The ASB officer interviewee also asserted a view that, to promote better mutual understanding, it would be beneficial to facilitate more contact between BtC staff and the police. In practice, it would appear that there has so far been relatively little interaction between these parties – even at a strategic level.

**Support and enforcement**

Although intensive family support projects are generally portrayed as a ‘supportive alternative’ to an ‘enforcement centred’ approach, this is not quite how South Lanarkshire BtC caseworkers see things. They point to cases where the programme of
interventions co-ordinated by the team include both enforcement and supportive measures. In particular, cases were cited where an essential element of the strategy to tackle a family’s problems has involved obtaining an ASBO to prohibit older teenage children from returning to the family home where they (rather than other family members) had been the main perpetrator of ASB against neighbours. Nevertheless, from an ASB officer perspective, caseworkers would benefit from a better understanding of the range of enforcement measures.

**Commissioned services**

As well as direct provision of support, an important element of the Project’s role is to secure services from other sources. This can include making referrals to services such as:

- Alcohol counselling
- Counselling on self-esteem and personal relationships
- Drug de-toxification

Another service purchased externally is child support work, purchased as a package from the South Lanarkshire Shelter Families Project. This service is provided by Shelter staff trained in art therapy. However, the volume of referrals being made to the service has, in practice, been much smaller than originally anticipated by Shelter and funded from the BtC budget. While the reasons are unclear, the apparent underutilisation of this resource could suggest a need for better inter-agency co-ordination in the delivery of family support programmes.

The cost of some commissioned services is significant. Particularly where deemed to require a residential setting, drug treatment can be especially costly. Recently, the Project has engaged Fabpad to provide a 12-month interior design course for all adult service users. Given that almost all referred families live in houses which could benefit from internal redecoration, this is seen as potentially beneficial for the whole caseload. It is also envisaged that often socially isolated mothers will benefit from the social interaction. Hence, the procurement of the service at a cost of £30,000 is considered easily justifiable.

One externally procured service tried and discarded is alternative therapy for relaxation and stress relief – e.g. involving reflexology and head massage. The model here involved purchasing a block of sessions where mothers and caseworkers received therapy concurrently. However, although this was popular with staff and some mothers, sessions needed to be purchased in blocks of eight and the consequently high cost was hard to justify as an ongoing activity.

Although the team benefits from having a budget to purchase such services, there is a preference for avoiding activities whose high cost would make it unlikely for mothers to be able to pay for these after case closure. On this basis the Project makes quite extensive use of services available at the local FE college – especially hairdressing and manicure.
Profile of intervention activity
Commonly, service users receive very intensive support in the early stages of their support programme, with caseworker input subsequently tapering down towards case closure. As at August 2008 only one case had been permanently closed. However, a number of those in the original cohort were now receiving much less contact. In several instances it was seen as necessary to postpone case closure until the family had been assisted in a prospective housemove and the subsequent settling in period.

6. Intervention outcomes

Perceived outcomes as at August 2008
Assessing the outcomes of Project support as at August 2008 is constrained by the fact that (excepting the case closed and re-opened) only one case has so far been closed.

Table 1 summarises the perceived impacts of support for the cases accepted for support during the Project’s first 13 months. There are instances where children have been taken into care since the start of Project support. One family has failed to respond to help to the extent that eviction is now considered more likely than at the outset.

In terms of the incidence of ASB a degree of success is considered to have been achieved in most cases (see Table 1), at least while caseworker support continues to be provided. In some instances, however, some disturbance to neighbours has continued – albeit at significantly lower levels than prior to the original referral.

Table 1 – Cases accepted for Project support March 2007-March 2008: support outcomes as at August 2008

<table>
<thead>
<tr>
<th>Case ref and status (Aug 2008)</th>
<th>Risk of homelessness/eviction</th>
<th>Incidence of complaints about ASB</th>
<th>Risk of family breakdown</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 – ongoing</td>
<td>Unchanged</td>
<td>Reduced</td>
<td>Unchanged</td>
</tr>
<tr>
<td>3 – ongoing</td>
<td>Reduced</td>
<td>Reduced</td>
<td>Reduced</td>
</tr>
<tr>
<td>5 – ongoing</td>
<td>Reduced</td>
<td>Reduced</td>
<td>Reduced</td>
</tr>
<tr>
<td>7 – ongoing</td>
<td>Reduced</td>
<td>Reduced</td>
<td>Reduced</td>
</tr>
<tr>
<td>8 – closed</td>
<td>Eliminated</td>
<td>Eliminated</td>
<td>Eliminated</td>
</tr>
<tr>
<td>10 – ongoing</td>
<td>Increased</td>
<td>Unchanged</td>
<td>Unchanged</td>
</tr>
<tr>
<td>13 – ongoing</td>
<td>Reduced</td>
<td>Reduced</td>
<td>Reduced</td>
</tr>
<tr>
<td>15 – ongoing</td>
<td>Reduced</td>
<td>Reduced</td>
<td>Increased</td>
</tr>
<tr>
<td>16 – ongoing</td>
<td>Reduced</td>
<td>Reduced</td>
<td>Reduced</td>
</tr>
</tbody>
</table>
In addition to monitoring the impact of Project support on reports of ASB by service user families, other yardsticks of success frequently mentioned by Project staff included:

- decisions by Social Work colleagues on whether to place children in care or return them to their families
- social worker decisions on whether to add children to the child protection register or to de-register them
- changes in children’s school attendance.

7. Service user views

Service users interviewed in summer 2007 and in 2008 were overwhelmingly positive in their assessment of the help provided by the Project. Compared with other professionals previously encountered, staff were seen as more sympathetic to service user problems. Relationships developed were also generally closer and more trusting. Most interviewees had previously been known to Social Work for some time and some had received significant support – e.g. referral to parenting classes, home redecoration. However – in contrast to the style of Project caseworkers – such assistance was sometimes felt to have been imposed rather than specified or delivered in an inclusive way. Interviewees confirmed that, in the development of their support plans, their views had been taken into account.

Service user interviewees generally recognised that their referral to the Project reflected their ‘out of order’ behaviour. It was, however, apparent that family members were often victims of bullying and victimisation at school and/or in the neighbourhood.

Service user interviewees generally felt fortunate in having been referred for Project support and believed that they would otherwise have lost their homes and/or their families. They were often particularly grateful for caseworkers’ practical assistance in improving the condition of their homes and for help with rehousing (for the whole family or separately for adult sons). Far from being impatient to ‘break free’, service users continuing to receive Project support over a long period clearly valued their caseworkers and expressed some apprehension about the prospect of case closure.

8. Sustainability of improved lifestyles and behaviour

For the sole ‘closed case’ family improved behaviour and lifestyle achieved through Project support has been sustained over the four months since support ended. For the others the longer-term retention of short-term gains remains uncertain.

In bringing Project support to an end, it is seen that this should be marked in a celebratory way – e.g. a meal out involving the family and Project staff. But, particularly for some mothers, there will be a need to make clear that ‘the door remains open’ so that phone contact can be made to seek advice on any newly arising problems. However, recognising that the caseworkers are as yet inexperienced in handling case closures, the Acting Project Manager sees a need to learn from the ‘exit strategies’ of longer-established intensive family support projects.
9. The contribution of the Project in the South Lanarkshire context

There is a consensus among key stakeholders that the BtC project makes a unique contribution to South Lanarkshire’s array of services for vulnerable families. The Project’s highly intensive approach is seen as its critical strength and one which needs to be retained in the face of any pressures to expand the team’s remit and/or caseload. Therefore, as seen by the senior housing manager responsible for project oversight, caseworker caseloads should be limited to no more than 2-3. While the model appears expensive in terms of staff costs per family, it needs to be borne in mind that most of the families concerned have been consuming significant local authority resources, year after year, for a long period. Only by addressing family problems directly is there a chance that this can be stemmed for the future.

10. Project expenditure

From the Social Work perspective, a critical difference between the Project’s service and the support routinely provided by social workers is the budgetary provision for Project caseworkers to spend money on behalf of service user families. On this view, unlike their Social Work colleagues, caseworkers must face a dilemma around ‘rewarding bad behaviour’. Whether the distinction between social work and BtC practice is quite as sharp as portrayed is, however, called somewhat into question by the experience of one family accepted for Project support in 2008. The family had been known to Social Work for some time prior to referral and in 2007 reportedly had over £2,000 spent on refitting and redecorating their home – at Social Work expense. The family’s perceived failure to sustain the resulting improvement in physical conditions was a factor in their referral (only months later) for Project support.

Table 2 – Project expenditure – 1 April 2007-30 June 2008

<table>
<thead>
<tr>
<th></th>
<th>Lifeskills (£)</th>
<th>Lifestyles (£)</th>
<th>Capital (£)</th>
<th>Misc (£)</th>
<th>Total (£)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q2 2007</td>
<td>1,468</td>
<td>702</td>
<td>775</td>
<td>1,810</td>
<td>4,755</td>
</tr>
<tr>
<td>Q3 2007</td>
<td>4,303</td>
<td>3,750</td>
<td>9,592</td>
<td>3,288</td>
<td>20,933</td>
</tr>
<tr>
<td>Q4 2007</td>
<td>6,837</td>
<td>5,555</td>
<td>590</td>
<td>1,827</td>
<td>14,809</td>
</tr>
<tr>
<td>Q1 2008</td>
<td>1,043</td>
<td>2,977</td>
<td>2,395</td>
<td>231</td>
<td>6,646</td>
</tr>
<tr>
<td>Q2 2008</td>
<td>4,031</td>
<td>3,691</td>
<td>8,076</td>
<td>1,171</td>
<td>16,969</td>
</tr>
<tr>
<td>Total (£)</td>
<td>17,682</td>
<td>16,675</td>
<td>21,428</td>
<td>8,327</td>
<td>64,112</td>
</tr>
<tr>
<td>Total (%)</td>
<td>27.6</td>
<td>26.0</td>
<td>33.4</td>
<td>13.0</td>
<td>100.0</td>
</tr>
<tr>
<td>£ per case</td>
<td>1,965</td>
<td>1,853</td>
<td>2,381</td>
<td>925</td>
<td>7,124</td>
</tr>
</tbody>
</table>

Source: BtC quarterly monitoring reports to Project Steering Group

However, while Project practice here may not be as distinct from that of Social Work as sometimes portrayed, it seems likely that caseworkers do enjoy greater licence to buy goods and services for family clients. According to quarterly monitoring reports to the Project Steering Group some £64,000 was spent by the team in supporting families in the five quarters to 30 June 2008 (see Table 2). The spend categories as shown in the table involve:

- Lifeskills – where a new skill is being learned for a better life (e.g. interior design)
- Lifestyles – purchases to assist develop better lifestyles
- Capital – necessary upgrading to family home
- Miscellaneous – Office equipment, staff training etc.

The ‘£ per case’ figures shown in Table 2 spread total costs across a notional nine family caseload (the number of families taken on for Project support during the period covered).

11. Conclusions

In the 18 months since receiving their first referral South Lanarkshire’s BtC team has clearly made a major strides towards helping vulnerable families get their lives back on track. In most cases, service user families have ceased to inflict distress on their neighbours and, as a result, the threat of eviction has receded. Social Work has felt able to remove many children from the Child Protection register. A number of parents have been helped to eliminate or take control of alcohol and/or drug abuse.

At the same time, a small minority of referred families have failed to engage with the Project or have proved resistant to attempts to curb harmful lifestyles. There have also been instances where intensive intervention has revealed family problems requiring that children are added to the register or taken into care. While this could be seen as compromising the cost-effectiveness arguments for intensive support, it will mean that the children concerned are receiving more suitable supervision and/or care than would otherwise have been the case.

Project caseworkers have to tread what is at times a very fine line between the essential need to win a family’s trust, on the one hand, and maintaining some critical detachment, on the other. This is a highly demanding role, especially for staff without substantial directly relevant previous experience.

Across the entire cohort of families referred to the Project in its initial phase, the overall impact of caseworker intervention has undoubtedly been a positive one. And while some ‘additional costs’ have resulted due to children needing to be accommodated by the Council, such costs will certainly have been far outweighed by the (notional) savings resulting from children being helped to avoid being taken into (or being returned from) care.

What remains in doubt at the time of writing is the sustainability of improved lifestyles and behaviour when Project support is withdrawn. As yet, hardly any cases have been closed with the family’s support plan having been ‘successfully completed’. Consequently, procedures around case closure remain largely untested and the fact that most cases initiated remain ongoing in August 2008 will complicate the research team’s assessment of Project cost-effectiveness at this stage. These observations reflect the short duration of the pilot programme – arguably insufficient to properly test the intervention model where the caseload includes many families struggling to cope with multiple longstanding and deeply ingrained problems.

Certainly, it is also important to recognise that operating within the context of a pilot project with no guarantee of longer term continuation has posed major challenges for South Lanarkshire’s BtC team. The pilot framework has compromised staff
recruitment and the development of relationships with fellow professionals in other parts of the authority (because of a perception that the Project is an experimental venture and may not have a longer term existence). Understandably, it has taken time to fine-tune effective ways of working and to build up experience among a newly-recruited team. Within these constraints, it is clear that the Project has achieved substantial success in addressing a highly challenging set of objectives. Nevertheless, it is probably fair to say that the Project is likely to achieve its full potential only if it has the opportunity to consolidate and build on its initial achievements through extension of its life beyond the initial pilot period.

12. Case Studies of Families

The remainder of the report details the case studies of eight families who gave their consent to be included in the research and who were continuing to receive Project support in August 2008, as well as one family whose case had been closed. The evidence presented here is based on interviews with BtC caseworkers.

Family 1 (ongoing case)


Support plan included home management, addressing debts, parenting skills. Door management successful – important in curbing problems experienced by neighbours. ASB also curbed through helping oldest boys obtain separate accommodation (but one son so badly damaged that he is a risk to others). Progress of support programme interrupted because of damage to trust when BtC Worker professionally obliged to report to Social Work incidents of child abuse.

Referral to drug counselling failed. Residential rehab outside East Kilbride seen as the only chance of success because of the negative influence of drug scene contacts when attending local detox programme. This would require children to be placed in care – this will become permanent unless the out-of-area detox succeeds.

Family 3 (ongoing case – closed and re-opened)

Single mother with history of drug and alcohol abuse. Inadequate parenting led to out of control children inflicting ASB on neighbours.

Worked to help improve self-esteem as a means of reducing drug and alcohol dependency. Daughter enabled to enrol at special school, other children helped to change schools for new start. Enabled mother to access much-needed dental treatment.

Something of a bumpy ride as regards co-operation. At one point caseworker forced to carry through threat to close case because of lack of engagement. Things improved after case re-opened.

Drug abuse has been controlled rather than eliminated. Referral to drug detox service rejected but use is made of the locked cabinet to keep needles out of children’s reach. Family reasonably co-operative in working with caseworker to improve physical condition of property and garden. Also willingly taking children to participate in
positive activities. Children enjoying school and introduction to horse riding. Housing association landlord not entirely helpful in responding to request to erect shed as bike store – to improve domestic conditions.

Anticipated that case will be closed within 6 months. Prospects of sustaining improved lifestyle are considered quite good although there remains a risk of reversion to drunkenness.

**Family 5 (ongoing case)**

Single mother with 5 children. Mother and 2 eldest boys responsible for substantial ASB – mother’s alcohol abuse a root cause.

Key aims: raise mother’s self-esteem and reduce stress within the home by addressing family tensions. ASBOs taken out against 2 oldest boys (young adults) prohibiting them from the area. Child protection order stipulates that remaining children will be taken into care if mother allows older boys into house. This element of enforcement has given the support a chance to work.

Mother has responded well to Project help. Drinking brought under control. Trust has been established and this has also made it possible for CPN to work with her. He is a good male role model (previously a little known concept). Social Work pleased with progress and de-registration of children under consideration. But hounding of family by local press has led to increased victimisation – including problems for children at school. Hence, a housemove has become an important priority.

Tapering down of BrC support now planned. Chances of sustaining improved lifestyle seen as good. Main risk remains interference from ex-partner who remains prone to alcohol abuse and violence.

**Family 7 (ongoing case)**

Single mother and 5 sons. Mother abused as a child. Arrival of new baby undermined her ability to cope with older children causing ASB. Uncontrollable temper.

Support focused on coping with alcohol abuse and boosting self-esteem. Helped to re-establish broken relationships with wider family. Advice on how to treat neighbours and on self-control within the home. Helping to find separate accommodation for oldest sons a crucial element. Mother now being helped to face a move to a new tenancy in a more suitable neighbourhood.

Has responded well to support – e.g. in curbing drinking and developing a calmer, less aggressive way of dealing with life.

Helping mother develop new social network in new community should be the final phase in this support plan. If this can be achieved the mother’s prospects of sustaining improved behaviour will be good.

**Family 8 (closed case)**

Single mother + 7-year old son. Long-established case of depression. Family history of childhood abuse a factor. Increasing resort to excessive drinking and consequential bad behaviour. Extreme anxiety and aggressiveness when intoxicated. Hence,
complaints from neighbours. Social Work removed child to care of relative. Incentive of wanting to recover care of child an important incentive for accepting help.

Main focus of support: encouraging client to acknowledge and address alcohol problems. Review of medication for depression revealed this to be inappropriate and a significant factor in misconduct. Helped to re-make connections with extended family. Efforts to recover self-esteem via hairstyling etc.

Responded well to intervention after initial resistance. Referral to alcohol counselling programme highly successful. Case closed after 6 months with child restored to parental home. Relations with neighbours much improved. Chances of sustaining improvements very good though relapse into alcohol dependency a remaining risk.

**Family 10 (ongoing case)**
Mother with physical and learning disabilities, two children. ASB mainly perpetrated by daughter (aged 15 at outset, now 16) and friends – noise and disturbance connected with alcohol and drug abuse, partying. Son (13) now taken into care because of neglect. Arguably, the mother should have been receiving carer support from Social Work adult services.

Support programme has included helping mother decorate the house, purchase of furniture, work on parenting, budgeting, debt management, getting children back into school/employment.

Family response has been limited. Although reasonably co-operative with support provided, there is a lack of commitment from mother and daughter to change own lifestyles. Although ASB reduced for a period, there has been a recent reversion. Door control still inadequate. Eviction now almost certain. Possibly necessary to threaten to close case unless mother and daughter demonstrate renewed commitment.

**Family 13 (ongoing case)**
Couple with family of 3. Both parents disabled – mother also suffers mental ill-health. Father expected to take charge of practical domestic tasks but fails to do so. Little discipline exercised on children. Flashpoint with neighbours over allegedly noisy dogs (but complainant probably more sinning than sinned against). In reality, little ASB on part of client family but local housing office appears to have judged otherwise. Also Social Work concerned at children’s care in such an untidy and unhygienic house. Improved conditions achieved via 2007 SW overhaul of house (cost: £2,800) soon dissipated. Parents felt they had been given little say in how this had been done.

Support has focused on self-esteem issues (esp. via counselling), assertiveness and home management. Attempt to find a compromise on dogs also important. Mother helped to access medical care. Some positive impact on family dynamics but lower level support likely to be required long-term. Getting a house move an important focus of help in the short term.

Longer term prospects remain uncertain, although ASB is unlikely to occur.
**Family 15 (ongoing case)**

Single mother + 3 children. ASB on part of 13-year old son was main issue triggering referral.

Focus of support is helping connect children with local activities to divert them from misbehaviour. Parenting training also important, although this was already being provided via Social Work at the time the family were taken on.

BtC Worker has had to suspend contact pending outcome of investigation into alleged child abuse by stepfather.

**Family 16 (ongoing case)**

2-parent family with 5 sons, but oldest 2 in custody. ASBO effectively used to keep them away from the house when released. Homeless route used to find separate accommodation for another son. ‘Divide and conquer’ strategy. Referral triggered due to effect on other neighbours of drink-fuelled battling with nearby family.

Important priority in support plan is helping to assist a transfer to new home on SSST basis. Move away from antagonistic neighbour and small town mentality is urgent. Underlying problem is male partner who is has a history of violence. Helping mother to ‘take off the blinkers’ about the partner is consequently a key priority.

Also aiming to help control the mother’s drinking and to develop her parenting skills. Getting her enrolled on an IT training course seen as building on existing skills. It is hoped that this will pay dividends in boosting self-esteem and widening social circle.

Although the case is at an early stage the caseworker is reasonably optimistic about the chances of success.