Families on the brink: the effectiveness of family support services

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Record Status
This is a critical abstract of an economic evaluation that meets the criteria for inclusion on NHS EED. Each abstract contains a brief summary of the methods, the results and conclusions followed by a detailed critical assessment on the reliability of the study and the conclusions drawn.

Health technology
A family support service, offered to families with children in a high level of need, was examined. The intervention consisted of sponsored day care, summer playschemes, respite care for children with disabilities, a Young Carers project, and practical and emotional support for families offered by parent support workers. Of special interest was the "community childminding plus" scheme, which provided care in the child's own home, where appropriate, to prevent children needing to be accommodated by the local authority.

Type of intervention
Other: Family support.

Economic study type
Cost-effectiveness analysis.

Study population
The study population comprised families with at least one child under the age of 8 years, which were experiencing a high level of need and were at risk of family breakdown without the provision of family support services.

Setting
The setting was the community. The economic study was carried out in the UK.

Dates to which data relate
The period during which the effectiveness and resource use data were gathered was not reported. The price year was 2000.

Source of effectiveness data
The effectiveness evidence was derived from a single study.

Link between effectiveness and cost data
The costing was carried out prospectively on the same sample of families as that used in the effectiveness study.

Study sample
Power calculations were not performed. Of the initial group of 43 families initially identified in two neighbouring local authorities in North Wales, a sample of 40 families was finally included in the study. There were 20 families in authority A (where the special childminding scheme was provided) and 20 families in authority B (where the special childminding scheme was not provided). The demographics of the participants were not reported.
**Study design**

This was a prospective cohort study that was carried out in two local authority areas in North Wales. The length of follow-up was 3 months and no family was lost to the follow-up assessment. The social workers of 10 families were contacted after a 1-year period.

**Analysis of effectiveness**

All of the families included in the initial study sample were accounted for in the effectiveness analysis. The main outcome measures used were the changes in the parents’ current well-being and family functioning. These were examined using two scales, the General Health Questionnaire (GHQ) and a modified version of the Family Problems Questionnaire (FPQ). In addition, interviews were carried out with the social workers responsible for each case, to determine their perceptions of the families’ needs. Reductions on both scales represented improvements. The two neighbouring local authorities were comparable in terms of their mix of rural and town areas, and pockets of particular deprivation. Further, the participant families were very similar in their demographic and socio-economic characteristics.

**Effectiveness results**

The average aggregated GHQ score changed from 30 to 28 in authority A and from 38 to 32 in authority B, (p=0.04).

The numbers with lower or unchanged GHQ scores were 9 in authority A and 15 in authority B.

The numbers with higher GHQ scores were 11 in authority A and 4 in authority B.

The average FPQ score changed from 3.1 to 2.9 in authority A and from 3.3 to 3.0 in authority B, (p=0.18).

The percentage of FPQ scores 4 or 5 (representing "agree" or "strongly agree" with the statement of a problem) changed from 45 to 41 in authority A and from 53 to 46 in authority B.

The numbers with lower or unchanged FPQ scores 4 or 5 were 13 in both authorities.

The numbers with higher FPQ scores 4 or 5 were 7 in authority A and 6 in authority B.

Taking the sample as a whole, the change in the GHQ was statistically significant at the 11% level while the change in the FPQ was statistically significant at the 8% level.

Most of the families stated that they were very positive about the services received. The most relevant objectives of the social workers were child development and improving the children's behaviour, as well as supporting parents or giving them respite. Improvements in well-being were greatest among those who fared worst at the start of the study. However, improvements in well-being were much larger among respondents with partners than among lone parents. There was no improvement in well-being for families where the social workers had noted a drug problem or a struggle with financial problems; those parents who initially rated their problems as very severe were the least likely to record an improvement in well-being.

Social worker interviews were achieved for 36 of the 40 families at follow-up. Thirteen said that their objectives in arranging the service for the families were reached, 12 said that there had been mixed results, and 11 said that their objectives had not been met. The main reason for the objectives not being met was that the service had either not been used or been used insufficiently to have an impact. The social workers stated that family situations had improved a little or a lot for families in 19 cases, and for the child in 21 cases. However, the situation was worse for 11 families, but was worse for the child in only 5 cases. After one year of follow-up, the situation for 10 families (five in each authority) was similar to the 3-month assessment. Only one family was not in contact with social services and none of the families worsened compared with the baseline values. The situation for the child was said to have improved a little or a lot in 7 families, although this was due to the child being removed from home.

The results of the study showed that day care services were particularly appreciated. However, some negative aspects were highlighted, such as services being suggested which were then not provided. Other negative aspects were
participants not being treated as individuals, social workers not fully appreciating the extent of difficulties, and not being kept informed. On the other hand, when a good relationship had been established, parents could be very appreciative. Four families in each authority did not use the services, generally because the families saw the service as irrelevant to their needs.

Clinical conclusions
The effectiveness analysis revealed that parents' well-being and family functioning improved slightly over the intervention period in both authorities. Improvements were greater among those living with partners, and less among families with financial difficulties or problems with drug or alcohol abuse.

Measure of benefits used in the economic analysis
The health outcomes were left disaggregated and no summary benefit measure was used in the economic evaluation. In effect, a cost-consequences analysis was carried out.

Direct costs
Discounting was not relevant since the costs were incurred during a short timeframe. The unit costs were presented separately from the quantities of resources used. The health services included in the economic evaluation were social worker, family support worker, sessional worker, foster care, referred family centre, Home Start, Special childminding scheme, day nursery, other childminder, playgroup, holiday playscheme, and out of school club. The cost/resource boundary of the study was that of the NHS. Resource use was estimated on the basis of family-level data that were derived from the sample of families included in the effectiveness study. The costs were derived from the Personal and Social Services Research Unit at the University of Kent. The price year was 2000.

Statistical analysis of costs
Correlation coefficients were used to determine the relationship between the level of service provision (costs) and improvements in well-being.

Indirect Costs
The indirect costs were not considered.

Currency
UK pounds sterling ().

Sensitivity analysis
Sensitivity analyses were not performed.

Estimated benefits used in the economic analysis
See the 'Effectiveness Results' section.

Cost results
The average total 3-month cost per family in the two authorities was 1,190 (or around 92 per week).

There was a 20% increase per week in comparison with the expenditure observed in the 3 months before the start of the family support service.

The average cost was 1,132 in authority A and 1,247 in authority B. However, the costs varied substantially and ranged
from nil to 7,000 (for a family that received many days of foster care).

The statistical analysis revealed that there was no significant correlation between the costs of the services and improvements in well-being.

**Synthesis of costs and benefits**

A synthesis of the costs and benefits was not relevant since, in effect, a cost-consequences analysis was carried out.

**Authors’ conclusions**

The provision of support services to families in a high level of need led to slight improvements in well-being. The patterns of service provision and costs were comparable, regardless of whether a "community childminding plus” scheme was considered or not. Only a limited increase in costs relative to the period during which no particular family support services had been delivered was observed. However, a clear relationship between the extra costs and the improvements in well-being could not be defined, owing to the reduced number of participant families. The outcomes were poorer for families in some circumstances, such as those with the most severe needs, or those referred because of financial problems or substance misuse.

**CRD COMMENTARY - Selection of comparators**

The interventions compared in the analysis represented two different family support services available in the study setting. In particular, one of the programmes focused on the "community childminding plus” scheme, which represented a particular intervention that had not been formally evaluated. However, details of the two programmes were not presented clearly. You should decide whether they are valid comparators in your own setting.

**Validity of estimate of measure of effectiveness**

The effectiveness evidence came from a cohort study, which was appropriate for the study question since the allocation of the interventions was based on the authority of residence of the families. Therefore, random allocation was not used. The authors noted that the two authorities and the families included in the analysis were comparable. However, demographics and socio-economic characteristics of the sample of families were not provided. The authors noted that a small group of families was enrolled because of difficulties in identifying relevant participants. This may represent a limitation to the validity of the effectiveness analysis.

**Validity of estimate of measure of benefit**

No summary benefit measure was used in the analysis because a cost-consequences analysis was conducted. Please refer to the comments in the 'Validity of estimate of measure of effectiveness' field (above).

**Validity of estimate of costs**

The perspective adopted in the study was clear and all the relevant categories of costs were included in the analysis. A detailed breakdown of the cost items was provided, as were data on the resources used and unit costs. The source of the data was reported. The price year was given, which enhances the possibility of replicating the analysis and reflating the results of the study in other settings. The costs were treated deterministically and were specific to the study setting.

**Other issues**

The authors did not compare their findings with those from other studies. They also did not address the issue of the generalisability of the study results to other settings. Sensitivity analyses were not carried out, which limits the overall external validity of the analysis. The study referred to families in a high level of need and this was reflected in the authors' conclusions.
Implications of the study
The study results suggested that family support service could lead to improvements in family well-being. However, the study revealed a number of interesting themes. First, day care services were particularly appreciated by parents, although the level of service provision could have been insufficient for family needs. Second, a cross-agency, integrated provision of family support appears to represent a key to the success of the intervention. Third, partner relationships (including ex-partners) affected well-being and family stability.

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Bibliographic details

Other publications of related interest


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