

Can a community make the difference? A Public Social Partnership with local authorities in England.



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EUSPR | European Society for Prevention Research



1. What is a Public Social Partnership?
2. What's the intervention?
3. How is it being evaluated?
4. The project app'
5. Challenges and lessons



	An organisation - typically a charity - with limited cash flow comes up with an innovation , a new but unproven way of improving human development
	An investor - typically a philanthropist - who wants to act as a catalyst for change
	A public system - for example a local authority Children's Services department - looking to improve human development and reduce costs to the taxpayer
	An independent evaluator
	Impacts on human development that matter to all the partners: the innovator, the investor and the public system

What is a Public Social Partnership?





agrees binding contract between



&



to improve



in specified period



independently monitors whether



are achieved

£

pays for delivery of



in



for the specified period

If



achieved








pays for



for a further specified period

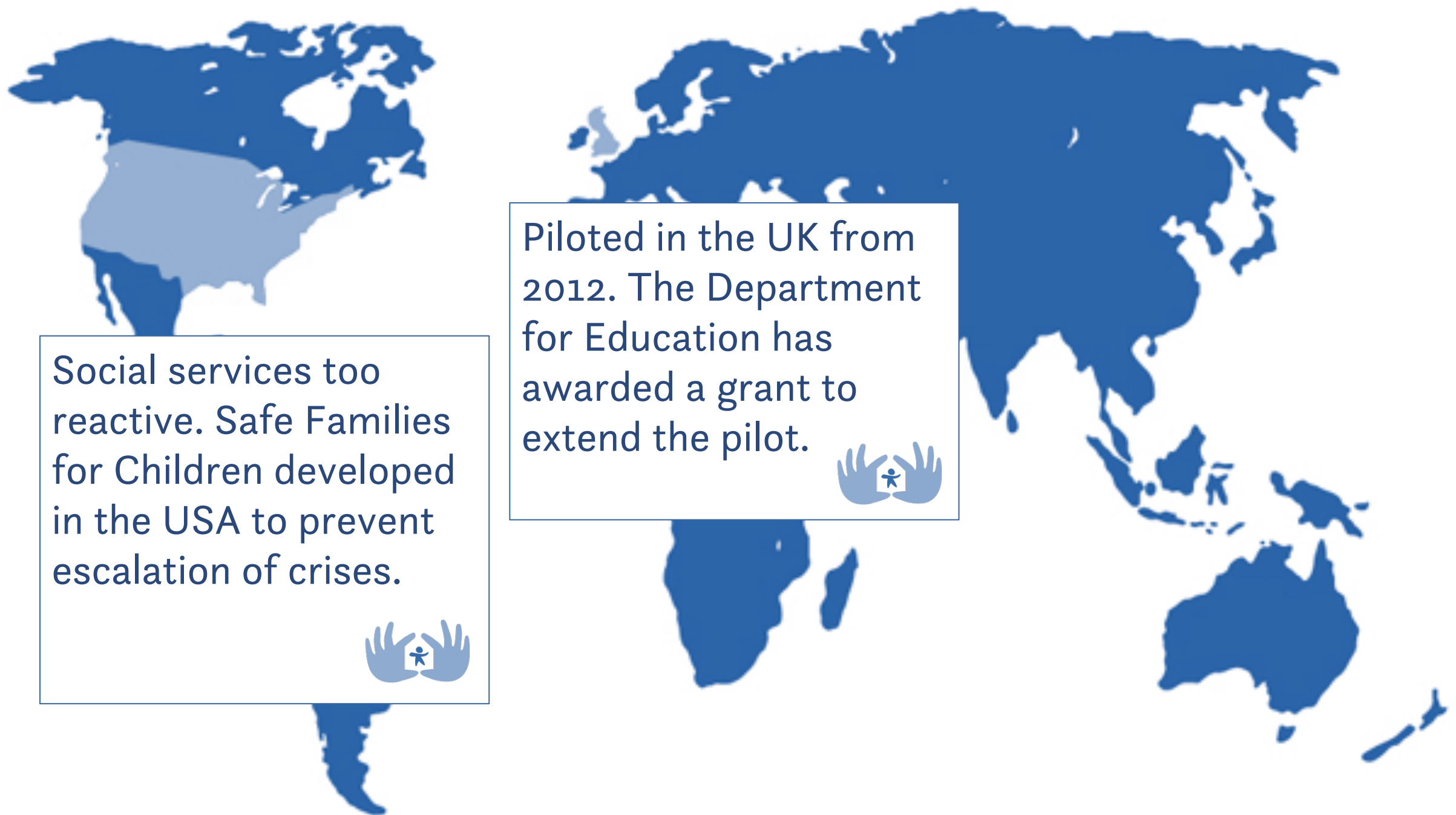
What is a Public Social Partnership?



	Safe Families for Children bring 3 types of volunteer to provide <i>respite</i> , <i>resources</i> and <i>friendship</i> to families on the edge of care
	The DfE is the funder, covering costs of delivery for this financial year
	In ≥ 5 geographical hubs comprising ≥ 25 Local Authorities (LAs) in England
	Dartington Social Research Unit is the independent evaluator
	If targets are achieved, the LAs will pay for the delivery of Safe Families for Children for a further 2 years.

- Brings together the innovator and public service purchaser into a single **partnership** to meet the needs of users
- Provides local authorities with a new **funding stream** for innovation
- Allows for an **external investor to carry the financial risk**
- Demands high quality independent **evaluation**, improving the use of evidence in policy and practice
- Provides a **sustainable model** for effective interventions





Social services too reactive. Safe Families for Children developed in the USA to prevent escalation of crises.



Piloted in the UK from 2012. The Department for Education has awarded a grant to extend the pilot.



History of Safe Families for Children



- Safe Families for Children aim to **rebuild community**
- Volunteers offer **short stay hosting for children, family friendship and resources**
- Two groups of referrals:
 - **Problems emerging and escalating**
 - **Edge of care**
- Provides an alternative to social services and has the potential to reduce the flow of children into care



RESEARCH
SHOWS
THAT

15%



OF CHILDREN ENTERING CARE IN ENGLAND
FIT THE PROFILE SUPPORTED BY SAFE
FAMILIES FOR CHILDREN ($\leq 10/S20/<14$ DAYS).
OVER 4000 CHILDREN PER YEAR.





1. Process evaluation



2. Cost-benefit analysis



3. Impact evaluation



- **Profile of families** that receive support
- How the **intervention is implemented** (including any geographical variation)
- **Contextual factors** that might affect the support
- **Views** of families and host volunteers
- Effect of the intervention on the **host volunteers and their children**



- Our **Investing in Children** model aims to estimate the how much a change in outcomes is worth to:
 - taxpayers
 - participants in the interventions
 - others in society
- The model is based on the Washington State Institute for Public Policy (WSIPP) model, which:
 - applies cautious estimates
 - is consistent across several policy domains
 - has been used to produce real change in the way public policy is made

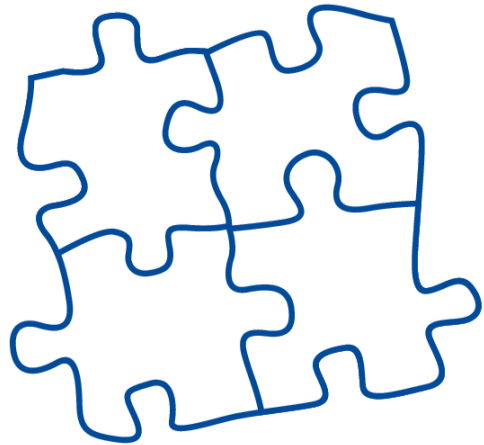


- **Random allocation** to Safe Families for Children *or* services as usual (**1:1 allocation**)
- Primary outcomes of **child emotional and behavioural functioning** and **parental anxiety**
- Will also consider: interpersonal support, nights away from home, re-referrals to care system (frequency and time-lapse)
- 8-week follow-up for primary outcomes, **re-referral data** **longer-term indicator** (up to 24 months)





1. Access anywhere



2. Multi-purpose



3. Timely



- Implementing system **change takes time**
 - Innovation to support provided
 - Innovation to processes
- **Justifying the worth of prevention work** with families can be challenging (how do you define ‘edge of care’?)
 - Importance of the comparison group in the design
- When funds are scarce all forms of **financial commitment** seem daunting



Questions...

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