



CSV
Volunteers in Child Protection
(ViCP)

An Assessment of Impact and
Effectiveness

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List of Acronyms Used in the Report

CAF – Common Assessment Framework

CSV – Community Service Volunteers

FAD – Family Assessment Device

GHQ – General Health Questionnaire

SDQ – Strengths and Difficulties Questionnaire

ViCP – Volunteers in Child Protection

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A. Key Findings

Demographics

- ✓ Southend is an area of relative deprivation. Research indicates child maltreatment is higher in such areas (see 7).
- ✓ There are 22 different services working with families in Southend. This makes it difficult to identify what is actually working (see 8 and Appendix 2).
- ✓ Prior to their referral to ViCP, these families, with high child protection concerns and who are very hard to engage, say they do not have sufficient confidence to engage with the services to which they have been referred (see 8).

Findings from questionnaires

ViCP are working with extremely complex families. These families are very hard to engage. There is evidence of marked improvement after the ViCP intervention.

- ✓ The initial reports on childrens' wellbeing (SDQ scores) are of great concern. Parents report **children's emotional and behavioural difficulties** in two thirds of the sample (6 out of 9). Four families completed the SDQ at Time 2 and all report improvement in their child's well-being (see 10d).
- ✓ Half the families report dysfunctional **family functioning**. At first glance this is surprising, but often families subject to professional concern are relatively happy with their home circumstance but have difficulty with meeting external demands such as school, workplace etc. (see 9, 10c).
- ✓ Many of the mothers' describe being depressed. But their questionnaire scores only place 2 (out of 13) in the clinical range of mental health concerns. These mothers both report marked improvement in their mental state at Time 2 (see 9, 10b, 11).

Findings from Interviews with Families

- ✓ Overall families reported a very positive experience with their volunteer: "*My volunteer was second to none.*" (see 9 and 11).

- ✓ Families were able to recognise that they **needed the support** of a volunteer in order to help them improve their home life for both their children and themselves (see 11a and 11b).
- ✓ Families expected practical help and advice, support with mental health problems and help to move away from child protection.
- ✓ Families reported that volunteers were supporting them emotionally and helping them learn to play with their children (see 9, 11a and 11b).

Findings from Interviews with Volunteers

- ✓ Volunteers spoke about the wonderful experiences they had with their families despite being apprehensive to begin with. Many spoke about the wonderful relationships they had developed with their families and how they felt a sense of empowering them to make positive changes in their lives (see 12a and 12b).
- ✓ The volunteers described how challenging the work can be, but equally praised their families for the good work they are trying to do. Furthermore there is a caring/protectionist role evident among the volunteers (see 12a and 12b).
- ✓ Volunteers spoke about the project being a very worthwhile resource for families experiencing the types of difficulties these families have had to deal with. This was evident in the achievements of the volunteer and the families working together (see 12a and 12b).
- ✓ In one or two instances volunteers identified 'unmet need' and were able to alert professionals to this.

Findings from Interviews with Stakeholders

- ✓ Stakeholders were overwhelmingly positive about the ViCP scheme, with every interviewee concluding that the scheme had exceeded their expectations (see 13a).
- ✓ Stakeholders complemented and placed great emphasis on the importance of organization, management and administration of the scheme (see 13b)
- ✓ Stakeholders experiences were that volunteers can offer something unique to families involved with child protection services (see 13d)
- ✓ Anecdotally stakeholders were able to give examples where they considered the ViCP scheme prevented reception into care (see 13d)

Value for Money

- ✓ ViCP are commissioned to recruit and place 50 volunteers a year. This target is exceeded.
- ✓ ViCP are extremely effective in the recruitment, training, managing and supervision of volunteers (see 13 and 14a).
- ✓ **In 87%** of the cases closed by ViCP the cases had moved to lower levels of safeguarding concern as reflected in their CAF (Common Assessment Framework) levels (see 14b).
- ✓ ViCP is extremely good value for money. For 50 families a year the costs saved by the ViCP scheme are at least £81,597 (see 14b).
- ✓ In fact, ViCP hit higher targets than expected, recruiting and placing 64 volunteers at a cost saving of over £143,644 (see 14b).

B. Background and Methodology

1. The Volunteers in Child Protection Scheme

The ViCP project was established by CSV as a response to the Victoria Climbié enquiry, to support families in their own homes.

The ViCP scheme has dual aims:

- i. to support families under stress and to help protect children from abuse and harm.
- ii. to use volunteers alongside local authority professional staff and others in ensuring that children considered to be at risk are visited regularly and their families supported.

The aims, objectives and organization of the ViCP project focus on families who are already within the 'child protection system' by virtue of having at least one child on a Child Protection Plan. They work with families with children from the full age range 0 – 16.

“CSV’s Volunteers in Child Protection (ViCP) scheme matches volunteers with families with children on child protection plans.

We are looking for volunteers who can understand the difficulties faced by families and provide friendship, advice and support. You will volunteer closely with Social Services to complement to the services they offer. It's about taking the time to listen to families, acting as a strong role model and giving practical help and support.

ViCP started life as a two-year pilot in Sunderland and the London Borough of Bromley where our volunteers supported 29 families. Every single child we helped was taken off the Child Protection Plan and their files closed.”¹

It is unusual to engage volunteers to work with families who have such high levels of difficulty. Although the interventions are carried out by non-paid volunteers there is a cost in the recruitment, training and supervision of the volunteers. Informal feedback suggests that families find the ViCP scheme helpful. Other services using volunteers, such as Home-Start, have also been

¹ <http://www.csv.org.uk/volunteering/mentoring-befriending/child-protection>

experienced as positive by the recipients² but research has not always confirmed any identifiable or measurable benefit.³ Anglia Ruskin University social work department researched the effectiveness of the CSV scheme, considering whether the scheme is value for money and trying to understand which specific elements are effective in helping families.

For full information about the scheme please visit the CSV website:
<http://www.csv.org.uk/volunteering/mentoring-befriending/child-protection>

2. Key Outcome Indicators for Children in the Child Protection System

Parental and child mental health, family functioning and changes in the level of concern in the child protection system are key outcome indicators for improving the well-being of children and their families. We would not expect all these indicators to improve at the same time but we would expect that families referred to ViCP would be having significant difficulty in one or more of these domains.

Parental and Child Mental Health

Government data in the UK and research findings have consistently demonstrated that children in the care system are overrepresented in the mental health statistics.^{4 5} Evidence suggests that mental health problems

² Akister, J., Johnson, K., McKeigue, B. & Ambler, S. (2003) "Parenting with Home-Start: Users' views." Practice, 15(1), 21-32.

³ McAuley, C., Knapp, M., Beecham, J., McCurry, N. and Slead, M. (2004) "Young families under stress: outcomes and costs of Home-Start support, York, UK." Joseph Rowntree Foundation, p.67.

⁴ Akister, J., Owens, M. and Goodyer, I. (2010) Leaving care and mental health: outcomes for children in out-of-home care during the transition to adulthood. *Health Research Policy and Systems* 2010, 8:10doi:10.1186/1478-4505-8-10.

⁵ Meltzer H, Gatward R, Corbin T, Goodman R, Ford T. (2003) The Mental Health of Young People Looked After by Local Authorities in England. London: HMSO.

have a serious impact on life chances,⁶ for example, long term outcomes from national birth cohorts indicate that mental health could be a key predictor for subsequent psychosocial adjustment. Using three national birth cohorts, Richards and Abbott (2009)⁷ examined the long-term consequences of childhood and adolescent mental health problems finding that conduct problems in childhood are strongly associated with a wide range of adverse outcomes in adult life including economic inactivity, no educational qualifications, teenage pregnancy and court convictions.

Family Functioning

How well a family is functioning is crucial to child protection and to promoting the well-being of family members. The capacity of the family to problem solve, communicate and to manage behaviour will influence their ability to protect their children from harm and neglect and to promote their well-being.⁸ In addition to the functioning within a family, a systems approach to the delivery of services to protect children has been proposed.⁹

Child Protection Plan

Families who are referred to the ViCP scheme are usually on Stages 3 and 4 of the Child Protection Plan of concern. Any movement down from Stage 4 to Stage 3, Stage 2 or Stage 1 represents an improvement in the family's parenting capacity and a reduced level of concern by professionals about the protection of the children. The diagram below represents these stages¹⁰

⁶ Fergusson, D., Horwood, L. and Ridder, E. (2005) Show me the child at seven: the consequences of conduct problems in childhood for psychosocial functioning in adulthood. *Journal of Child Psychology and Psychiatry* 38: 633-644.

⁷ Richards, M., Abbott, R. (2009) Childhood mental health and life chances in post-war Britain. Sainsbury's centre for Mental Health.

⁸ Miller, I.W., Epstein, N., Bishop, D.S. and Keitner, G.I. (1985) The McMaster Family Assessment Device: Reliability and Validity. *Journal of Marital and Family Therapy*, 11(4), 345-356.

⁹ Munro, E. (2011) The Munro Review of Child Protection: Final Report. Page 23.

¹⁰ <http://www.portsmouth.gov.uk/media/ecyp20091020r5c.pdf>



This study measured parent and child mental well-being and family functioning during the ViCP intervention to explore whether the intervention leads to improvement in mental health indicators with consequent increased mental capital.¹¹ Mental capital encompasses a person’s cognitive and emotional resources and influences both the contribution that they are able to make to society and their experience of wellbeing. The study also looks at whether the level of concern about the safety of the children has decreased through the involvement of ViCP. In some cases, we found that ViCP identified unmet need.

Thus family functioning, parental and child mental health need to be evaluated at the beginning, during and after an intervention. These measures begin to look underneath the families own observations of satisfaction, and give us indicators of whether the ViCP scheme alters the trajectory that the family was on in a way that would suggest long term gain from the intervention.

3. Role of Volunteers

“If ever there was a Big Society idea, then Volunteers in Child Protection (ViCP) is it. The scheme, run by the charity CSV, matches volunteers with families and children on protection plans to give practical advice and support. Not only does it help councils with the problem of not having

¹¹ Goodyer I. (2008) State-of-Science Review: D15 Depression in Childhood and Adolescence. Foresight: Mental capital and wellbeing: Final project report. London.

enough social workers to work with families, but it also fits in with the government's ideas to involve volunteers more in running services."¹²

Is this just a cut-price solution to the problem of social worker recruitment and should this work be undertaken by qualified social workers? In 1991, the U.S. advisory board on child abuse and neglect recommended that the federal government began phasing in a national, universal home visiting programme for children during the neo-natal period.¹³ The notion of volunteers gaining a families trust early on has been researched by the Family Welfare Association who investigated the effectiveness of Family Support Workers who were able to support families and gain trust and early indications of child protection cases.¹⁴ Additionally child protection has tended to be considered simply within the family and Jack (2004)¹⁵ proposes a community-level aspect to protecting children, including the involvement of volunteers offering support to families.

An evaluation of the ViCP scheme in 2007 by Jane Tunstill, visiting professor, Social Care Workforce Research Unit, Kings College London, concluded that although there had been initial apprehension, volunteers were regarded by service users and social workers as "making an important contribution to the well-being of the children and families".

Tunstill says the volunteers did not want to take on social work tasks and were aware they lacked the skills. "But a number of them were inspired by the experience to go on and train as social workers."

4. Pros and cons of volunteers (Valios, 2010)

¹² Valios, N. (2010) Pros and cons of using volunteers in child protection

¹³ Krugman, R.D. (1993) Universal Home Visiting: A recommendation from the U.S. advisory board on child abuse and neglect. *The Future of Children*, 3(3), 184-191.

¹⁴ Gray, B. (2002) Emotional Labour and Befriending in Family Support and Child Protection in Tower Hamlets. *Child and Family Social Work*, 7(1), 13-22.

¹⁵ Jack, G. (2004) Child Protection at the Community Level. *Child Abuse Review*, 13: 368-383.

Pros

- Volunteers have the time to visit often and do practical things like help with budgeting, cleaning and playing with children.
- Parents see volunteers as non-threatening and might be more inclined to reveal the truth to them.
- Volunteers can be another pair of eyes and ears for the social worker.
- Volunteers can be inspired by the experience to train as social workers.

Cons

- Social workers may distrust volunteers and have strong feelings about working with them.
- A volunteer could become emotionally involved with the family and try to undermine a social worker's decision.
- Some think volunteers should be used in early intervention and not in cases where there are child protection concerns.

Who are the volunteers and how are they selected and prepared to work on the ViCP scheme? Below is what CSV say about these processes.

ViCP Selection of Volunteers:

'The CSV selection process enables applicants to eliminate themselves at each stage. This helps ensure we have the 'right' participants by the time it gets to training. On average we have 2 or 3 people apply on a weekly basis. After receiving the application form we invite the person in for an in depth interview which lasts approximately 2 hours, again after the interview people often eliminate themselves as they decide it is not for them. The process has a focus on getting to know the participant to enable the matching of the volunteer to family to go smoothly.'

ViCP Training and Supervision of Volunteers:

'On average we do 3 or 4 training sessions a year with between 10-15 participants. The training is 3 days usually held over a 2 week period. The training is in depth & covers topics such as stereotyping, child protection, risk management & what is expected in the voluntary role. We have Social Workers, volunteers & family members come in & speak to the participants. Once the volunteers are matched to a family they are asked to provide weekly written reports. The volunteers are offered 6 weekly supervision sessions but

are always able to telephone us during the day or evening if necessary. The volunteers are also able to communicate via e-mail or text message, at their convenience.'

It can be seen from this that volunteers are carefully selected and supported in the ViCP task. This is an element of the ViCP scheme which the professionals involved with ViCP commend (see 13).

5. How should we evaluate the CSV Volunteers in Child Protection Scheme?

Children's physical and mental well-being are major priorities for governments with Munro (2011) placing protecting children and supporting parents and carers as a priority.¹⁶ Care in the family for all except the most vulnerable, is emphasised, by government, as the preferred option for bringing up children, with service planners required to focus not just on children in extreme circumstances but on the wider community of families and children 'in need' (Children Act, 1989). Research indicates that there are many families in the community who could benefit from parenting support in one form or another, although attracting parents to attend and engaging them with programmes remains a challenge.¹⁷

Southend has a four stage response to the Common Assessment Framework (CAF). Southend arrangements for supporting Children, Young people and their families are through the Stage model of Intervention. Stage one Universal need, Stage two Targeted needs, Stage three Complex needs and Stage 4 Acute needs. The Common Assessment Framework is used to assess the needs of individual children. The process of supporting families with identified complex needs (stage 3) is organized through Children and Family Panels. Children and Family panels are held in each locality every other week. A wide range of service providers attend the meetings and

¹⁶ <http://www.mars.stir.ac.uk/resources/2011/05/munro-2011-the-munro-review-of-child-protection-final-report/>

¹⁷ Moran, P., Ghate, D. and van der Merwe, A. What Works in Parenting Support? A Review of the International Evidence. Policy Research Bureau. © Queen's Printer and Controller of HMSO; 2004.

negotiate multi-agency packages of support for families. Prior to a meeting, the parent will have had the process explained to them and they will have agreed to agencies having access to their assessment. The lead professional will then meet with the parent for the plan to be agreed. The cases are reviewed every 6 weeks.

On receipt of the CAF, the Locality Co-ordinator reviews the assessment and takes one of the following courses of action:

- i. Agrees with the referring agency that the appropriate interventions can be made within universal services, such as the school (stage 1 response)
- ii. Agrees with the referring agency and Locality Team that the appropriate interventions can be made with targeted support alongside the universal service (stage 2 response)
- iii. Takes the CAF to the Locality Child and Family Panel for a multi-agency response (stage 3)
- iv. Refers the CAF onto a specialist service for response (stage 4)¹⁸

Historically home visiting services, such as Home-Start, have focussed on families in Stages 1 and 2 of concern, and have been valued by the families. CSV Volunteers in Child Protection scheme recruits, trains and supports volunteers to work with families whose children are on the at risk register, Stage 3 and 4 families, indicating serious concerns about their capacity to care for their children.

Evaluating the ViCP project must take account of the comparative safety, effectiveness, cost effectiveness and acceptability of the CSV Volunteers in Child Protection Scheme which is intended to improve outcomes or experience for clients.

6. ViCP Research Methodology

¹⁸ <http://minutes.southend.gov.uk/akssouthend/images/att11801.doc>

(For fuller descriptions of the screening instruments and questionnaires used please see Appendix 1).

The evaluation of the ViCP intervention commenced in March 2010 with an interrogation of the existing database, held by CSV. This was used to identify the nature of the families typically referred to ViCP and to develop the research design with ViCP, to try and evaluate the effectiveness of the scheme. A longitudinal design with measures of mental wellbeing for the whole family and for individual family members was devised. Questionnaires were sent out when a volunteer was assigned to a family and the measures were repeated after 3 months and again at the 6 month point. In some cases the volunteer had already been placed with the family for a time prior to the questionnaires being administered.

Screening Instruments

Three screening instruments were administered by the volunteers (see appendix 1). These measures all relate to the mental well-being of the family members and we can expect improvement in parenting capacity to be reflected in one or more of these measures:

- i. For a measure of **adult mental health** the 12 item General Health Questionnaire (GHQ-12) which has proved remarkably robust for use as a screening instrument and as a case detector was used.¹⁹
- ii. For the focal **child's wellbeing**, the parent's version of the Strengths and Difficulties Questionnaire (SDQ) which identifies emotional and behavioural difficulties in the child as reported by the parent was used.
- iii. For **family functioning** the Family Assessment Device (FAD) which identifies family dysfunction was used.

¹⁹ Goldberg, D.P., Gater, R., Sartorius, N., Ustun, T.B., Piccinelli, M., Gureje, O. and Rutter, C. (1997) The validity of two versions of the GHQ in the WHO study of mental illness in general health care. *Psychological Medicine*, 27: 191-197.

The GHQ and the SDQ were completed in relation to one member of the family. If these reveal problems at the outset then this can indicate that these individuals may need specialist help in addition to any intervention offered to the whole family.

Interviews with families and volunteers

Interviews, conducted in January and February 2011, asked families and volunteers about their expectations and experiences from the ViCP scheme. Semi-structured interviews were conducted by telephone (see Appendix 1).

Interviews with stakeholders

Semi-structured interviews were conducted with professionals, in March 2011 involved in commissioning or referring to the ViCP project to isolate their experience and outcomes from the ViCP intervention.

Mapping of services

We identified services in Southend that were being used by the families and/or to which ViCP were referring their families (see 8 and Appendix 2).

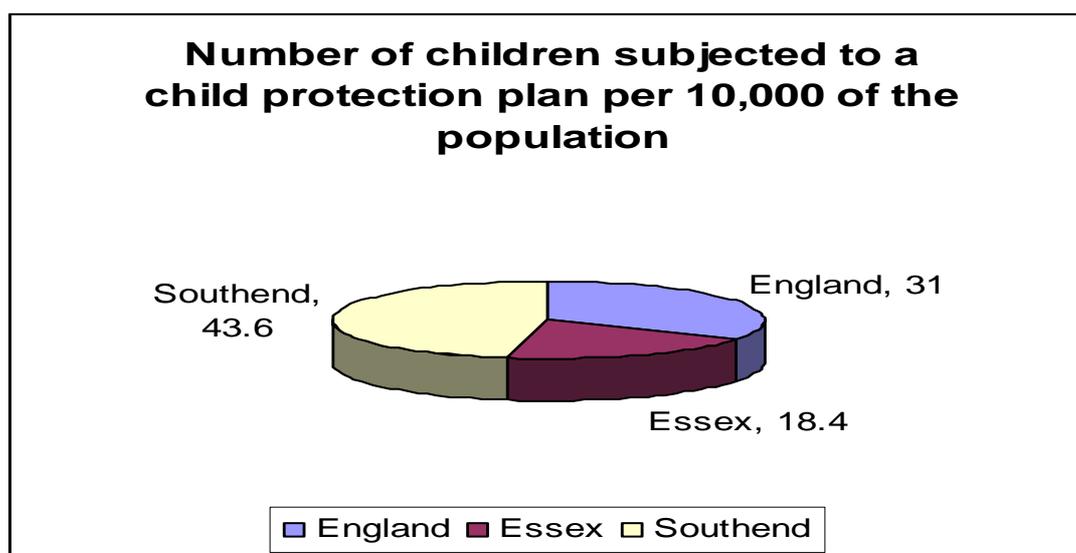
Case studies

The case studies are a compilation of qualitative and quantitative information from questionnaires, interviews and from the CSV records for individual families. They give a window into the experiences of the families and also demonstrate how while one measure e.g. maternal mental health may improve another measure may not. As a result of this complexity it is important to describe some of the individual experiences through the use of case studies.

C. Southend-on-Sea Demographics and Services

7. Demographics of Southend-on-Sea

National figures reveal that on the 31st March 2009, 34,100 children became the subject of a child protection plan. This figure represents 31 children per 10,000 of the population under 18 (DCSF, 2009). In Essex, the total child population (those under 18) is 328,900 while those subject to a child protection plan is 18.4 per 10,000 of the population. This was lower than the national average (Essex County Council, 2009). In Southend the population of children and young people is approximately 37,089. From this number 153 were subject to a child protection plan in January 2009 which equates to 43.6 children per 10,000 – much higher than the national average (Southend Children’s Partnership, 2009).



Southend has a mix of areas of extreme deprivation and high affluence and approximately 45% of the borough’s population lives within the 20% most deprived areas in the East of England (Southend Children’s Partnership, 2009). The Neighbourhoods Statistics website compiled from statistics from the National Statistics Office (2010) reveals that Southend is very deprived in terms of income, employment, health, education, barriers to education and

crime, with the figures for living environment deprivation being very high²⁰. Children living in deprived areas they do less well than their peers, raised in more favourable areas, in relation to attainment and general quality of life (Scott et al. 2006). Cox & Cox (2004) point to research by the Office for National Statistics of over 10,000 children aged 5-15 and found that children in low income families (16% of sample) were three times more likely to have a 'mental disorder' than those in high income families. However if those children growing up in poorer areas receive warmth and encouragement from their parents they are likely to succeed just as well as their peers (Scott et al. 2006).

Conversely, Fauth et al (2010) point to US studies showing a link between families receiving welfare and child maltreatment. Children of families in receipt of welfare were 3.3 times more likely to be repeatedly maltreated than children whose family did not rely on benefits. Additionally another US study investigating repeated perpetrators of child maltreatment revealed that those perpetrators living in deprived neighbourhoods had more child maltreatment reports than those who didn't live in such areas. In the context of the labour market in Southend, figures from 2007 reveal the economic activity rate of the area to be 80.4%. This was above the English national average of 78.6%. Employment figures were also above the national average (Southend 75.7, England 74.4). On the contrary, unemployment was *also* slightly higher than the national average (Southend 5.8%, England 5.4%)²¹.

Recent studies in neurological, biochemical and genetic dimensions of child development have revealed that children subject to maltreatment produce hormones leading to stress. When this is not cushioned by secure relationships these hormones remain out of balance (Fauth et al. 2010).

20

<http://neighbourhood.statistics.gov.uk/dissemination/NeighbourhoodSummary.do?width=1024&a=3&i=1001&m=0&s=1265286566707&enc=1&profileSearchText=SS1+1AB&searchProfiles=Search>

Accessed 4/02/2010

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<http://neighbourhood.statistics.gov.uk/dissemination/NeighbourhoodProfile.do?a=3&c=SS1+1AB&g=405396&i=1001x1012&j=300220&m=1&p=1&q=1&r=0&s=1272611183308&enc=1&tab=5&inWales=false> Accessed 27th April 2010

Environmental factors such as poverty, and unsafe neighbourhoods combined with maltreatment and poor childcare creates a very dangerous situation for children (Fauth et al. 2010). Such disadvantage, coupled with an array of other problems, can hugely disrupt a parent's ability to cope, and families under stress need extra support. Barnardo's (2010)²² provide very revealing data about parenting:

- 61 per cent of British parents describe parenting as 'fairly' or 'very difficult'.
- 94 per cent of parents say it is helpful to talk to another person about parenting problems.

8. Mapping of services for families of ViCP (Southend)

We have identified 22 different services who are involved with the families referred to ViCP by Social Services (Full details of the agencies and the services they offer can be found in Appendix 2). The number of agencies involved with these families represents a great range of inputs into their intervention plans and it is important to be clear about the multi-agency involvement with each family.

Table 1 describes the agencies involved with the ViCP families and shows whether this involvement was initiated by ViCP or through another referrer.

Table 2 shows diagrammatically the extensive network of agencies families had already been referred to prior to their referral to ViCP. This represents a large spread of effort to engage and intervene with these families, and in reality many of the mothers told us that they did not have the confidence to engage with these agencies until this had been facilitated by their relationship with their volunteer.

²² http://www.barnardos.org.uk/what_we_do/our_projects/parenting_supporting.htm accessed 20th April 2010

Table 3 shows where ViCP have facilitated engagement for their families with some of these other agencies. It can be clearly seen that the level of engagement facilitated is much less than the scatter of referrals suggested by Table 2.

Table 4 indicates the agencies which are already working with families and where ViCP also makes referrals. Here we can see that ViCP are very targeted in the agencies that they only refer families to 3 agencies.

Overall this mapping of service use suggests that families do not engage with most of the services they are referred to. Our interviews with mothers reveal that they do not even have the confidence to attend these services and that one of the positive outcomes from the ViCP volunteer involvement is to help them develop enough confidence to engage in some of these community services.

Table 1: Mapping of services for families of ViCP (Southend)²³

Project	Number of families referred by CSV	Referred by other agency or already using this service prior to working with CSV
CFCS (Child & Family consultation service)		2
Connexions		3
CRI		3
Family Mosaic – Floating support	4	4
Little Treasures Nursery	1	
Marigold		10
New Paths	1	
P.E.I.P. (The strengthening families programme)	1	
Parentline Plus		1
Relate		1
SAFE	1	
School counsellor		1
School Nurse		2
SOS Domestic Abuse Projects Fledglings Dove	4	1
Sure Start		1
Terence Higgins Trust		1
Think Families		1
Widening Horizons	1	
YMCA		1
Youth Offending Team		2

²³ For full descriptions of services provided by these agencies see Appendix 2

Table 2: Services families have been referred to by another agency or already using prior to working with ViCP

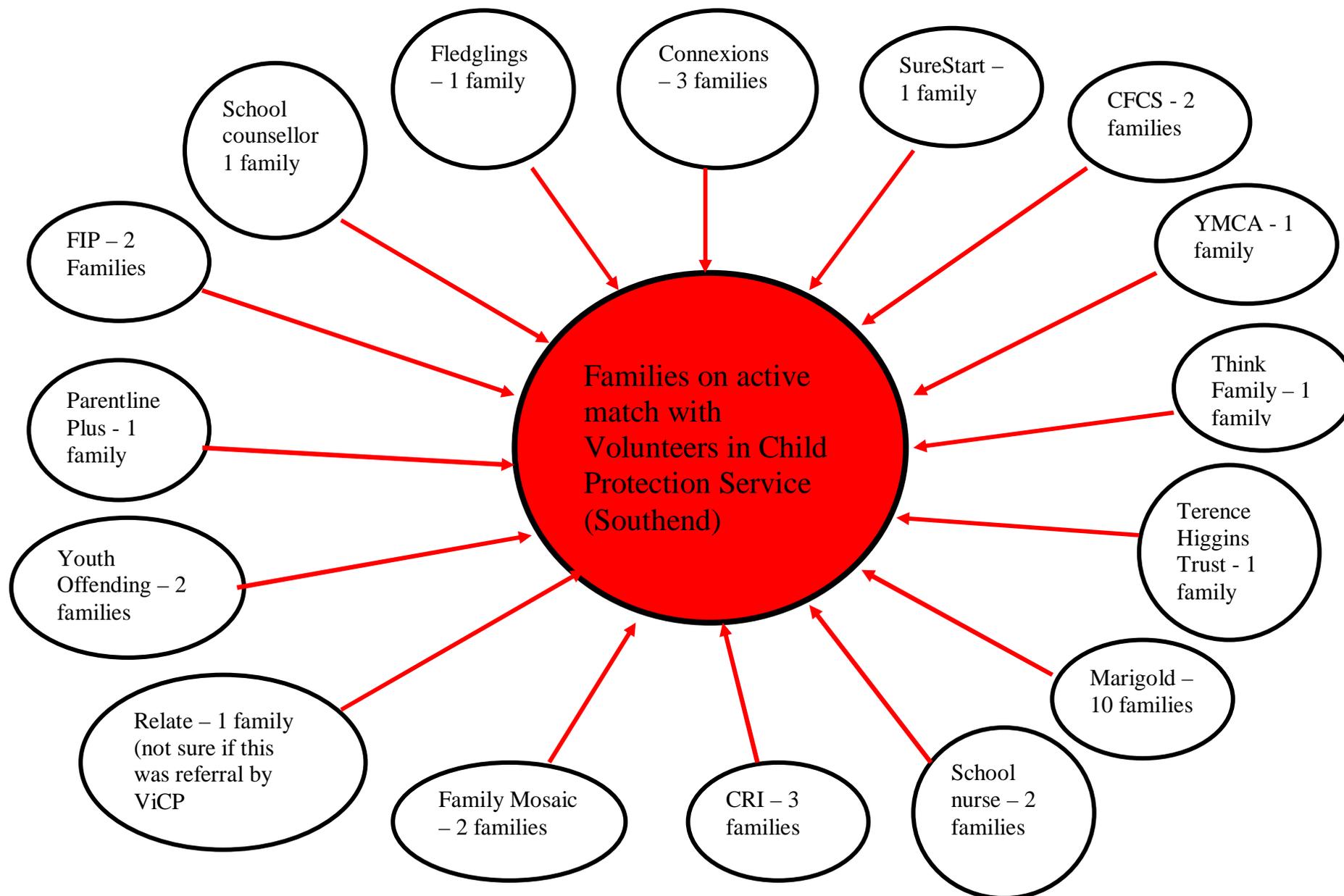


Table 3: Services where ViCP have facilitated engagement. Total active matches in June 2010 = 34

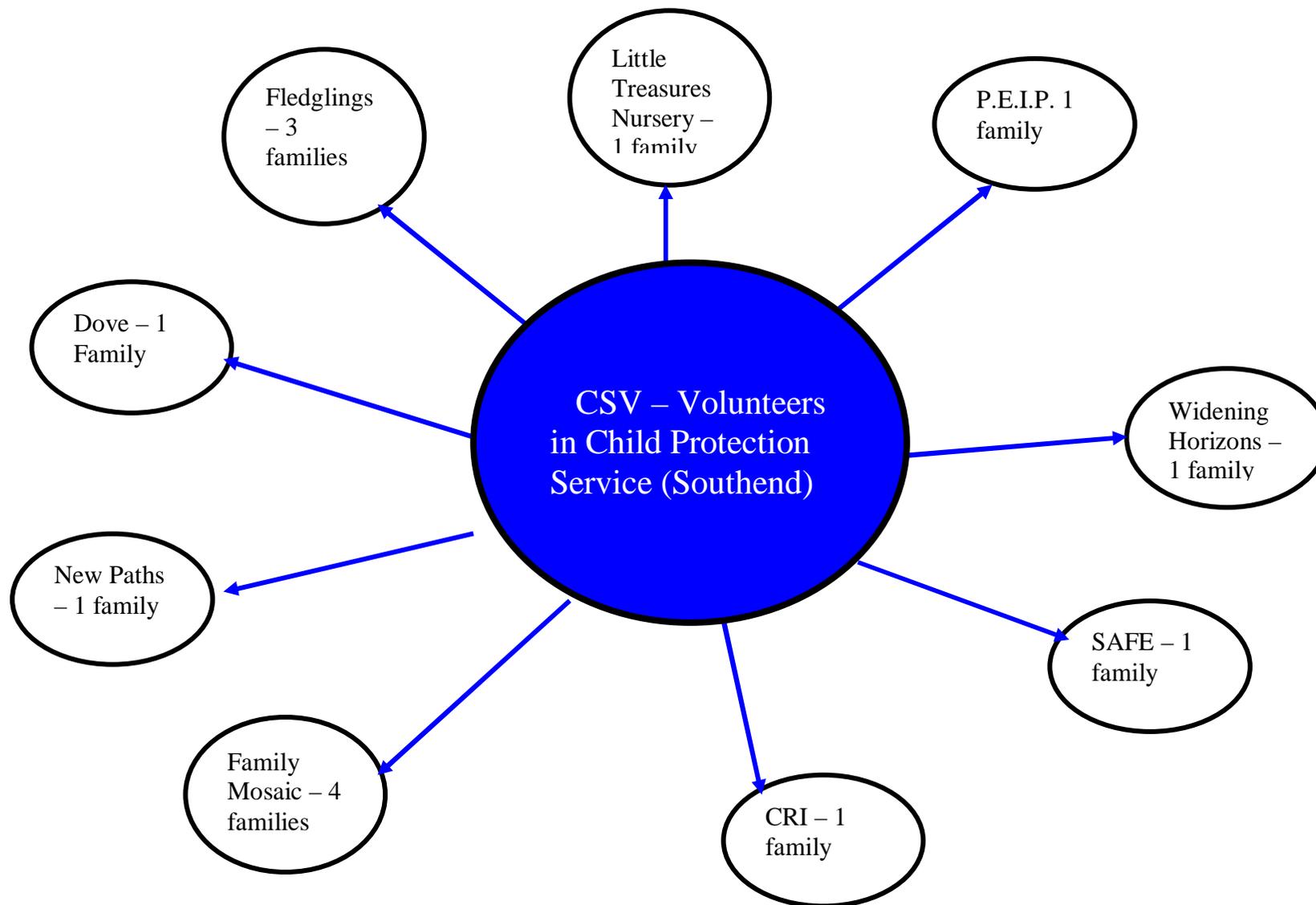
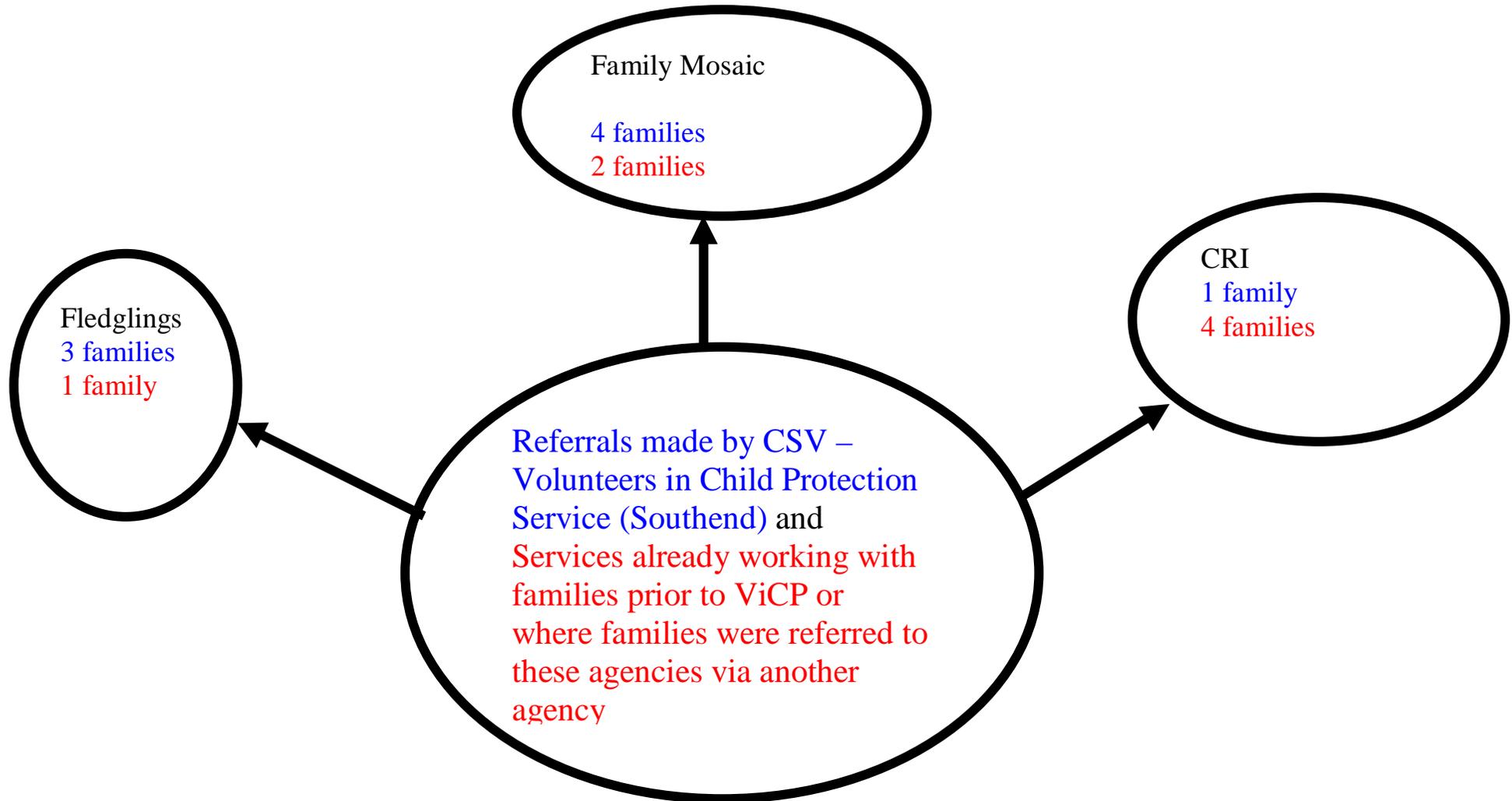


Table 4: Crossover between services where ViCP have made referral and where referral was made by another agency or family was already working with prior to ViCP intervention



D. Findings from the Research

9. Case Studies: Individual Family Experiences with ViCP, including Family Functioning and Mental Well-Being

Family 1

Family 1 are a one parent White British family comprising of mother and 2 children and were subject to Stage 4 safeguarding procedures. The mother was thought to be suffering anxiety and depression and the family is on benefits.

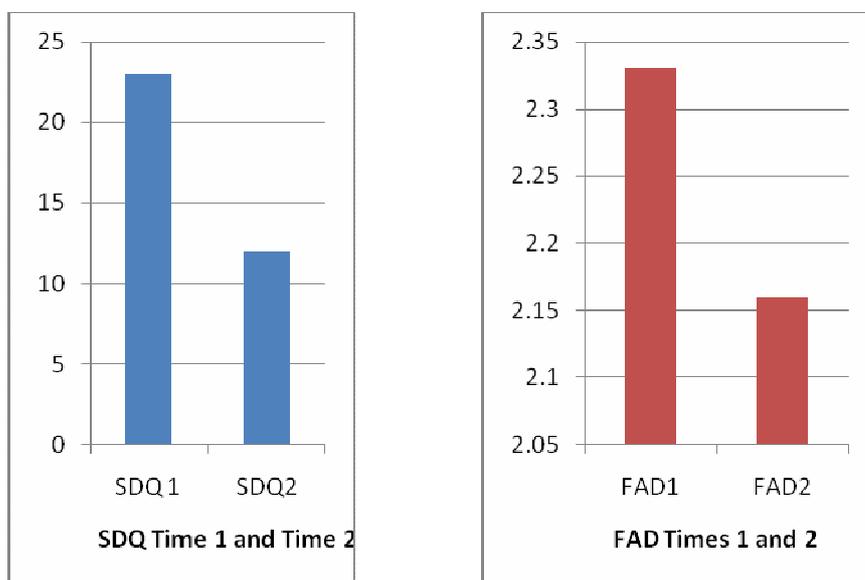
The family was referred to ViCP, by the social worker, for problems with drugs and alcohol, parenting issues and domestic violence. The support required by the family included encouragement for the mother to attend appointments and to help her bring her son to and from school everyday. The family needed support in maintaining the family home and ensuring the children had breakfast and were clean and tidy for going to school.

The family had already been referred to Fledglings, Marigold, Think Family and CRI. The first 3 services all provide support to children and families who have been affected by domestic violence and separation. CRI deal with the problems associated with drug and alcohol problems (see Appendix 2 for full descriptors of these agencies).

The support offered by ViCP was one hour of volunteer time twice a week. Although the referrer thought mother was depressed the GHQ scores are less than 2, which is not in the clinical range. This is not to suggest that mothers do not feel down or miserable but the indications are that she is not suffering from clinical depression.

Table 5

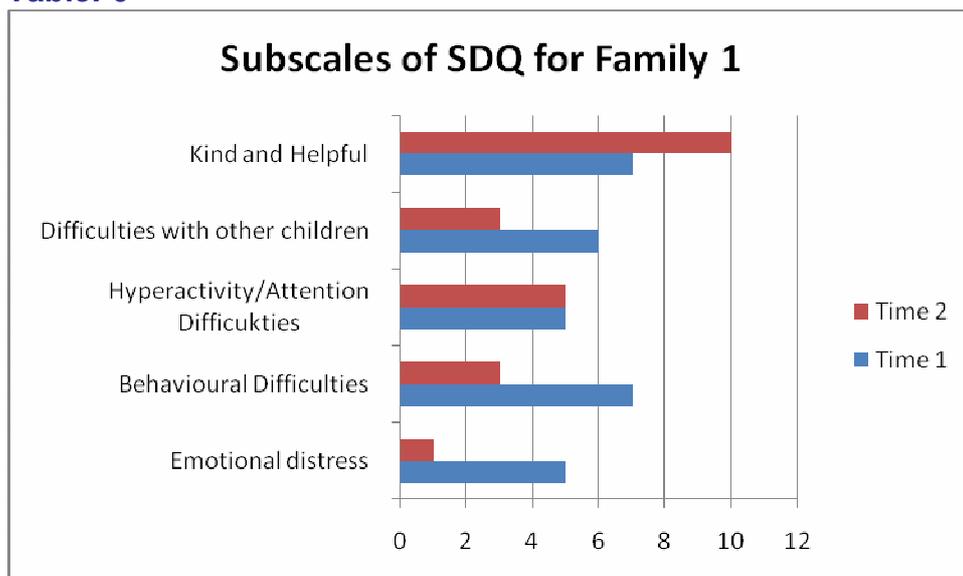
Family 1: Changes in the Child Mental Health Measure (SDQ) and Family Functioning between Times 1 and 2



Family Functioning improves during the period (FAD scores move from 2.33 to 2.16), although these scores both indicate family dysfunction (cut off >2.0). It can be seen from the interviews below that the ViCP volunteer facilitated change in the family home but remained concerned about mothers' mental wellbeing and her experience is confirmed by the scores for the FAD.

With respect to the child's mental wellbeing, at the outset the child's overall stress as measured by the SDQ is very high but after 3 months with ViCP this has greatly improved and is in the normal or functional range (SDQ < 15; see table 5). The components of the SDQ score are shown in Table 6 below. After 3 months the mother reports the child to be more kind and helpful, to have less difficulty with other children, to have fewer behavioural difficulties and to show less emotional distress. The score for hyperactive behavior remains stable and was close to the average throughout.

Table: 6



Additionally to the research questionnaires, Family 1 were asked to tell us 3 things they expected from the ViCP service and 3 things they have experienced since then. The ViCP volunteer was also asked to tell us about her expectations and experiences of working as a volunteer.

Family expectations and experiences

The mother in family 1 told us she expected to receive help with “Moving house”, “Depression”, “Confidence”.

When considering how the ViCP experience has been the mother reported: *“I have definitely gained confidence and I suffer with depression which has got better. I can definitely cope with things better than I did before. It’s really nice having a cup of tea and a chat about things that have been bothering me and I find it a great help not just me but my children as well. I have a good ViCP worker and I always enjoy her company”*

As well as offering practical support part of the volunteer brief is to provide a listening ear and this is clearly being used constructively by this mother.

Volunteer expectations and experiences

The ViCP volunteer did not believe this job would be an easy one. She reported that the biggest task working with this family was “*engaging mum*”. The volunteer thinks this service has given mum a ‘*non professional friend*’ who is able to remind mum that review meetings are not about ‘*pointing the finger*’ but about building a real picture about what life is like for this family as a unit. The volunteer has seen progress: “*She does things now like the simple things that she didn’t do before such as phoning the school if the child is off sick*”.

Progress

Family 1 no longer needs the services of a ViCP volunteer so their case has been closed. The family have now moved from Child protection, Stage 4, to Stage 2 (Child in Need). The biggest change reported was in mum’s confidence. Family functioning and the child’s wellbeing scores are markedly improved confirming the reports from both the mother and the volunteer.

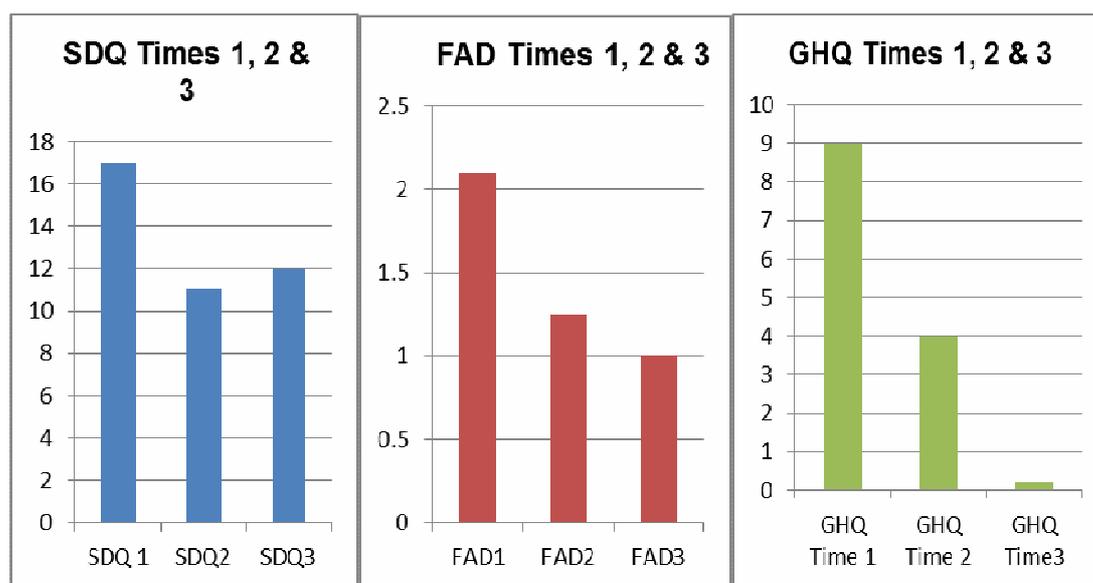
Family 3

Family 3 were referred to ViCP to help maintain the Family home from the point of view of safety and tidiness. They were referred by social services and subject to Stage 4 safeguarding procedures. The mother was thought to be suffering from anxiety and depression. Family 3 have had the support of a ViCP volunteer since May 2010. They are a one parent White British Family comprising of mother and 4 children. The eldest child is a 16 year old girl who, due to mother’s depression, has taken on the caring role within the Family.

Family 3 were referred to ViCP by their social worker as it was felt a volunteer could help address issues around parenting, finance, family dysfunction and unpleasant living arrangements. Prior to the involvement of ViCP, social services were concerned about Family 3 who were not engaging with provided services. This was the second time the family had been involved with social services and the children were made subject to a Child Protection Plan under the category of ‘neglect’.

In order to support the Family a ViCP volunteer was placed in the family home. The ViCP volunteer visits for one hour twice a week and provides practical help and support in the form of budgeting, helping to maintain the Family home, ensuring appointments are kept, helping with healthy cooking and eating and ensuring support is sought from other agencies such as mental health services for mum who suffers with depression. Other agencies that the family had been referred to included Family Mosaic and the Dove project. The Dove project is a support service for women and children experiencing domestic violence and Family mosaic provides support relating to housing issues, money matters and health issues (see Appendix 2).

Table 7:
Family 3 - Changes in the Parent Mental Health Measure (GHQ), the Child Mental Health Measure (SDQ) and Family Functioning between Times 1 and 2

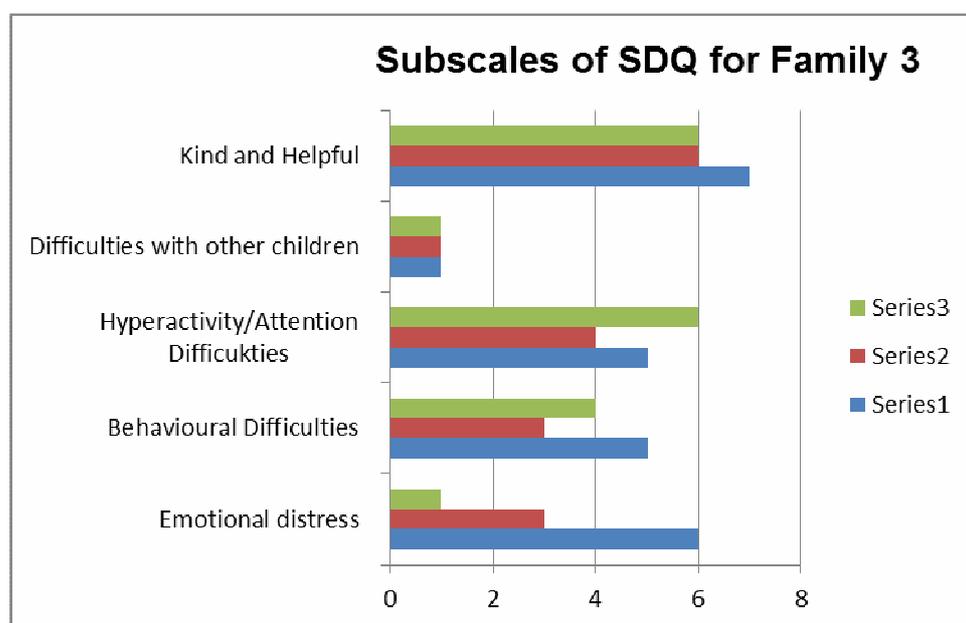


All the questionnaire results suggest improvement for this family during the ViCP intervention. From Table 7 we can see that the mothers GHQ score at the outset indicates clinical mental health problems. The GHQ score improves over the three time periods, remaining at clinical levels at Time 2 (GHQ>2) and continuing to improve to a non-clinical score by Time 3 (6 month period). This suggests that the presence of the ViCP volunteer has led to significant improvement in mother's mental health.

Family functioning improves during the period and moves from 2.1 to 1.3 at Time 2 and 1.0 at Time 3 (cut off >2.0). This indicates that Family Functioning has significantly improved, moving into the healthy range, and has been sustained between Times 2 and 3 (see Table 7). Mother’s self-report (see below) corroborates the findings from the questionnaires.

The child’s overall stress (as measured by the SDQ, Table 7) also improves. At the outset the child’s overall SDQ score is very high but after 3 months with ViCP this has greatly improved and is that the improvement is sustained at Time 3. The components of the SDQ score are shown in Table 8 below. After 3 months the mother reports the child to have fewer behavioural difficulties than at the outset and to show much less emotional distress. There is no change in getting along with other children and the low score suggests that the child does get on well with other children. Hyperactive behavior varies and remains about the same.

Table: 8 Subscales for Family 3



Additionally to the research questionnaires, Family 3 were asked to tell us 3 things they expected from the ViCP service and 3 things that they have experienced. The ViCP volunteer was also asked to tell us about her

expectations and experiences of working as a volunteer. Following this, Family 3 and the volunteer participated in individual telephone interviews where these expectations and experiences were discussed in more detail.

Family expectations and experiences

The mother of Family 3 expected that having a volunteer would help her to change. She believed that the break up of her marriage had affected her mental health and as a result she spent most of her time in bed. She further stated that she wanted practical help from the ViCP volunteer to tidy her house and encourage the children to help in this process and maintain the home together.

The mother of Family 3 described how the ViCP volunteer helps her with daily chores such as tidying and maintaining the Family home. She says that she has been able to maintain this helped by her children. Below is her description of the ViCP volunteer:

She is brilliant, she is like an extra mum – teaching my little one how to play the guitar and she bakes cakes with them. She encourages the boys to tidy their room – they wouldn't do it for me (laughs). She fits in perfectly with my Family.

She's got me out of bed and got me doing things with the kids. She has let me be me again and helping with Family functioning.

Volunteer expectations and experiences

The ViCP volunteer expected to feel threatened to a certain extent by bad tempered teenagers or angry parents but found this quite the opposite. She discussed the father of Family 3 arriving at the Family home and being verbally abusive to his wife but noticing that the ViCP volunteer was there, he immediately left. Furthermore the children were not 'put out' by this at all saying 'it always happens'.

The ViCP volunteer found it was the children who maintained the role of tidying the house and keeping things in order and described how she has

worked with Family 3 to tidy up certain rooms or set them the task of having it done by her next visit:

Mum doesn't use her role as a mum to encourage everyone to do it and to stop dropping their clothes etc in the house. Sometimes I don't even feel its 1 step forward 2 back, its more like 1 forward 3 or 4 back. Sometimes mum takes the initiative but most of the time her philosophy is to get the kids to do it. It's a lot more involved than tidying up. There has now been a role reversal, mum has been ill although there are suspicions that she has become quite manipulative with it, she was lying in bed all day and the children were looking after themselves. This has changed somewhat where the children are now refusing to do things unless mum helps. I think we've reached a stale mate.

The children in Family 3 have been empowered to take pride in their home but also to encourage mum to do the same. This case is still ongoing. The biggest change reported has been in the children's school attendance. The ViCP volunteer also commented on this:

'For one of the children his attendance was 48.6% but since September-December it went to 100% he even got an award for it. He is hoping to do his GCSE's and the school is very supportive.'

The Family is now working together to maintain the Family home and have been moved from Stage 4 to Stage 3 child protection concerns. The interview findings are supported by the questionnaire data and you can see how the volunteer intervention affecting the different elements from Table 7.

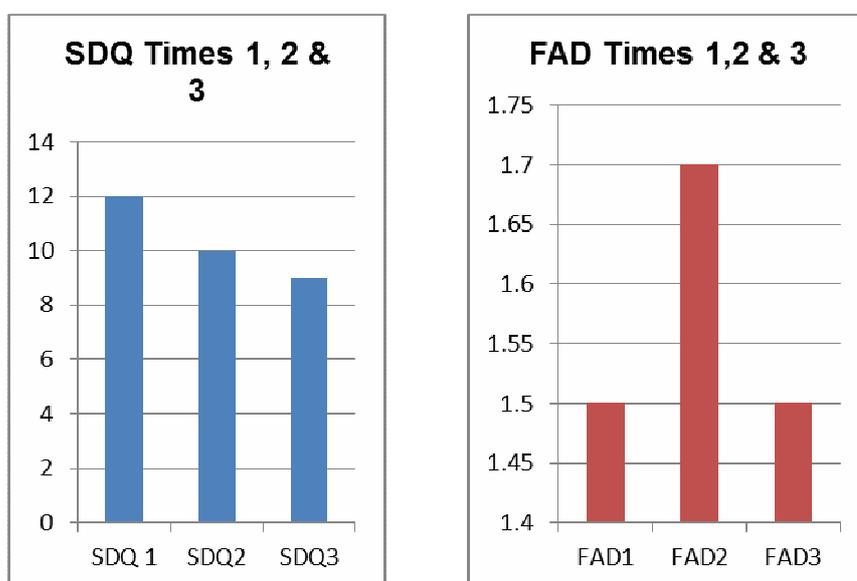
Family 8

Family 8 have had the support of a ViCP volunteer since March 2010. They are a one parent White British Family comprising of mother and 2 children. Family 8 were referred to the ViCP service due to concerns about alcohol and drug abuse, parenting issues, homelessness issues and emotional abuse. The mother was feeling depressed, but no formal diagnoses had been made. Family 8 are on benefits. The children had been placed in the care of their grandparents, since the safety of the children remaining at home was in question due to the mother's history of inviting friends into the home and engaging in underage drinking and drug taking while the children were there.

Mother still had regular contact with her children and was working with her social worker to ensure her home was in a suitable condition so her children could return.

The ViCP volunteer was placed in the Family home to help mum prepare for the return of her children through helping to organise the Family home, budgeting, develop routine and boundaries, parenting, cooking/activities. Initially, the mother was quite resistant to this support and was regularly out when the volunteer came to see her.

Table 9:
Family 8 - Changes in the Child Mental Health Measure (SDQ) and Family Functioning between Times 1,2 and 3

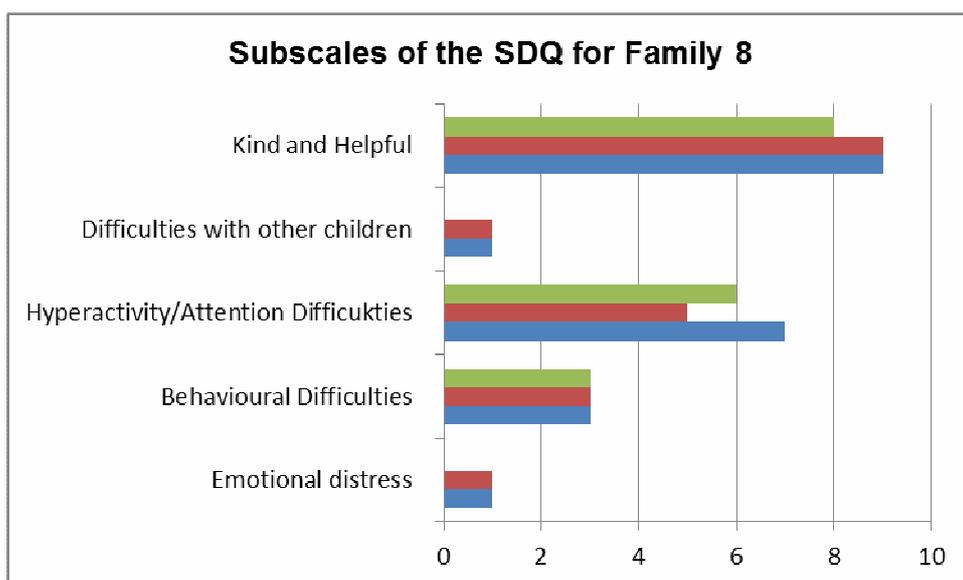


Please note: The GHQ scores for this mother were all zero indicative of good mental health.

Family functioning becomes a little worse between Times 1 and 2, moving from 1.5 to 1.7, but improves again at Time 3 (6 months) although all the scores are within the healthy range (cut off >2.0) (see Table 9). A slight worsening in the Family functioning scores is not surprising since the children were not resident with Mum at Time 1 and had returned home by Time 2. Between Times 2 and 3 the family function scores improve again returning to their former levels

The child's overall stress (as measured by the SDQ, Table 9) improves throughout the ViCP intervention and again these scores are close to average with slightly raised scores for behavioural difficulties and hyperactive behavior (see Table 10). After 3 months the mother reports the child to have less hyperactive behavior, which moves close to average scores in the community.

Table 10: Subscales for Family 8



Family expectations and experiences

The mother in Family 8 reported that she expected help with “*Budgeting*”, “*College enrolment*”, “*Get children off child protection Plan*”.

When considering what her experiences have been she considered them to be “*Getting children back on drip-feed basis*”, “*Helped self confidence*”, “*Helped get house ready for children’s return*”.

Volunteer expectations and experiences

When the volunteer began working with Family 8 she felt a sense of frustration at how the mother did not take responsibility for cleaning and tidying her home “*Mum has had a new kitchen but it annoys me because she doesn’t do much in it*”. There was also a sense of frustration around the work

they do on budgeting and planning “*Budget plans and things go out the window*”. The volunteer was also able to acknowledge how the mother has improved her living situation “*She’s definitely come along way though and she doesn’t have riff raff in the house like she used to. The children are doing very well in school*”.

Progress

This case is still ongoing but ViCP are working with the Family towards closure. The children have been returned to the care of their mother on a full time basis and their child protection status has been reduced from Stage 4 to Stage 2. Mothers’ self-esteem has improved, she has returned to education and conditions in the home have also improved. In this family there has been some tension in the relationship between the mother and the volunteer. This tension has been productive and the family has made enormous progress, which is reflected in the change in child protection status from Stage 4 to Stage 2.

10. Family Functioning and Mental Well-Being for all the Families

a. Sample

At the outset of the study all families (n=37) who were currently engaged with the Volunteers in Child Protection Project (ViCP) were invited to participate. The volunteers were trained to administer the questionnaires which were provided over 3 phases, at the initial contact phase, at 3 months and then at 6 months. They were also asked if they would be willing to participate in a telephone interview to further discuss their experiences and expectations of ViCP. It is extremely difficult to engage these families in research as they are under surveillance with regards to child protection issues and tend to be both distressed and disorganized. For these reasons it was agreed to use the

volunteers as researchers rather than introduce yet another person into the family.

Thirteen families participated in the study through the following ways:

Family ID	Time 1 questionnaire	Time 2 questionnaire	Time 3 questionnaire	Telephone Interview
1	X	X		
2	X			
3	X	X	X	X
4	X			
5	X			
6	X	X		
7	X			
8	X	X	x	
9	X			X
10	X			X
11	X	X	x	
12	X			
13	X			

Due to the small numbers who completed second and third questionnaires we cannot draw any firm conclusions about change during the intervention in the whole sample. We are able to characterize the sample at Time 1 and we have included three case studies (see 13) to look at individual families who completed more than one questionnaire.

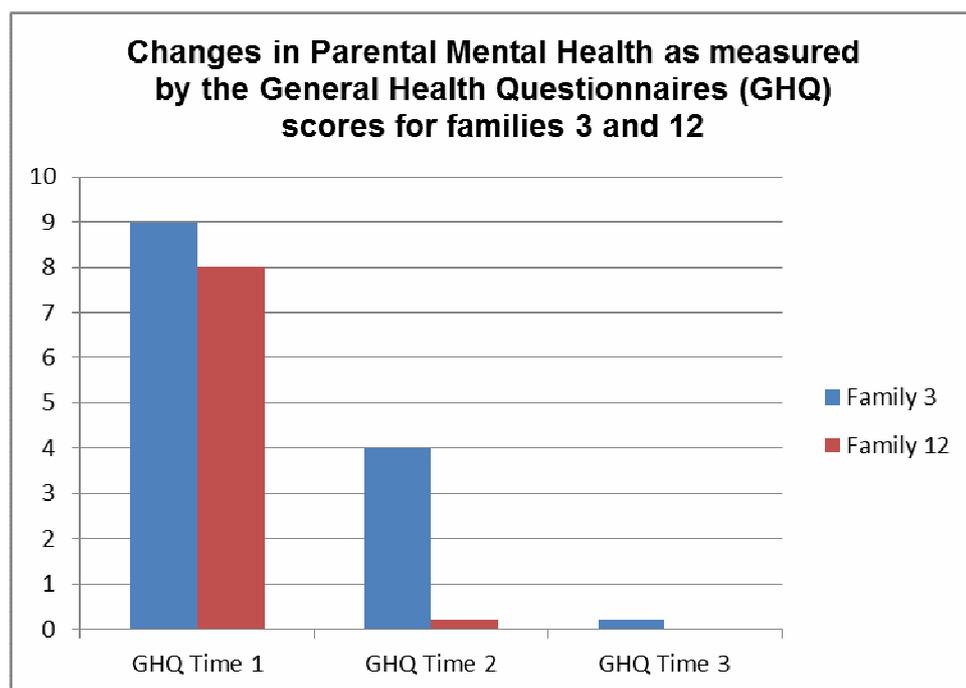
Eight volunteers participated in the study providing their views in relation to their own expectations and experiences of the ViCP project. Six of this group participated in a telephone interview with a member of the research team and one volunteer had a face-to-face interview.

b. Parental Mental Health

With the GHQ scoring method, any scores higher than 2 are indicative of mental health concerns. The higher the score the greater the level concern. The maximum score is 12.

Only 2 of the mothers scored above 2 at the Time 1 (see Table 11). Their scores of 8 and 9 suggest that they are highly likely to have clinical mental health problems. At Time 2 there was considerable improvement for both families with this improvement continuing for Family 12 at Time 3. None of the other mothers reported mental health concerns at Times 1, 2 or 3. During their time with the ViCP scheme, both mothers scores moved from the clinical (>2) to non-clinical range.

Table: 11



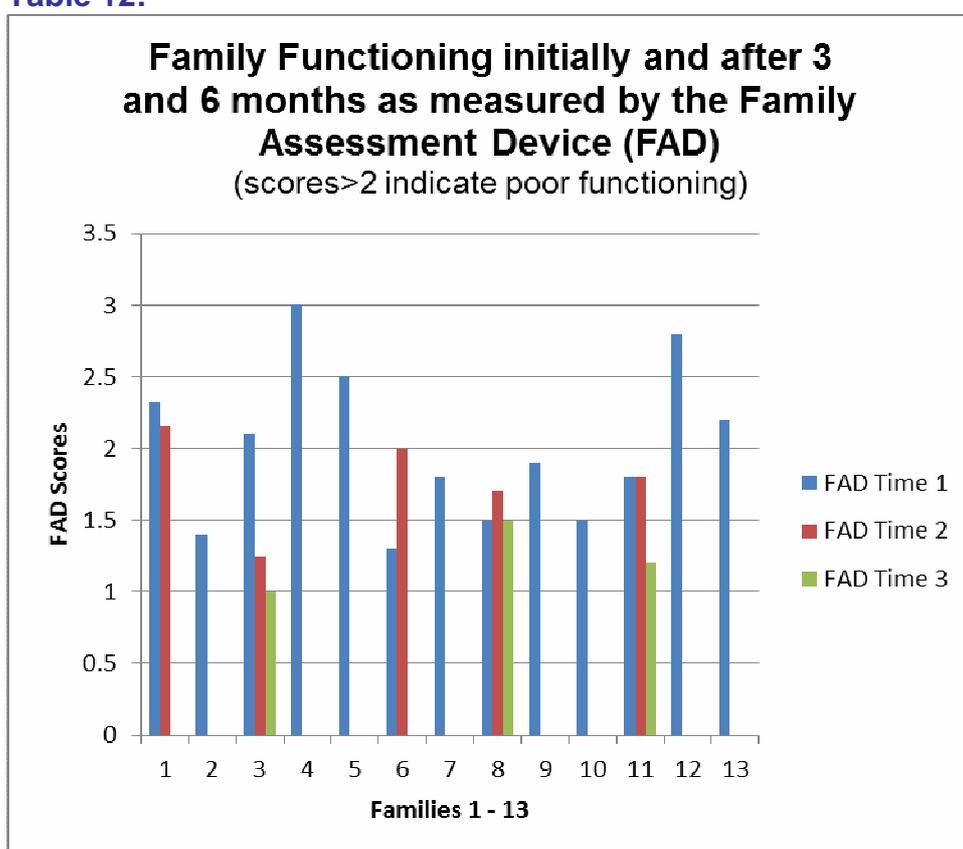
Many mothers described being depressed (see section 11)) although their GHQ scores did not reach clinical levels. They seem overwhelmed by their circumstances and lack confidence to deal with the parenting task and to engage with helping services. Although not clinically depressed their well-being is clearly of concern.

c. Family Functioning

The 12-item version of the FAD (see Appendix 1) has a cut-off established for family dysfunction of scores >2. It can be seen from Table 12 that 7 of the families have scores of 2 or above. This is interesting as we might have expected all the families coming under the remit of Stages 3 and 4 of child

protection to concern to have difficulties with their family functioning. The explanation may lie in the fact that families in this situation have most difficulty in the interface of the demands of society such as getting the children to school and may not be entirely unhappy with their family circumstances per se. The difficulty of coping with external demands – getting the children to school, going to the doctor etc. – often reflects an inability to deal with their child’s needs as well as their own needs.

Table 12:



For the 4 families who completed questionnaires at Time 2, 2 reported improvement in their family functioning and 2 reported having more difficulty. For Family 8 this relates to the children returning home and the score still remains in the functional range, but by Time 3 there is marked improvement. For Family 6 there is a worsening that moves them to borderline family problems.

All 3 families who completed the FAD at Time 3 report improvement and their scores indicate good family function.

d. Children's Behaviour and Well-Being

The SDQ scores for the children referred to ViCP are a cause for great concern.

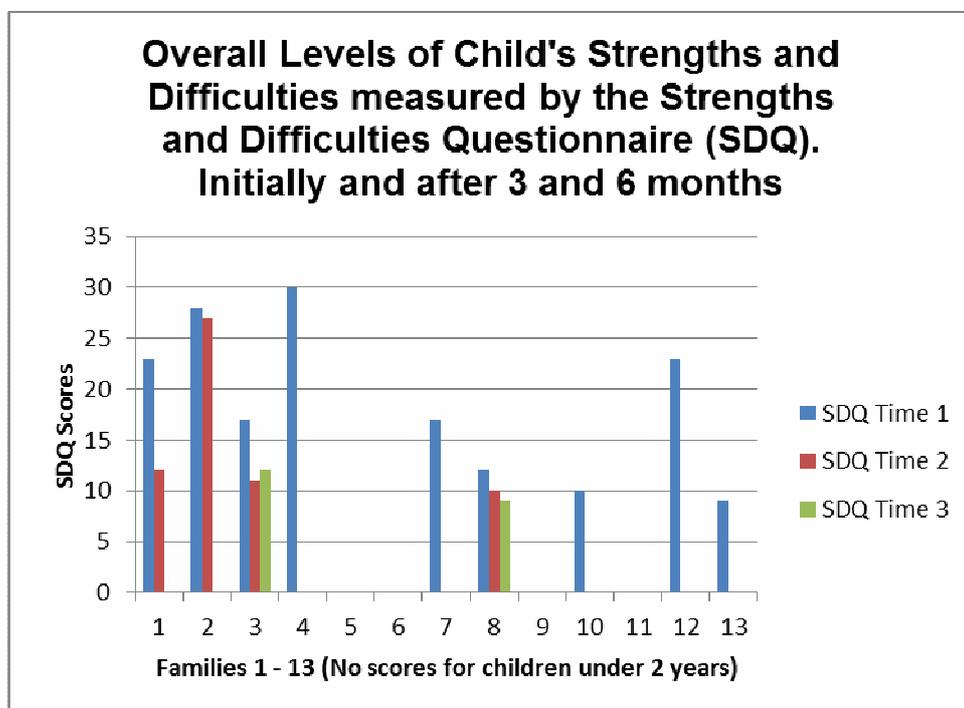
The SDQ questionnaire is completed by the parent in respect of the focal child and helps to identify children with emotional and behavioural difficulties (where there are gaps in Table 13 this is where the child is too young for an SDQ to be completed). The average British scores for an SDQ completed by parents is 8.4 (s.d. 5.8).²⁴ This would mean that we might be concerned about scores greater than 14.2 and scores above 20 would be exceptional. From Table 13 we can see that most families working with ViCP have scores above 14.2 and four families have scores above 20. These scores confirm the high levels of need within the family and emphasize the need to assess the child as well as the whole family. For all the families who completed the SDQ at Time 1 and Time 2 there is improvement in their scores and this improvement is reflected in the qualitative data (see section 13 below).

Families 3 and 8 completed the SDQ at Time 3 and both indicate sustained improvement (see Table 13 below).

The findings from the repeat questionnaires are very encouraging and the qualitative data gives us an opportunity to look at what elements of the scheme are promoting change.

²⁴ <http://www.sdqinfo.org/norms/UKNorm3.pdf>

Table 13:



11. Families Expectations and Experiences with ViCP

a. What did the families expect?

Practical help was very important to many of the families in the research including, “*Getting the house into some sort of order*” (Family 7) and maintaining a tidy household. For many this was also a condition of a Child Protection (CP) or Child in Need (CiN) plan. Other aspects of practical help included keeping and maintaining appointments as well as taking children to the doctor when the need arose “*I always used to go to my mum for advice rather than take the children to the doctor so I’d miss things when they were sick. I go to the doctor now*” (Family 10). Other practical supports included budgeting, moving house and maintaining routines.

Mental Health issues appeared in many guises for these families. Some mothers identified themselves as suffering from depression “*I suffer with depression and it’s hard to interact with the children*” (Family 10). Additionally, some of the mothers described themselves and their families as lacking confidence and seeking, “*Help in more confidence of ourselves*” (Family 6), it transpired there was general chaos in the family home with domestic violence and arguing. One mother described how her lack of sleep had resulted in an untidy living environment which the family needed help in sorting out: “*I have sleep deprivation which is part of how life is in my house. I had 3 children, 2 have learning disabilities and I was pregnant with twins and we needed some help.....There was a backlog of household management such as getting rid of clothes once the children grew out of them*” (Family 9).

Other families wanted help with learning how “*To talk as a family without it turning into rows etc*” (Family 4). It appeared that the families had a yearning to carry on as “*a ‘normal’ functioning family*” (Family 2) and live independently away from services.

Moving away from social services was a priority for families within the cohort. For one mother, her children had been removed previously and she was determined that they would remain with her from now on: “*I’ve had the girls taken off me before and don’t want that to happen again. I worry about the slightest things*” (Family 10). Her major priority for having a volunteer was to ensure the children remain with her. For the other families where this theme was identified they wanted to “*Get children off the child protection Plan*” (Family 8) and “*To help us cope with day-to-day life so we no longer need to use social services*” (Family 2).

Spending time with their children and becoming good role models to their children was identified by a number of families as what they expected their volunteer to help them with. This included doing family activities, spending time together as a family and learning to “*Try to understand why things are the way they are i.e. talk things out rather than let it build up*” (Family 4).

Other themes that emerged from the data included parents wanting a form of parental support for themselves “.....someone outside the family I can talk to” (Family 7) as well as to help with children’s behaviour and housing issues’

b. What was the families experience with ViCP?

So what actually is the experience of having a ViCP volunteer working with your family? Families described their experiences with ViCP and a number of themes emerged:

Practical help: Families received practical help from their volunteer, which included assistance with budgeting, housework and general information on services and forms of support in the local area. One mother described how her volunteer “Come(s) in twice a week one day to help with housework...” (Family 7) while another said her volunteer is “Helping me budget my money for when I’m in my own flat” (Family 11). Another talked about maintaining the family home where the volunteer, “Had helped de-cluttering and managed to keep on top of it” (Family 13). Organizing the house and ‘de-cluttering’ was the main practical experience families have had with their volunteer. For many, the housework issues appear to be the major problem while in reality child protection, domestic violence and mental health issues are underlying the presenting difficulties.

Mental well-being: Many families have reported a huge improvement in their confidence and self esteem.

“I have definitely gained confidence and I suffer with depression which has got better. I can definitely cope with things better than I did before” (Family 1).

“My volunteer has given me so much confidence. Initially she would come with me to appointments and groups because I needed her there for support but now I am able to do it for myself” (Family 2).

One mother described herself as '*less lazy*' (Family 5) as a result of her volunteer's help where she has encouraged her to do things for herself and her children due to overcoming shyness and developing confidence...

Moving away from child protection: One mother described how she is "*Getting children back on drip-feed basis*" (Family 8). As a result of this she is preparing her house, with help from her volunteer, in preparation for her children's return. Another family revealed they are "...*nearly off the child protection plan*" (Family 11). And finally: "*I do believe if it wasn't for my volunteer I wouldn't be where I am today, I would've had the kids taken away, I would be in the gutter*" (Family 2).

Learning to play with their children: ViCP volunteers have promoted family time. "*Well me and my 2 girls look forward to a Thursday as it's our day when no one comes round and we play games as a family. The girls love it. They choose the week before what they want to do such as go to the park, play a computer game. It makes them brighter and happier*" (Family 10). Another mother stated family time has resulted due to the involvement of the volunteer and that they have "*built up a positive and rewarding relationship between every member of the family to enjoy each others company*" (Family 2). One mother spoke about how her volunteer comes in twice per week, one day to help with the practical help required and the other "...*we have a family day e.g. take kids out or play games*" (Family 7), while another mother reported that "*time is spent playing with child a little more than before*" (Family 13).

A number of families said their volunteer offered parental support. Mothers spoke about having a coffee with their volunteer who let them just talk and listened to them: "*Its really nice having a cup of tea and a chat about things that have been bothering me and I find it a great help not just me but my children as well. I have a good ViCP worker and I always enjoy her company*" (Family 1). Another mother said her volunteer "*Listens to me and understands what I'm saying*" (Family 11).

Another mother described her volunteer as part of the family *“[volunteer] has become part of our family in a way. It is always nice to talk to someone else outside of our unit (Family 6). Overall families greatly valued their ViCP volunteers and felt the scheme changed things for them.*

*“My volunteer was second to none” (Family 9) was echoed by many families, “She is brilliant, she is like an extra mum” (Family 3). Others valued both the practical and emotional support they received from their volunteer. One mother talked about her volunteer providing her son with guitar lessons and really engaging with the family while another said *“[volunteer] has given us both the confidence and the prospects for our future” (Family 6. Having someone who was easy to speak to was identified by many as key to the success they encountered and as one mother put it “If we could give awards then I would like to nominate my volunteer for all that she has done for me and my family” (Family 2).**

Only one family expressed ambivalence about their experience with ViCP. They greatly valued their volunteer and regarded their volunteer as *“...second to none” (Family 9) but found it very difficult to be in need of the service from ViCP and thought it placed an awful lot of stress on their family. Acknowledging their difficulties and need for help was extremely hard for them.*

“This has been horrific. To have this help from a volunteer and admit we were having problems turned out to not be very helpful.....It was not a pleasant experience and made our lives very stressful. Seeing no other way for help but not knowing why you are referred....it can be a positive process but this was quite damaging I often felt we were working in the dark as I didn't know the reason why things were going on” (Family 9).

It is inevitably stressful for families to be under child protection procedures and they often feel with statutory or voluntary provision that they are not sure what is going on and highly anxious about the possible outcomes. With this particular family the volunteer actually identified unmet need and so the level

of concern about the family was raised (from Stage 2/3 to Stage 4) which resulted in better support and better outcomes for the family. This is actually reflected in the fact that the family considers their volunteer as 'second to none' despite the stressful experience.

12. Volunteers Expectations and Experiences of Working with ViCP

a. What did the volunteers expect

All volunteers were female with a range of life experiences. Some were volunteering to gain experience to train as social workers whilst others were retired and wanted to help vulnerable families. One volunteer had volunteered all her life and felt this work was right for her.

Volunteers were asked to tell us about 3 expectations they had when they decided to become a ViCP volunteer. A number of themes were identified from this data:

- Volunteers hoped to solve all the problems of their families
- Volunteers were apprehensive and expected the worst
- Volunteers expected to share experiences

Volunteers admitted that when they began volunteering they believed they would be able to solve all the problems of their families: *"I expected to walk in, find out what any problems were, then go away and find the answers and solutions to these problems"* (Family 4). This same volunteer likened this to experiences in her own childhood where she spoke about *"...a constant day dream of people stepping in and saving us from our troubles but that didn't happen."* The second volunteer who identified this as an expectation commented: *"I want to go round there and sort things out but you have to accept you can't do this. You might be able to change the dynamics but not the whole situation"* (Family 9).

Some of the volunteers said they expected the worst when they went to visit their families for the first time. This was predominantly down to the training they had undergone prior to meeting their families “*Although we were reassured about safety during training, I thought there would be times during the visits when I could feel threatened by either bad tempered, angry teenagers or abusive parents*” (Family 3). The training therefore provided the volunteers with a notion of what they could expect but many were pleasantly surprised when they met and began working with their families, “*With the training it was aimed at kids on the child protection Plan and we saw worst case scenarios. The children in my family are not on child protection but are on the border line. I was expecting worst case but it wasn't*” (Family 10). “*Child protection – you think its going to be awful. The training showed us the worst case scenario. The managers told us it wouldn't be that bad but you still worry about it*” (Family 1).

Volunteers were apprehensive at the outset: “*I expected to feel apprehensive when meeting my first family and to feel that way for many visits, but I soon felt comfortable with them and was accepted as part of the family*” (Family 3). This was again reiterated by another volunteer who said: “*I expected that more problems would come to light the more I got to know the family..... the mother was very willing to work on her problems. She was aware of the problems and how to work on them*” (Family 10).

A number of volunteers spoke of the personal challenge of being accepted by the family. Would the family want them personally as their volunteer? Additionally these volunteers were fearful around engaging the family in the work they needed to do with them. For one volunteer “*The challenge was engaging mum*” (Family 1). Another volunteer expected to make a real difference to someone's life and encourage them to become more integrated in the community “*I have always been a people person so I hoped to help a family. I was hoping to make their day and them make my day*” (Family 12).

Finally, volunteers had an expectation of sharing experiences with others. For one volunteer, who had a wealth of experience on volunteering, she wanted to

share her experience of *“...bringing up a family with a different generation”* (Family 9), she felt *“I feel the basics of parenting haven’t changed from when I was bringing up my children but things are different. There is more outside help for families now than I remember. But they don’t seem to have the wider family support. That interaction is not there anymore”*. Another volunteer wanted to gain experience so she could carry out a social work degree *“I’ve just come out of college so I have never seen anything. I thought this would open my eyes and make me a bit less naïve. I mean you can’t judge where people are.....I’ve definitely gotten more out of it than I thought I would”* ((Family 12).

b. Experiences of volunteers

Volunteers found the ViCP work to be:

- Empowering
- Frustrating (at the pace of change)
- Very worthwhile

Volunteers, who had felt apprehensive when they started the work, described a sense of understanding and empowerment towards the families they work with. One volunteer described the mother in her family being quite manipulative and not pulling her weight to maintain the family home at the beginning but expecting the children to do it all. *“This has changed somewhat where the children are now refusing to do things unless mum helps. I think we’ve reached a stale mate”* Now the family are working together to maintain the family home and have moved from Child Protection Stage 4 to Stage 3. Furthermore the biggest improvement for this family has been the children’s school attendance (Family 3).

Another volunteer was concerned about what she might uncover during her work with the family, has engaged well with them and is delighted with the progress they have managed to make together:

“They are a really nice bunch and kids are great and love to see me. We’ve been discussing an ending as the mother doesn’t really need me now. Mother was happy about this but now she has started the Freedom

programme she would like me to stay until the end of the course. There are issues coming up that she hasn't really dealt with about domestic violence. She is now starting to recognize behaviours in the men she goes for" (Family 3).

Finally, another volunteer described how she has empowered her family by explaining that professionals are not trying to catch them out but to help them function as a family *"Explaining to the family that professionals working with them are on their side. These professionals are working with a lot of other people who are very busy and don't always have time to sit and talk. I'm here for that. Mum was not able to stand up for herself in meetings so I did this and encouraged her" (Family 1).*

The majority of the volunteers still spoke about their frustration when working with their families. For some this frustration was due to a lack of understanding as to *"...why they just won't do it" (Family 9)* and particularly related to house work, *"Even though we have cleared some room within 2 weeks it can be back to what it was. Mum doesn't use her role as a mum to encourage everyone to do it and to stop dropping their clothes etc in the house. Sometimes I don't even feel its 1 step forward 2 back, its more like 1 forward 3 or 4 back" (Family 3).* Another form of frustration for volunteers was the sense of helplessness at not being able to support the family due to a lack of professional resources: *"I have not found it possible to obtain the answers or assistance I would've liked to get for the family I am assigned to" (Family 4).* Where the professionals engaged with the volunteer things were better, *"I know the social worker and health visitor so I know how it should be. With the first family I didn't know where to start" (Family 8).* When the situation does not go to plan, despite the volunteer following all the advice from their training, this can be quite frustrating but the volunteers have proven to be quite resourceful in these situations *"With this family I introduced a star chart for the girls to keep their bedrooms tidy but this didn't work. It worked better when we sat down together and talked about where things go and involved mum in the process" (Family 10).*

For many of the volunteers there was a sense of frustration at the pace of change in their families. For example at aspects of family life that volunteers take for granted but the families don't do: *"....it's just normal for me to take a child to the doctor if they are not well but these families don't do that....It's a different world for me. People don't live by your standards it's not what you expect"* (Family 8). The same volunteer spoke about the frustration she feels when she has done some housework with the family one week and expects this to be upheld the following week only to find that it hasn't: *"It's very frustrating. I go in twice a week. Mum has had a new kitchen but it annoys me because she doesn't do much in it – she doesn't clean it. When I went there the last time the floor was swept but the rubbish wasn't picked up and put in the bin but left in the middle of the floor. I told her she'd need to pick it up and she said it was there from the night before"* (Family 8). Another volunteer spoke about her frustration about the family's resistance to change *"I expected any change would happen at a fairly slow rate.....People are generally resistant to change"* (Family 10).

Despite these frustrations there is a caring/protectionist role evident among the volunteers. They speak about their sense of frustration and how challenging the work can be, but also praise their families for the good work they are trying to do: *"She's definitely come along way though and she doesn't have riff raff in the house like she used to. The children are doing very well in school..... I just want to take her under my wing the way a mum does with her daughter"* (Family 8). Furthermore an understanding of the underpinning issues faced by the family is clear among the volunteers *"....the mother was keen to change but it's hard to get out of these patterns"* (Family 10).

Volunteers thought the project was a very worthwhile resource for families experiencing the types of difficulties these families have had to deal with. This was evident in the achievements of the volunteer described:

"I found it very worthwhile when the family engages and we all see the positive results. The boyfriend was off the scene and mum completely changed. I managed to make her so different.....Mum was running the home more efficiently, they were eating meals everyday and the

children's behaviour had improved immensely. They enjoyed each other in a lovely way" (Family 4).

Having children removed from the child protection Plan is the biggest achievement for any family receiving the ViCP service, *"They are off Child Protection now. I really, really, really think it's worthwhile. Mum has now attended college and has a certificate in English and maths. She is talking about getting a job when the children are older. It's nice for her children to meet new people and have sleep over's" (Family 8).* Another volunteer recognized the support her presence provides to the mother of the family she works with and how she has been able to encourage her to talk to her about her concerns *"The Mother has been very open with me and seems able to confide her worries in me.....she's really keen to make changes and make sure her girls stay with her" (Family 10).*

Volunteers express a lot of concern for the families they work with. One volunteer was worried about the lack of resources available for the family she is working with *"....They have a CAF (Common Assessment Framework) with things they need to do but equally they have another list of services that can't be provided as there is no money available" (Family 9).* Additionally this volunteer felt the ViCP service was invaluable but she was *"....not convinced it is run in the best way though."* Another volunteer was concerned with what would happen if the father of the family she was working with returned to the family home, she thought progress had been made as a result of him not being there but at the time of interview there was talk of him returning to live in the family home, *"There is a suspicion Dad is coming back to live in the family home. The children will end up back on Child Protection if they do not follow the Child in Need plan. When they came off Child Protection at the beginning of January we were all delighted. I think I was letting my optimism run away with me. However things are not so great now" (Family 3).*

c. Value of ViCP from volunteers perspective

All volunteers agreed that this service was invaluable to the families they work with. This is particularly in relation to the practical support the volunteers have been able to offer the families *“We set goals for the following week so children will often start tidying their room and then have it complete for the following week when I go back in”* (Family 3). *“All families have been trying to get help and have been frustrated at not getting it. Having a volunteer provides the support and comfort for the wider family that someone is there”* (Family 9). Volunteers additionally feel a huge sense of responsibility towards their families: *“I need to make sure she has taken them to the doctors/dentists etc”* and how they constantly need to forward think *“The next step is family planning”* (Family 8). *“I know some of the other volunteers and what they have achieved with their families. In my case making her see how important her children are and not having everyone in her flat as that’s why the children were taken away to live with their maternal grandmother”* (Family 8).

Having someone for the mothers in the family to talk to and trust appeared to be a major element of the project from the perspective of the volunteers: *“...mum seems happy and says it helps her. Her initial worry was her ability to play with the girls but she can do that now. She was quite tense with this at first but she’s more relaxed around it now”* (Family 10).

“Giving mum someone to talk to and voice her opinions to, not a social worker who says do this or else. Its given mum the opportunity just to have a cuppa and a chat. The company is nice for her. She wants her family to come closer and eventually they will” (Family 12).

“...mum has depression and her self esteem is very low. She was not speaking up at meetings but as time has gone on she does now. We have a good relationship.....I personally feel I have encouraged her. She does things now like the simple things that she didn’t do before such as phoning the school if the child is off sick. They went from Child Protection to Children in Need.....they are off Children in Need now” (Family 1).

13. Stakeholders expectations and experiences of ViCP

Interviews were conducted with 6 professionals who had involvement with the ViCP scheme, including social work practitioners and managers. These are described as stakeholders and their experiences of ViCP are summarized below (see Table 14), with fuller descriptions following.

Table 14: Key Themes from Stakeholder Interviews:

Organization and administration of the ViCP scheme	<ul style="list-style-type: none"> - the scheme is well managed - volunteers are well trained and supported - that volunteers and scheme managers work well with statutory services 	<p>5 4 6</p>
Expectations of the ViCP scheme	<ul style="list-style-type: none"> - the scheme has exceeded expectations - Had some initial reservations about the scheme 	<p>6 2</p>
Experience and observations of the ViCP scheme	<ul style="list-style-type: none"> - Has direct experience of children and families making progress as a result of the volunteer's work - volunteers provide a different role to local authority staff and/or are better placed to form positive relationships with service users - care action is being prevented as a result of the volunteer's work - cases come off CP plans as a result of the volunteer's work - in their experience the scheme saves the local authority money and/or resources 	<p>6 5 3 2 5</p>
Suggested ways that the ViCP could be enhanced and/or expanded	<ul style="list-style-type: none"> - Offered comments/advice to other authorities considering the use of volunteers - Expressed views about enhancing the scheme - Would like to see the scheme extended 	<p>6 4 3</p>

Detail of interviews:

a. Stakeholders in interview sample

Stakeholders in ViCP have been identified from within the local authority as having an interest and investment in the work of the scheme as either direct case holders or associated managers. A small group was identified to give representative views from a range of roles within the statutory childcare service. Semi structured interviews were conducted with a social worker, a senior social work practitioner, a team manager, a conference chairperson, as well as two strategic/commissioning managers. Each interview lasted for approximately an hour and interviewees were sent the questions in advance of meeting. (Copies of set questions can be found in Appendix 1)

The insight and observations collected were overwhelmingly positive, with every interviewee concluding that the scheme had exceeded their expectations. The themes that emerged related to: Organization and administration of the ViCP scheme; Expectations of the ViCP scheme; Experience and observations of the ViCP scheme; Suggested ways that the ViCP could be enhanced and/or expanded.

Interviewees were very willing to participate in this research, although all were clearly very busy professionals, and their views and experience are a valuable source of feedback regarding the work of the scheme which cannot necessarily be picked up in other sources of recorded data. This point is highlighted in the recent Munro Review of Child Protection:

'...such an approach provides an incomplete account of the intricacies of working with children and families for the many professions involved in child protection. It undervalues the fact that the work is done in a relationship with children and family members so that the importance of continuity in human relationships is overlooked, causing considerable distress to children and parents. The assumption that records provide an adequate account of a helping profession has led to a distortion of the priorities of practice. The emotional dimensions and intellectual nuances of reasoning are undervalued in comparison with simple data about service processes...' (Munro, 2011)

b. Organization and administration of the ViCP scheme

Many of those interviewed placed great emphasis on the importance of organization, management and administration of the scheme. A number of positive comments were made about the individuals who managed the scheme; that they were known previously in the area and had built up a good reputation and level of confidence from professionals. Those interviewed felt that good management of the scheme was essential, as well as training, supervision, risk assessment and appropriate matching of volunteer with family. The general tone of opinion can be summarized:

'I think they are brilliant. They are hands-on and committed. They do not see the child in isolation but the family are a package. There is no long referral process. All staff are approachable, they engage really well with families on the same level. They get good training, support, supervision and guidance.'

'The management team are very dedicated. You don't necessarily expect non-social work trained people to understand child protection, domestic violence and addiction issues – but they really do.'

One of the strategic managers interviewed additionally highlighted the emphasis on providing good quality volunteers and reflected the fact that a high level of planning went into the design of the scheme and the management of the volunteers stating that:

'The quality and numbers of volunteers has been fantastic. They are politely persistent, using tact and diplomacy to gain the trust of some difficult families (especially some of the stage 3 who are not used to any services being involved in their families.) My view is that the voluntary aspect is vital; the scheme would not work if provided in-house. We have tried to eradicate any potential problems by setting up stringent recruitment and training and good supervision and support.'

'There has to be a good risk assessment of volunteers and they need to work to a clear plan which must be reviewed regularly. It is targeted intervention to change behaviour but there are dangers in using volunteers which is why they need good training and supervision.'

Finally, they experience the scheme as fitting well with statutory services and that information sharing and communication was positive and measured. There was also a view that the close proximity and presence of ViCP scheme

staff is important: *'They sit on the same floor as us and we are able to chat about possible referrals. We discuss the match and any possible risks...The referral process is clear.'*

Stakeholders generally expressed their own need to feel confident in the administration and personnel involved in this scheme - given the serious nature and high profile of child protection work.

c. Expectations of the ViCP scheme

A number of the subjects interviewed appeared to have preconceived expectations and indeed reservations about the use of volunteers in child protection:

'I was not sure if it would be very helpful given that they were volunteers being asked to work with families with significant and entrenched problems. I had concern about the training, experience and understanding of the volunteers and I wondered how families would receive them.'

'I had some reservations about the use of volunteers and asked myself if it was just a way of saving money?'

One interviewee expressed reservations that the use of a volunteer might not be appropriate in every case, particularly when there was already many other services involved. Despite any initial reservations about the scheme all those interviewed explicitly and unreservedly stated that the scheme had exceeded their expectations. Here is a sample of the comments made:

'It has exceeded expectations. They have easily recruited and trained 50 volunteers and the scheme is working well.'

'It has exceeded expectations in an unexpected way. It provides a real quality of relationship, and the staff team has really worked well with the department. The quality and skill of volunteers is amazing. It is also of a greater benefit by bringing people from different parts of the same community together.'

'Exceeded - in terms of support and trust and the relationship that resulted. The volunteer bridged the gap between the client and the social worker.'

'Exceeded. It is far more than money-saving and my experience of the scheme has turned my opinion around. Southend has really benefitted from the scheme...'

d. Experience and observations of the ViCP scheme

Interviewees were asked a number of questions about their experiences of the ViCP scheme (some were able to give first hand examples whilst others had information that had been reported to them indirectly.) The arising themes related to the good level of practical support offered by volunteers, but more significantly focused on the 'quality of relationship' that the volunteer was able to form with a family, which was considered something over and above that which a statutory staff member could potentially achieve. Stakeholders' experiences are that volunteers can offer something unique to families involved with child protection services, which is potentially more productive than statutory provision, in that they are able to form better/closer/more meaningful/honest relationships. A sample of the comments made speak for themselves in this respect:

'The volunteer is seen as a 'critical friend.' Families are more receptive to a volunteer than a worker from the statutory sector and can effect change in people's lives by acting as a role model, giving good advice, improving self-esteem, improving confidence & anger management. They have time to build real relationships and to listen. The impact is positive...Sadly, there seems to be an ingrained perception that social workers are all out to get them and a volunteer would be viewed differently.'

'They have time to listen and only one case. Families believe they care because they are not getting paid.'

'The practical support they give is excellent but what is equally important is the befriending and emotional support that they give. People don't seem as threatened by volunteers - they see them as their peers...Without this support families might not be able to move-forward. The impact on older children can be very good where they feel able to talk to the volunteer in a way they can't to the social worker and we get to know how they are feeling. The befriending role with parent is vital. They become a support, they empower and they act as a positive role model. Otherwise some of these parents can be very isolated.'

Stakeholders were asked to give their view on the overall impact of the ViCP scheme in terms of value for money. Most acknowledged that they were not equipped with the facts and figures to give an informed opinion but based on their experiences they were able to give examples where children came off child protection plans, and indeed avoided reception into care as a result of the progress made, with the help of the volunteer. Anecdotally, there was a strong view that the scheme was having a positive impact and saving resources in the short and long-term. (Indeed, one interviewee highlighted the potential generational cycles of neglect and care, the associated problems that continue into adulthood, and the fact that savings could be over the very long term and beyond those made in children's services.)

A representative summary of comments made is included here:

'They [volunteers] prevent receptions into care and help kids come off CP plans.'

'If we don't make some change in these families the children end up in care, and their children end up future clients. We need to break these cycles somehow.'

'I have seen cases where I really thought that reception into care would be the only option as it seemed like the parent could not make the necessary changes – and the volunteer has turned that around.'

'The scheme costs the authority £140,000 for the current financial year. It is difficult to quantify outcomes against the cost to the LA. The minimum that a child in care costs is around £45,000 so we would only need to be diverting 3 or 4 kids from care to make the scheme worthwhile and recoup our costs.'

e. Suggested ways that the ViCP could be enhanced and/or expanded

All of those interviewed expressed a level of enthusiasm for the ViCP and some wanted to share their thoughts on how the scheme might be made better or indeed expanded:

'We would like to use the model in other services.'

'I wonder if we should get them involved earlier as a preventative measure to stop children from needing child protection services. We could extend it

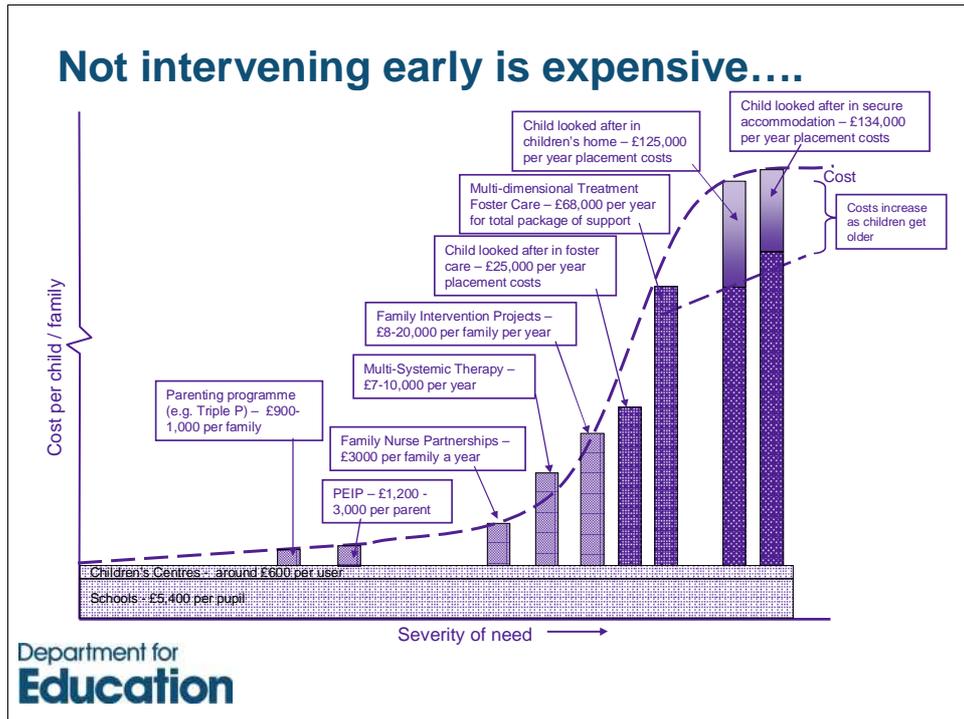
to 'child in need' cases and also after a child protection plan ends - they could stay involved for say another 6 months to avoid deterioration. First time conference cases could be referred instead of being put on child protection plan and families could be told that they have to engage as part of the agreement.'

'I feel CSV has been naive in terms of measuring outcomes and they need to address this... I am worried that this may impact on future funding of the scheme as all of the evidence is anecdotal at the moment.' (Strategic Manager)

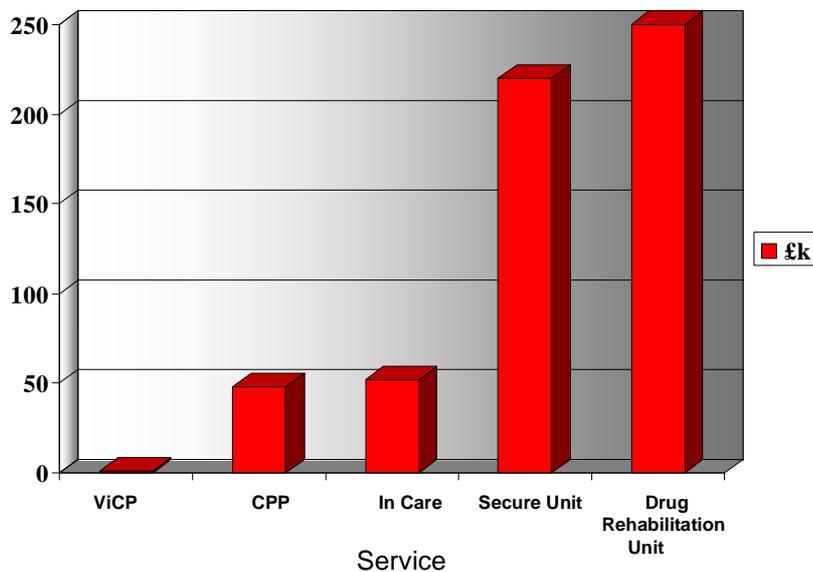
Not all of those interviewed shared the same view and there were some minor anomalies in understanding expressed with regard to the referral criteria for the scheme and whether contact with the volunteer should/could continue after statutory services had withdrawn from the case. However, as the comments listed above indicate, the ViCP scheme has won great support within the local authority and there seems little doubt that it is highly valued by stakeholders.

14. Is the CSV, ViCP Scheme Value for Money?

The 2 diagrams below, one from the Department for Education and one from CSV illustrate the high cost involved in interventions with Children and their Families. Questions of the value of ViCP are thus related to whether a specific intervention prevents families progressing to more severe levels of need.



Cost of intervention



The cost of intervention graph, above, is supplied by CSV. From this it is easy to see that the use of volunteers is a relatively cheap intervention as compared with reception into care or treatment interventions requiring secure accommodation or drug and alcohol programmes.

The critical question therefore is does the ViCP programme alter the children's experiences in their families such that more expensive interventions are prevented?

To investigate this we consider whether CSV uses volunteers effectively (cost to society) and whether the intervention is effective (cost to the purchaser).

We describe below the methodology used in our calculations. It is very important to note that we have taken **the lower estimate of costs** in order to be sure that the savings from the ViCP scheme are not inflated. Additionally all the costings are 2009 or earlier and we have not adjusted these for inflation

a. Effective Use of Volunteers

Background: The voluntary sector has approached the engagement of volunteer resources in a largely haphazard manner. Organization leaders, service planners, and funders have failed to fully understand, appreciate, and accurately assess the value of volunteer involvement. As a result, some volunteer positions are probably returning less or little more than they cost to sustain.²⁵

In 2009, Eisner²⁶ found that more than a third of those who volunteer one year do not donate their time the next year. In their calculations this represented a

²⁵ Graff, L.L. (2006) Declining Profit Margin: When Volunteers Cost More Than They Return. *The International Journal of Volunteer Administration*, 24(1), 24-32.

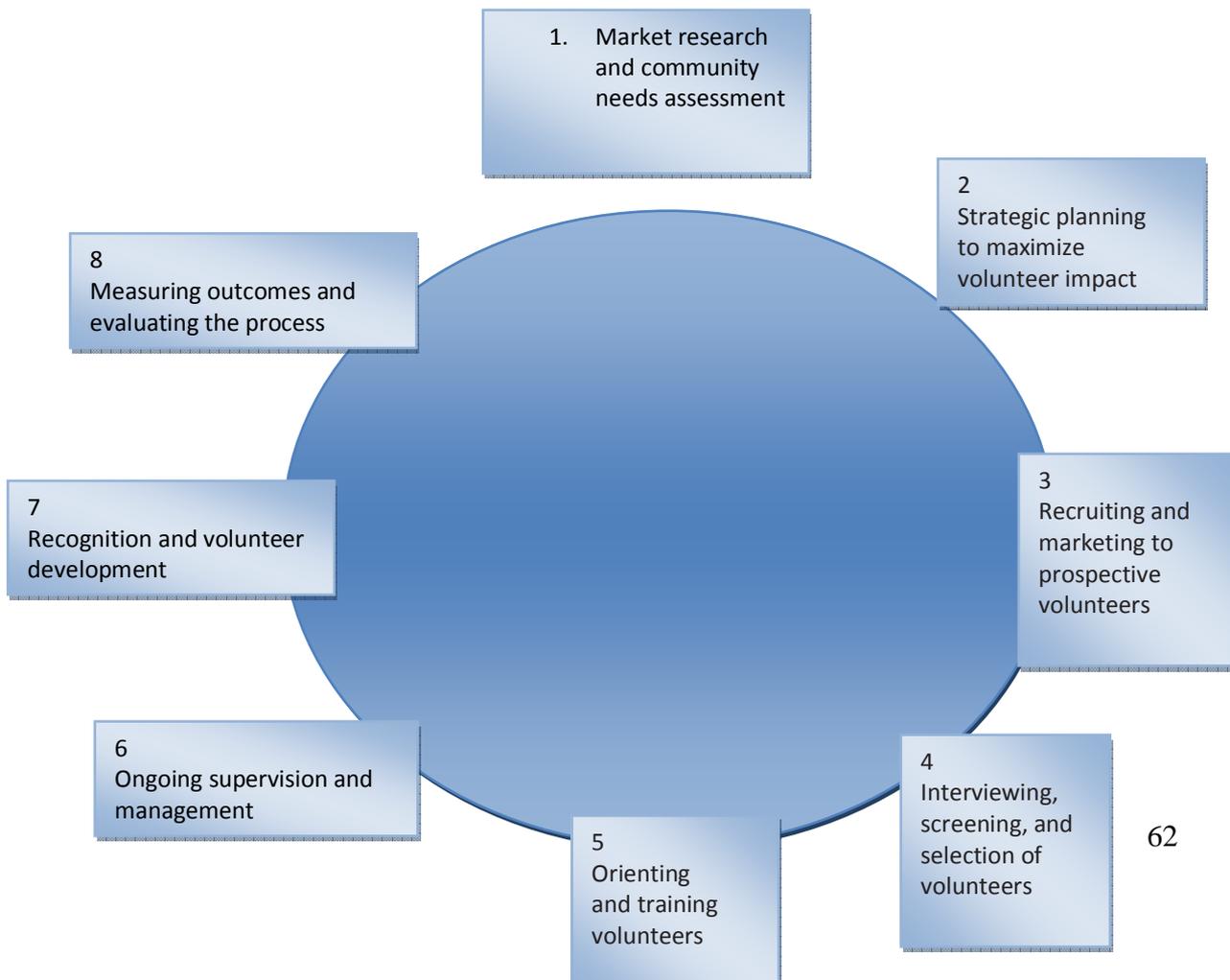
²⁶ Eisner, D., Grimm R.T., Maynard, S. and Washburn, S. (2009) The New Volunteer Workforce. *Stanford Social Innovation Review*, Winter, 32-37.

staggering \$38 billion in lost volunteering time to the US economy in one year. The reason for this huge loss of volunteers is that most nonprofits do not manage their volunteers effectively. Good volunteer management involves:

- Matching volunteers' skills with appropriate assignments;
- Recognizing the contribution of volunteers;
- Measuring the impact of volunteers annually
- Providing volunteers with training and professional development
- Training staff to work with volunteers

So although volunteers were being used to fill important roles including being on boards of directors, fundraising and development and programme and service delivery they were not receiving adequate support, training or monitoring. The volunteers did not feel fully utilized (recognizing their existing skills), adequately prepared for the tasks (through training), or valued (through working with paid staff and monitoring). (See Diagram 1, below: Creating a strategic volunteer plan)

Diagram 1: Creating a Strategic Volunteer Plan



Is CSV ViCP effective in its use of volunteers?

To what extent does the CSV, ViCP intervention, follow the proposed strategic approach which would maximize value in terms of maximizing the effective use of volunteers?

In the ViCP study we have examined the processes through which volunteers are selected, trained and matched to families. We also have feedback from the professionals working with the volunteers and interviews documenting the volunteers own experiences, as well as feedback from the families.

In terms of the strategic volunteer plan CSV is highly skilled in the first three stages of identifying potential need for volunteers, planning to maximize the volunteer impact and recruiting volunteers (see Diagram 1).

Findings:

ViCP Selection of Volunteers

Stakeholders considered that the recruitment and matching of volunteers was professionally handled and well thought-out by CSV staff. Issues of risk were also considered in detail and any likely problems were pre-empted. The majority of those interviewed commented on the professional nature of the scheme managers. The universal view was that *'the selection process for volunteers is good.'* CSV has delivered on the recruitment targets set: *'they have easily recruited and trained 50 volunteers and the scheme is working well.'*

Management, training, support and supervision of Volunteers

Stakeholder feedback regarding management, training, support and supervision of volunteers was positive, and the capable and high quality of the work that was done by the ViCP scheme staff was acknowledged. The confidence of the statutory sector in the ViCP scheme was apparent:

‘The initial thing is to get good staff to manage the scheme and we have been really lucky as they are experienced and able to work well with social workers. They have developed a really good reputation. They share information and are able to spot problems/dangers/risks. They are very clear and bounded. Volunteer training and supervision is also good and this is really important.’

This confidence has led to a high degree of trust in the CSV personnel, who have established themselves as close working colleagues who share the same values and priorities as the social work staff. Stakeholders reported that appropriate safeguards are in place in relation to the recruitment of volunteers; that thorough risk assessment and matching processes exist; that training is rigorous; and that supervision and support is readily available.

How do professionals interface with volunteers?

The interface between social service staff and CSV personnel and volunteers was widely acknowledged as very positive, with no negative experiences at all being reported in the interviews. Close geographic working was considered to be a real bonus (in some cases social workers and CSV staff occupied the same building.) In addition, there appears to have been good communication and joint working between social workers and volunteers and a high quality of volunteer input on a multi agency/planning level. Volunteers attended conferences and core groups, and were universally seen as making a positive and ‘*measured*’ contribution.

‘They sit on the same floor as us and we are able to chat about cases and possible referrals. We discuss the match and any risks. They only get involved if it’s allocated in the department to a social worker. Quick

response to carry out risk assessment but it sometimes takes a while to match a volunteer. The referral process is clear. I suppose the social worker sometimes becomes 'the bad guy' and the volunteer is able to form a better relationship. They keep an 'objective semi-professional eye' on things for us.'

What do volunteers get from the ViCP experience?

Volunteers feel a huge sense of responsibility towards their families. All volunteers agreed that this service was invaluable to the families they work with. This particularly related to the practical support the volunteers have been able to offer the families (see section 12 c). Volunteers find the work challenging and develop a caring/protectionist role towards the families.

b. Is the ViCP Intervention Financially Effective?

The answer to this question pivots around whether the scheme prevents reception into care and secondly is this a cost effective approach? Research into value for money is not easy when there is such a complex interplay of agencies intervening with these families. Researchers have taken service use to indicate value. Thus if a families use of services decreases this would indicate value from the intervention. However, this is an imprecise measure and difficult to establish retrospectively, and so we have taken the indicators of concern about the family (levels of concern reflected in the CAF levels) and the costs saved using the cost calculator. Detail of this approach is given in the background below.

Background

Preventing reception into care

In the study '*Children on the edge of care*²⁷ a vast number of the 122 children and young people participating in the study (43%) held the view that they

²⁷ Morgan, R (2011) *Children on the edge of care: A report of children's views by the Children's Rights Director for England*. Ofsted: Manchester.

would not have needed to come into care if there had been more support provided for them and their families. Most of these young people felt that the following support might have prevented them from entering the care system:

Support	Percentage of young people
More support for parents/carer	58%
A social worker or other worker visiting us until things are settled	46%
Someone checking up on how we are getting on	43%
Help with somewhere good to live	42%

Other ideas offered by young people for further support included: practical help for parents around maintaining the family home, group meetings to support parents and their children together, guidance on parenting skills and practical and emotional support for parents caring for children. The young people proposed “*an independent visitor, rather than a social worker*” (p.9) to visit regularly and provide the types of support mentioned previously. Although ViCP volunteers are not tasked with replacing or carrying out the social worker role, having somebody present on a more regular basis can greatly reduce the likelihood of situations going wrong and picking up on situations before they escalate. National survey data suggests that unless support and services are offered early there is a high risk of situations escalating and thus necessitating higher level intervention at a later date as well as further costs.²⁸

In 2009, The House of Commons, Children, schools and families committee report on Looked after children showed that the number of children entering

²⁸ Holmes, L., Munro, E.R., and Soper, J. (2010) *Calculating the cost and capacity implications for local authorities implementing the Laming (2009) recommendations*. Centre for Child and Family Research: Loughborough University.

the care system since the 1990s has reduced dramatically.²⁹ However children are remaining in care for longer periods. This report further highlights the average costs per week of children in the care system:

Average cost per looked after child per week (£)	
All placements	774
Residential home placement	2,428
Foster Care	489

Previous studies show the estimated costs per annum associated to risks linked to vulnerable families. These estimates are based on the likely spend required by public agencies in response to each risk:

Risk and estimated cost per annum (£) ³⁰		
Risk	Cost	Source
Foster Care	20,500	Jones et al. 2006
	34,400 - 46,800	Nixon et al. 2006
Local Authority residential care	72,800	Walker et al 2006
Local Authority Secure Care	193,700	Walker et al 2006

Cost models

The cost calculator has been developed by researchers at the Centre for Child and Family Research at Loughborough University. The methodology for the cost calculator lies in the work of Beecham³¹ who designed the 'bottom-up' costing methodology. This methodology has been successfully used in a

²⁹ House of Commons Children Schools and Families Committee (2009) *Looked After Children: Third Report of Session 2008-09* Volume 1. The Stationary Office: London.

³⁰ Flint, J. (2011) *Evaluation of Rochdale Families Project: Briefing paper on Economic Cost-Benefits of Family Interventions*. Centre for Regional Economic and Social Research: Sheffield Hallam University.

³¹ Beecham 2000

number of studies exploring the costs and outcomes associated with child welfare interventions including the costs of placing children in care, short break services for disabled children and key policy and practice developments.

“It allows for the development of a detailed and transparent picture of costs of providing a service, and of the elements that are necessary to support service delivery. This method facilitates comparisons of costs and allows for variations in costs according to the needs of children, decision making processes and approaches to service delivery to be considered.”³²

This approach focuses on the personnel required for each activity or service and estimates the time spent on it. These are then calculated using the appropriate hourly rate. The ‘bottom-up’ approach is therefore associated with the amount of time spent on the activity and the salaries of those involved including management overheads and other expenditure. The cost calculator has been used to quantify the costs associated with social work time. At a time when young people are proposing an increase in social work time in order to improve their situation it is worth determining the costs associated with this activity. In the case of initial contact the time spent by social workers ranged from 15 minutes to over 3 hours but on average this was 49 minutes. Additionally referrals averaged at about 4 hours and 40 minutes of social worker time. The average time spent by social workers on initial assessment was 10 and a half hours. The following table gives a break-down of these costs:

Social work activity	Cost
Initial contact (based on average unit cost per hour)	£36.94

³² Holmes, L., Munro, E.R., and Soper, J. (2010) *Calculating the cost and capacity implications for local authorities implementing the Laming (2009) recommendations*. Centre for Child and Family Research: Loughborough University.

Referral costs	£117.41
Initial assessment (social worker, team manager and administrator costs)	£361.70

In 2010, the cost calculator was extended to include the cost calculations for all children in need demonstrating that it was possible to show the various costs associated for children with different levels and types of need. For children under the age of six increased involvement from social care was identified. This was similar for children on a child protection plan or those with emotional or behavioural difficulties. These are typical families for ViCP volunteer.

There are 8 processes for children in need:

Process 1: Initial contact and referral

Process 2: Initial Assessment

Process 3: Ongoing Support

Process 4: Close case

Process 5: Core Assessment

Process 6: Planning and review

Process 7: Section 47 enquiry

Process 8: Public Law Outline

For the purpose of this study we are interested in process 3 which calculates the level of ongoing social care support provided to children with a variety of needs. Variations on the amount of direct time spent by social care practitioners working with a particular child or family were determined by the level of need and circumstances:

Process	Standard or Variation cost	Out of London unit cost to social care (£)
	Standard cost: No additional need	107

Process 3: Ongoing Support (per month)	If child under 6	192
	If Child Protection Plan	263
	If 6 or under and CPP	410
	If emotional or behavioural difficulties	199
	If EBD plus another factor	499

The costs of case management activities for children’s social care over the time period 1st October 2008 – 31st March 2009 is shown below:

Average total cost over 6 months (£)						
All children in the sample	Children in need with no specified additional need type	Children under 6 years	Children who have a child protection plan	Children under six years who have a child protection plan	Children with emotional or behavioural difficulties and another factor	Children with emotional or behavioural difficulties and another factor
1,416	905	1,387	1,864	3,069	1,494	3,205

How does this all relates to CSV ViCP

Typical ViCP family:

The families referred to ViCP Southend are generally single parent families comprising of mother and her children (59.46%). The ethnic origin of these families is typically white British (75.68%). Typically these families are claiming benefits (67.57%) and mother has reported feelings of depression and anxiety (70.27%). 62.16% of ViCP families have been referred to the service via their social worker due to parenting issues (64.86%).

For the most part these families are known to social services and the children have been placed on stage 3 of the child protection plan (54.05%) where they are

considered to have additional needs above other children and require further support through an integrated approach.

The prime form of support that most families require from ViCP is practical help in maintaining the family home and ensuring safety within the home (56.76%). The level of support for each family varies, but demographics for the 37 families in this cohort show that the majority of support is provided for one and a half hours on a weekly basis (37.84%). These families also access the supports of other statutory and voluntary services in the area with the main support received from the Marigold Centre (21.62%).

The calculations of value for money are based on the 37 files that we interrogated and are adjusted for the number that CSV are commissioned to service per annum (n=50)³³. It is important to do these calculations based on the natural spread of outcomes in order to have a realistic appreciation of the nature of the ViCP contribution.

Of the 37 files interrogated for the purpose of this research the following outcomes and savings have been recorded:

Savings from effective involvements with ViCP

Outcome	Number of families	Number of children	Breakdown of children	Calculation	Annual savings
Stage 4 to closed on the child protection plan	5	11	Children under 6 years	2 Cost of CPP £410.00 (per month) x 12 x 2	£9,840.00
			Children over 6 years	9 Cost of CPP £263.00 (per month) x 12 x 9	£28,404.00

³³ In the 12 month period reviewed ViCP worked with 64 families so these figures could reasonably be adjusted to reflect the greater capacity that was achieved.

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Stage 3 to closed on the child protection plan	6	13	Children under 6 years	4	Cost of CIN £1,387.00 (per 6 months) x 2 x 4	£11,096.00
			Children over 6 years	9	Cost of CIN £905.00 (per 6 months) x 2 x 9	£16,290.00
Children were returned from care	1	2	Both children under 6 years		Foster care placement £489.00 (per week) x 52 x 2	£50,856.00
Stage 4 to stage 3 of the child protection plan	2	6	All children over 6 years		(Cost of CPP £410.00 (per month) x 12 x 6 = £29,520.00) – (Cost of CIN for 6 months = 905 x 2 x 6 = £11,508.00) =	£18,012.00
Stage 4 to stage 2	2	4	Children under 6 years	1	(Cost of CPP £410.00 (per month) x 12	£4,920.00
			Children over 6 years	3	(Cost of CPP £263.00 (per month) x 12 = £3156.00 x 3	£9,468.00
Stage 3 to stage 2	3	6	All children are over 6 years		(Cost of CIN £905.00 (per 6 months) x 2 x 6	£10,860.00
Families reporting	7	14	All children are over 6		Non school attendance	£4,236.00

improved school attendance for children			years	£706.00 per year x 6	
Savings to local authority from ViCP working with 37 families					£163,982.00

Savings to local authority adjusted for 50 families per annum³⁴	£221,597.00
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The most noticeable improvement has been in the number of families where their cases have been closed to social care and to the panel. This means that these families are now deemed able to manage without social care involvement using universal services.

It is also important to report cases where families have actually been moved up a stage on the child protection plan. This has mainly been due to ViCP recognising a need in the family that has not been noted previously by statutory services. As a result further measures have been put in place to support these families. It could be argued that the ViCP has been ineffective in these cases, although it could also be argued that identifying unmet needs in these family situations prevents further deterioration.

A summary of the savings and costs of the ViCP scheme annually for 50 families is shown below. Clearly these figures represent significant value for money.

Savings and costs of ViCP for 50 families	
Total savings from ViCP adjusted for 50 families per annum	£221,597
Cost of ViCP commissioned for 50 families per annum	£140,000
Overall savings from ViCP adjusted for 50 families per annum	£81,597

³⁴ ViCP are commissioned on the basis of working with 50 families per annum. In fact they worked with 64 during the year April 2010 - March 2011, so these savings represent an underestimate of the total in saved in 2010/11.

As commissioned for 50 families CSV's ViCP scheme saves £81,597 and represents excellent value for money. Given that ViCP actually worked with 64 families during the year 1st April 2010 - 31st March 2011, this represents an actual saving of £143,644 (see below) which is even better value for money per case. It might be most effective to aim for 55 families per annum as representing the optimal value without need to expand the service organization and management.

A summary of the savings and costs of the ViCP scheme annually for 64 families is shown below. Clearly these figures represent significant value for money.

Savings and costs of ViCP for 64 families	
Total savings from ViCP adjusted for 64 families per annum	£283,644
Cost of ViCP commissioned for 50 families per annum	£140,000
Overall savings from ViCP adjusted for 64 families per annum	£143,644

14. Implications/impact of ViCP Scheme and Limitations of the Study

The ViCP is experienced as effective by the service users, the volunteers and the stakeholders. They all describe the relationships between the volunteer and the service user as promoting self confidence, enabling change and promoting the development of the service users parenting skills.

These descriptions are consistent with findings from other studies that have looked into the ViCP volunteer relationship.

The findings from the questionnaires indicate that these families have high levels of dysfunction and particularly that the children have emotional and behavioural disturbance at the beginning of their contact with ViCP. Some of the mothers have clinical levels of depression. These measures improve during the period of the ViCP intervention and concur with the interview data.

As with any study there are limitations. It is understandably, very difficult to engage these families in research and so the numbers of both questionnaires and interviews is lower than we had hoped for and there are less returned at times 2 and times 3 than we would wish. We hope to repeat elements of the study to increase the return of the questionnaires and numbers who participate in the qualitative elements of the study, using research staff rather than volunteers, as this would lend greater weight to the findings. There is also the issue that there are other agencies involved with these families at the same time as ViCP and it is not possible to be precise about the contribution of each. To allow for this we have taken the lower estimates for costs saved. It should be noted that both the families and the stakeholders indicate their view that ViCP is pivotal to the changes observed.

Appendix 1:

Questionnaires Used in the ViCP Study

Three mental well-being screening questionnaires, GHQ, FAD and SDQ, are used in this study together with semi-structured interviews. The screening questionnaires described below are well validated and enable comparisons of the ViCP sample with community samples. The semi-structured interviews give participants an opportunity to share their experiences of ViCP and the interview schedules are included below.

General Health Questionnaire (GHQ)

The GHQ is an established instrument for identifying mental health difficulties in adults. There are a number of versions and the 12 item General Health Questionnaire (GHQ-12) has proved remarkably robust for use as a screening instrument as a case detector, and works as well as the longer version of the instrument. It is recommended as a screening tool to detect mood or anxiety disorders (Goldberg, et al., 1997; Cano et al., 2001).

Family Assessment Device (FAD)

The FAD was developed by the McMaster research group in Canada and has been tested for reliability and validity in over 50 countries, including the UK. It is a screening device used to detect difficulties in Family functioning and has established cut-offs for Family well-being³⁵. There is a 60-item version and a 12-item version. The 12-item version used here identifies difficulties in general functioning as contrasted with the 60-item version which identifies areas of specific difficulty. The 12-item version is generally used as a screening tool.

Strengths and Difficulties Questionnaire³⁶

"Before" and "after" SDQs can be used to audit everyday practice (e.g. in clinics or special schools) and to evaluate specific interventions (e.g. parenting groups). Studies using the SDQ along with research interviews and

³⁵ Miller, I.W., Epstein, N., Bishop, D.S. and Keitner, G.I. (1985) The McMaster Family Assessment Device: Reliability and Validity. *Journal of Marital and Family Therapy*, 11(4), 345-356.

³⁶ See <http://www.sdqinfo.org/d0.html> for full description

clinical ratings have shown that the SDQ is sensitive to treatment effects. The SDQ's emphasis on strengths as well as difficulties makes it particularly acceptable to community samples. In community samples, multi-informant SDQs can predict the presence of a psychiatric disorder with good specificity and moderate sensitivity.

b. Interview schedule for families

1. You said in the questionnaire that you hope ViCP will help you with XYZ can you remember why you expected that? (going through each one)
2. You said that ViCP has helped you with the following (XYZ) can you expand on these experiences? (going through each one)
3. Do you feel the ViCP has been helpful to you? How & Why?
4. Can you tell me what other services you are using?

c. Interview questions for volunteers

1. You said in the questionnaire that you expected XYZ when you volunteered for ViCP. Can you remember why you expected that? (going through each one)
2. You said that your experiences of ViCP so far have been XYZ. Can you expand on these experiences? (going through each one)
3. Do you feel the ViCP has been helpful to the Family? How & Why?
4. Can you tell me what other services the Family are using?

d. Questions for stakeholder interviews – ViCP research:

- 1) Can you explain your professional role and involvement with the ViCP scheme in Southend?
- 2) What is your understanding of the aims and objectives of the ViCP scheme?
- 3) What were you expecting from the scheme?

- 4) How do you think ViCP fits in with your own services?
- 5) Can you tell me about your direct experience of how the ViCP scheme works (please include examples if you have them)?
- 6) How do you think ViCP impacts on the children and families referred?
- 7) Does the scheme save the local authority money and/or resources? (If so, in what ways?)
- 8) Overall how would you rate your experience with the ViCP scheme?
 - Has met expectations
 - Has not met expectations
 - Has exceeded expectations
- 9) What advice or comments would you give to another local authority considering adopting this type of scheme?

Appendix 2:

Services Available for Families in Southend: Their role and function

Project	Service provided	Number of families from 34 that CSV have referred	Referred by other agency or already using this service prior to working with CSV
CFCS (Child & Family consultation service)	A multi-agency team working with children, young people in care or who have been adopted and their families. Referrals are made via other agencies.		5(13), Family 2
Connexions	Connexions Southend is a free service to all young people in Southend providing information, advice and guidance as well as the opportunity to get involved in positive activities, learn new skills and meet new people.		14(30), 5(13), 23(54)
CRI	Crime Reduction Intervention are national providers of support, treatment and rehabilitation programmes for people with drug and alcohol problems, street populations, ex-offenders, children, young people and families	CRI are national providers	Family 1, Family 2, 19(44)
Family Mosaic – Floating support	A service for vulnerable people with support needs in Southend. This service helps with housing issues, money matters, health issues	7(15), 8(17), 19(44), Family 6	Family 2, 20(47), 2(7), Family 2
Little Treasures Nursery		8(17)	
Marigold	A service offering support with practical and emotional issues around parenting and relationships.		2(7), 4(9), 8(17), Family 1. 11(21), 12(27), Family 2, 14(30),

			19(44), 22(52)
New Paths	Supporting male victims of domestic abuse. This group is hosted in a discreet location in Southend and every precaution is taken to ensure the protection of its members.	7(15)	
P.E.I.P. (The strengthening families programme)	This is a 7 week free course run all over Southend. The aim of the course is to improve communication and develop better relationships with parents and children/young people aged 8-13 years. There are separate parent and child sessions followed by something to eat and finishing with a Family session.	Family 2,	
Parentline Plus	Parentline Plus are the leading national charity providing help and support to anyone caring for children – parents, grandparents, step-parents, relatives – for families living together as well as apart. They have a highly trained team of parents and understand the challenges, advising families on issues big and small to ensure that life is better for all. Parents can contact parentline plus via telephone or the internet in the form of a live web chat/skype/email.		5(13)
Relate	Working to promote health, respect and justice in couple and Family relationships. The work of Relate includes: <ul style="list-style-type: none"> • Relationship counselling for couples and individuals • Family counselling • Counselling for children and young people • Sex therapy • Informal workshops for people at important life stages 		5(13) info given to mum not sure if ViCP referral.
SAFE	This is a support group for individuals and families affected by Asperger Syndrome (AS) AND High Functioning Autism (HFA) in Essex.	10(19)	
School counsellor			5(13)

School Nurse			5(13), 20(47)
SOS Domestic Abuse Projects Fledglings Dove	A supervised child and Family contact centre offering help and support to families around child contact arrangements. Fledglings offer a range of services for children and families affected by domestic abuse and Family separation.	2(7), 7(15), Family 1, 5(13)	26(66)
Sure Start	Advice and practical support provided to families with children aged 0-5 years via a children's centre. Such services include: <ul style="list-style-type: none"> • Advice for expectant and new parents • Infant message • Local information • Breastfeeding • Feeding your baby • Healthy eating • Dad's activities • Positive parenting • Adult learning • Crèche facilities • Jobcentre plus 		6(14)
Terence Higgins Trust	Terence Higgins Trust is the leading and largest HIV and sexual health charity in the UK. They offer a range of support services for people living with HIV including: <ul style="list-style-type: none"> • Phone support • Help with accessing HIV tests • Advice on rights and benefits • Contact with support groups • Help with accessing respite and complimentary therapies • Education for the community on HIV and STDs • Legal advice 		20(47)

Think Families	Works with families through ensuring the whole Family's needs are assessed and supported. Adult and Children's services work together with the Family to identify and offer support that fits with what the Family needs. The Family will already be receiving services from one or more agency and will require a joined up Family approach with both children and adult services.		Family 1
Widening Horizons	<p>Run by Essex Coalition of Disabled People (ECDP) which is an organization run by and for disabled people in Essex. The Widening Horizons scheme aims:</p> <ul style="list-style-type: none"> • To raise the aspirations of young disabled people and make them aware of what they can achieve in life • To increase confidence and self esteem • To help young disabled people to make choices about their future <p>Widening Horizons achieves this through matching young disabled people with positive, encouraging role models who can relate to the issues affecting them</p>	10(19)	
YMCA	<p>The YMCA is a leading Christian charity committed to supporting young people in times of need in particular:</p> <ul style="list-style-type: none"> • Housing and homelessness • Sport, Health, exercise and fitness • Crime and safety • Education and skills • Money and work • Citizenship and personal development • Parenting and Family 		14(30)

Youth Offending Team	A service offered to 10-18 year old young people who are at risk of offending and those receiving a reprimand, final warning or court order. The primary aim is to prevent offending and reoffending.	2(7), 14(30)
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Appendix 3:

Outcome or current status for each of the 37 families in the cohort

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Family	Stage on CPP at referral	Status	Outcome/Update	CPP outcome
1	4	Closed	Moved from stage from 4 to 3 CIN & then closed. The biggest noticeable changes were in mum's confidence & in her parenting skills. Improvements were also made in the home conditions.	Moved to 3 & then closed to Social Care.
2	3	Closed	Managed to support to make improvements to the home conditions i.e. cleanliness & repairs. Supported family to get documents for housing exchange & to get them to engage with the Sure Start Centre.	Moved up to CP 4 & then back to 3.
3	4	Current - Due to finishing soon	Biggest changes around children's school attendance & Mum's self esteem.	Moved down to 3 & then closed to Social Care
4	3	Current	This case has gone up onto Child Protection but the mother feels more supported now due to more agencies being involved. Prior to this it was only CSV. Mum has engaged well with change in volunteer & appears to be making progress. Supporting mum with impending move & new baby on the way.	Has moved up to 4
5	3	Closed	Supported mum whilst at mother & baby unit until she moved onto next stage & she felt she no longer needed a volunteer after that support.	3
6	4	Closed	Moved from stage 4 to Child in Need (stage 3). With the support of the volunteer it was evident that the parents could parent this time. This was needed due to previous experience. Additionally the volunteer helped Dad into education.	3 CIN – then closed to Social Care

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7	4	Current	ViCP are continuing their work with Social Services. This case is on-going due to parent's mental health issues. Still engaging with volunteer	Still at stage 4
8	4	Current – Working towards an end	Have come off Child Protection (stage 4) & reduced to Child in Need (stage 3). Sufficient impact has been on mums self esteem, she has returned to education, home conditions improved & her children have been returned to her. Our intervention prevented children being looked after long term by Southend Borough Council.	3 & then closed to Social Care
9	3	Closed	This was on Child in Need (stage 3) managed to get house cleaned & tidied. Parents decided they no longer wanted a volunteer. CSV had concerns regarding Mum's mental health & ability to manage & referred to Social Care.	3
10	3	Closed	Bordering Child Protection. Home conditions have improved along with children's school attendance, mum also assisted to attend Freedom programme. We had a final evaluation completed by Mum & here are some of her comments, when asked what support was provided she advised "how to play games with the kids, what to do if the kids wouldn't help out & advice on how to deal with my problems" she also said that her volunteer "was brilliant, the girls & myself loved having her and we honestly do miss her visits. The girls and myself were sad to see her go"	3
11	3	Closed	Went onto CP. Supported	Went back down to 3 &

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			Mum in the Mother & Baby unit & helped with parenting skills & putting baby's needs first.	then closed to Social Services.
12	3	Current – near to end	Volunteer has supported Mum in a move to a new home that is equipped for her disability & she is managing really well.	Closed to Social Care
13	3	Current	Mum has been encouraged to cook meals for her child & the volunteer is continuing to support her to keep the house tidy. Engaging really well with volunteer.	Still at stage 3
14	3	Closed	Volunteer helped Mum to put in place boundaries with children. After a couple of months Mum decided she no longer wanted a volunteer.	3
15	4	Current	It has been recognised by Social Care that family will need on-going support through the difficult teenage years. Still engaging with volunteer & working on activities & treating all children the same.	Moved to 3
16	3	Closed	Volunteer was a great support for mum during difficult meetings around the removal of her children.	Moved up to 4. Children are now being looked after.
17	3	Closed	The volunteer helped & supported mum to access universal services.	3
18	3	Closed	With guidance & support from the volunteer the children's school attendance & self esteem improved.	Moved down to 2
19	4	Closed	Children's school attendance has improved. Did go onto CP whilst working with family but improvements made & went back to 3.	Back to 3
20	3	Closed	Volunteer helped with parents self esteem, budgeting & making sure they got the correct benefits.	Closed to panel

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21	4	Closed	Volunteer supported Mum to get back into college and improved her self confidence. Mum is always willing to come and speak for us at our events about her experience. Moved from 4 to 3 to 2.	2
22	3	Closed	Volunteer supported family to improve home conditions, do more activities together & access universal services e.g. make health appointments.	Closed to panel
23	4	Closed	Progress was impacted by Mum's mental health & children are now looked after by maternal Grandparents.	4
24	4	Closed	Our support helped Social Care to recognise earlier that changes are not going to be made & children were adopted.	4 – Children adopted
25	4	Closed	Volunteer supported main child on referral to enter further education & to engage in activities with whole family. Moved from 4 to 3 to 2.	2
26	3	Closed	Volunteer supported mum around DV & made her aware of what services she could access	Closed to Social Care
27	4	Closed	Mum had a relapse with her drinking & children went back into Foster Care.	4
28	4	Closed	Mum harmed one of the children due to her drug misuse & children were taken into Care so our support ceased.	4
29	4	Closed	Due to parents chronic health concerns volunteer supported family to access the rights services.	4
30	3	Closed	Children's attendance at school improved.	Closed to panel

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31	3	Closed	Family moved out of area	3
32	4	Closed	Volunteer encouraged Mum to access the right support for Drug & alcohol abuse. Home conditions improved.	Closed to Social Care
33	3	Closed	Volunteer supported mum to have a local scheme (Sanctuary) to equip home to support any Domestic Violence incidents	2
34	3	Closed	Volunteer encouraged family to do parenting groups	2
35	4	Current	Mum's mental health conditions are on-going. Child is currently with foster family & volunteer is supporting contact between mum & child.	4
36	4	Current – working towards an end	Volunteer has supported to ensure home conditions have improved & the children's behaviour & school attendance. Mum has also been supported to know who she has to speak to re binge drinking.	Closed to Social Care
37	3	Closed	Family moved home to a better environment & decided not to continue with a volunteer.	3