

The economic case for early and personalised support for parents with learning difficulties

Annette Bauer

Personal Social Services Research Unit

PSSRU Discussion Paper 2907

December 2015

www.pssru.ac.uk

Email: a.bauer@lse.ac.uk

London School of Economics

London School of Economics
LSE Health & Social Care
Houghton Street
London
WC2A 2AE
Tel: 020 7955 6238
pssru@lse.ac.uk

Acknowledgements

With many thanks to the members of the Working Together with Parents Network who took the time and made the effort to contribute to this work.

Summary

This document presents evidence of the costs and economic consequences linked to earlier and personalised support for parents with learning difficulties. It consists of economically relevant information gathered from projects that provide this kind of support as well as of information from the literature. Economic information included those about the costs and cost-effectiveness of interventions as well as about the likely long-term impact if support is not available.

The main findings include:

- Cost of care packages as part of long-term personalised support ranged from £32,427 to £47,738 and this referred to a 12 to 18 months period;
- Expected return-on-investments for advocacy, Shared Lives and intensive family interventions for parents with learning difficulties ranged from 1.8 to 3.0 i.e. for every £1 spent the return was between £1.8 and £3;
- These return-on-investments referred to short-term government savings; it meant that costs were likely to be offset in the short-term;
- Less is known about services that follow a community asset based approach although they appear to achieve a wide range of positive health and wellbeing outcomes;
- Short-term interventions concerned with training and education specifically designed for parents with learning difficulties can be effective in improving their knowledge and skills and might achieve cost savings;
- Group-based adult learning programmes for mothers with learning difficulties can also achieve a range of positive health and wellbeing outcomes;
- Intervening earlier in child safeguarding processes can save costs to the government and prevent negative child outcomes.

It needs to be noted that evidence in this area had many limitations and was typically based on very small numbers. Methods that have been used to evaluate these highly diverse services and intervention often lack robustness. In terms of our case studies, there were a range of challenges in assessing the costs and consequences of such multi-agency (long-term) support arrangements. This included a small number of and incomplete responses. Overall, findings need to be interpreted with caution. However, they do indicate that interventions in this area might offset costs in the short-term. Further, evaluative research on their long-term cost-effectiveness is needed.

Background

This paper has been produced for the Working Together with Parents Network (WTPN). The WTPN supports professionals working with parents with learning difficulties through sharing of positive practice and working at policy level to improve understanding and policy response to their needs. Promoting the welfare of the children of parents with learning difficulties is paramount to the WTPN. To this end, the WTPN seeks to share positive practice in relation to earlier and/or personalised support of parents with learning difficulties in order to improve the outcomes for their children.

The aim of this small research project was to find out whether support for parents with learning difficulties provided at an earlier stage or in a more personalised way is likely to be cost-effective and lead potentially to cost savings for the government. For this purpose we sought for evidence on the costs and economic consequences of services and interventions provided in support of parents with learning difficulties and compared this against likely scenarios when this support was not provided. This included in particular the costs when children were otherwise likely to be taken into care. This kind of knowledge of potential cost savings linked to different levels of support for parents with learning difficulties enables practitioners and commissioners to make better use of resources.

The term 'parents with learning difficulties' is used throughout the document to describe parents, who may have a diagnosed learning disability or have a milder impairment but which causes them to have similar struggles with everyday life.

Method

We carried out a literature review and case studies.

We carried out a literature review to identify evidence on the costs and economically relevant outcomes of interventions that support parents with learning disabilities. Because of the nature of the cost-effectiveness evidence in this area, which was expected to be scarce and difficult to identify with traditional search strategies, we applied a review of the evidence that was pragmatic using snowballing and expert advice. In addition, instead of only focusing on (cost-) effectiveness studies we accepted a wider range of economically relevant evidence that could provide indications of costs and economically relevant outcomes. This included information on throughput numbers of services that typically support parents with learning difficulties, unit costs of those services and existing cost estimates of long-term consequences. This included the evidence of costs and outcomes expected to be influenced by support for parents with learning disabilities, in particular the evidence of costs and outcomes of care proceedings. Literature on outcomes which were not translated into monetary terms was also reviewed.

We sent out semi-structured questionnaires to practitioners working for projects which were part of the WTPN network. The aim was to demonstrate the long-term economic argument for support for people with learning difficulties (the counterfactual being what was likely to have happened without this support). We first asked practitioners for information about their project including characteristics of parents they supported. Next, we asked about examples in which their support had turned around the lives of parents (families) and avoided potentially adverse long-term outcomes. Practitioners were asked to select examples of parents who had achieved good outcomes since the aim was to demonstrate *potential* cost savings. We aimed for a distinction between case studies of two types of support: One was early intervention, relatively short-term support and the other type was continuous, longer-term support. In the questionnaire we asked for the resources that went into providing the support in form of staff time and parents' time as well as evidence of positive outcomes and what had contributed to achieving them.

For the example of parents who achieved positive outcomes with the help of the project, we asked for costs of delivery (in form of budgets) and information about meetings that took place concerning the parent (family), their frequency and duration and the professionals involved. We also asked about travelling and preparation times. We then asked about the outcomes that respondents believed had been achieved due to the project's support. This could include outcomes that were achieved in collaboration with other agencies. We gave examples of outcomes to which respondents were asked to provide additional detail of the

circumstances under which outcomes were achieved and evidence that demonstrated that the project contributed to achieving such outcomes.

Examples of outcomes were:

- the child continued to live with or returned to the family
- the child was in more appropriate care arrangement
- the child was taken off child protection register
- frequent contacts with a person who positively contributed towards the parent's or family(s) situation
- improved relationship between parent(s) and child(ren) and prevented breakdown;
- improved housing situation
- prevented homelessness
- access to additional finances for parent
- improved literacy skills (and/or job readiness) of parent
- employment of parent
- reduced problems at school (for example reduced number of missed school days),
- improved mental health of child or parent(s)
- improved physical health of child or parent(s).

For two areas of service provision, intensive family intervention and parenting programmes, we had information available from recent, evaluative work in this area (Tarleton *et al* 2011, Tarleton and Turner 2015). This work informed case study 2 in section 1.3.2 and the case study in section 2.1.2.

In the analysis of case studies we assigned unit costs to resource utilisation where this was possible in order to derive expected cost of the care package that parents received. This sometimes required assumptions about frequency and duration of visits where this was not provided as part of the case study. Assumptions were usually made based on averages that were taken from the literature. For example, to estimate the costs of health visitors' support we would take the average number of visits that a health visitor typically provides to women after child birth. We analysed whether based on the information provided there was sufficient evidence that a child would have been removed without the support of the project. Evidence was for example considered sufficient if previous children had been removed and there was no evidence of an alternative explanation why this child was not removed. The outcome was valued in pound values with the costs of a 12 months period of foster care that would have been required otherwise. No cost calculations were made in regards to long-term economic consequences. All costs were presented in 2013/14 prices.

Findings

Findings from the case studies of parents (families) are presented, together with findings from the literature, for each type of intervention; first economic evidence from the literature and then information from case studies is presented. The case studies only provided information on long-term interventions so that economic evidence on short-term interventions was taken only from the literature. In addition we present findings on unit costs and economic consequences of services that typically support parents with learning difficulties as well as on long-term outcomes of care proceedings. Although practitioners had been asked to present information regarding 'good practice' in which parents achieved positive outcomes, some project referred instead to a 'typical' case in their responses.

Long-term Support

Advocacy

Defined as '*taking action to help people say what they want, secure their rights, represent their interests and obtain services they need*' (Lewington and Clipson 2004, p4), advocacy is considered to be an important vehicle for prevention and early intervention in safeguarding processes (Faulkner and Sweeney 2011). In social care, advocacy aims to help service users to understand their rights and choices, and to support them in resolving issues that have a great impact on their lives.

Economic evidence from literature

In light of evidence that parents with learning difficulties are among those least likely to seek help independently (Hunt *et al.* 1999, Cleaver and Nicholson 2008, Brandon *et al.* 2009), there is a logical argument that advocacy can lead to increased access to services and contribute to better outcomes. There was rich qualitative evidence that parents with learning difficulties value support from advocacy services (Booth and Booth 1999, Tarleton 2007, Featherstone *et al.* 2010). Evidence is also emerging that advocacy may reduce costs. However, such studies also identified many barriers to the robust evaluation of costs and outcomes (Hussein *et al.* 2006, Townsley *et al.* 2009, Corry and Maitra 2011). A particular difficulty is that much advocacy provision for these parents is supplied by small, third sector organisations funded through short-term contracts and in a poor position to conduct evaluation.

To contribute to the emerging evidence on cost-effectiveness Bauer *et al* (2013) carried out a small scale survey with four advocacy projects in England which provided information on 17 parents and a range of project level information. Findings suggested that investments in those advocacy projects were likely to offset costs in the short term, achieve positive returns from a public sector perspective and secure additional returns when quality of life and employment opportunities were taken into account. In addition, advocacy appeared to achieve a range of positive child outcomes such as improved school performance and increased placement stability, which might be expected to generate long-term reductions in public expenditure. For example, the cost of a child leaving without school without qualifications has been projected at £58,000 (Coles *et al*. 2010).

The following savings were estimated:

- A (short-term) net benefit of £720 to councils' social services department from reduced safeguarding activities, care proceedings and provision;
- A (long-term) net benefit of £3,130 to public services more generally because of increased access to early interventions;
- A (long-term) net benefit of £3,680 to wider society which includes individuals' quality of life and productivity gains in addition to public services' net benefit.

These values were based on unit costs for client-related advocacy work estimated at £32 per hour. On average, the advocacy interventions in this study consisted of 95 hours of client-related work and costs per intervention amounted to £3,040. The following rates of return on investment were presented:

- 1.2 from a children's social services perspective alone (for every pound invested in advocacy for parents with a learning disability, local councils would realise a financial gain of 20 pence);
- 2.0 from a public service perspective that includes adult social care, housing and health services;
- 2.4 from a societal perspective which includes costs to the individual and society in the form of quality of life impairments and changes in productivity.

Case study

About the project

In 2014, this advocacy project worked with 45 parents all of whom were older than 18 years; 18 per cent were male; only 18 per cent of families had all their children living with them and the vast majority had none of their children living with them; almost all parents lived alone without a partner; none of the parents were homeless; none of the parents were in employment.

Costs of care package

In relation to the case study family, at assessment the advocate initiated referrals to:

- a long-term tenancy support to help the parent with paying their bills and budgeting their money
- the Learning Disability Team
- a solicitor and
- a weekly befriending service.

The advocate also referred to other services to meet needs that did not relate to learning difficulties but no further detail was provided.

Other practitioners who were already involved with the parent when advocacy got involved included:

- the social worker
- local authorities' solicitor(s)
- mum/ baby foster carer
- parenting assessor and
- health visitor.

It was reported that over the period of 6 months before advocacy got involved the following assessments and meetings had typically taken place which concerned the child's welfare:

- two parenting assessments (which lasted an hour each)
- five planning meetings lasting an hour each
- four court hearings which lasted four hours each.

The social worker had made the referrals to:

- advocacy
- support for victims of domestic violence and
- the family support team.

It was reported that the budget spent on advocacy for the parent was £12,500 per year. This referred to a total client-related time (i.e. time spent with the parent face-to-face plus travelling and preparation) of 38.5 hours. Sixteen hours of this time was spent by the advocate in meetings with the parent only (including travelling time and time for preparation) and 22.5 hours were spent with the parent and other practitioners (including travelling and preparation time). Practitioners who participated in those meetings included social worker, solicitor, local authority's solicitor, guardian, guardian's solicitor, parenting assessor. The estimated costs of care package are detailed in Table A1 in the Appendix; they were £37,109 in 2013/14 prices and this referred to a period of 18 months.

Outcomes and economic consequences

It was reported that the child continued living with the family and that this was reported to be because the advocate supported the parent speaking up at meetings and in court. This enabled the parent to voice her wishes to keep her son, the support she needed and when she did not understand something. The advocate helped to convey the client's needs and preferences to other professionals so that they could be addressed. The parent had previously a child removed and it was likely that without the advocate's support this would have happened again. Rather than children's services removing the baby, the parent was given the opportunity to go to a mother and baby assessment centre. The relationship between the mother and her child was recognised as having improved. In addition, the mother's housing situation improved and after being in a mother and baby foster placement she moved in to her own home. The parent had never lived by herself and to support her managing bills and budget the advocate referred her for tenancy support. It was likely that without the additional support, parent would have had been evicted. The mother's confidence, literacy skills and job readiness improved; for example, she signed up for an English course at college which she might not have done without the confidence she gained during advocacy. It should be noted that not all outcomes can be expressed in monetary terms.

Economic consequences that could be included were preventing the child being removed from the parent's care. The average cost per day (year) for the provision of adoption services based on national expenditure data was £229 (£83,585) for statutory and £233 (£85,045) for independent provision (PSSRU 2014, p95). In addition there were also costs of placement order in the first year of £400 (Plowden *et al.* 2009). Based on these figures the return on investment was 2.3. There were likely to be additional economic benefits which could not be quantified such as those of prevented eviction and changes in employment prospects.

It was reported that the following factors contributed to improved outcomes: the initial social worker understood the parent's learning difficulties and made sure information was presented to her adequately. It was reported that it was also an advantage that the court guardian was from the same ethnic background as the parent. This was thought to have supported to a good understanding of the parent's cultural views and beliefs.

Shared Lives scheme

Shared Lives is an asset based approach in which *'carers and those they care for are matched for compatibility and then develop real relationships, with the carer acting as 'extended family''* (Shared Lives Plus Ltd. 2011). In a Shared Lives placement, an adult who needs support and accommodation becomes a regular visitor to, or moves in with, a

registered Shared Lives carer. Shared Lives provide long-term support to parents and their children who become a part of the shared lives carer's supportive family. It can also be used as an interim solution before the parent and child move to a permanent placement or home of their own.

Economic evidence from literature

Economic evidence was summarized in the PSSRU Unit costs for health and social care (2011). It was estimated in a study (NAAPS 2009) that total average costs of setting up and running Shared Lives were £712 and could generate net savings of £640 to £995 per week (in 2008 prices) by reducing the need for more intensive support in particular residential care. The figures referred to a scheme of 85 placements. A more recent study compared the average total spend per person per week for a long-term Shared Lives placement of £657 against alternative traditional care arrangements and estimated weekly cost savings of £480 to £519 per person with a learning disability (Social Finance 2013). Based on figures from these two studies, rates of return-on-investments ranged from 1.7 to 2.4.

A recent research project funded by the NIHR School for Social care Research (SSCR) provided new insights into the method of calculating the costs of Shared Lives and findings are summarized in the latest edition of the PSSRU Unit cost book. Mean unit costs per carer were £485 per week (in 2013/14 prices) and this included £77 for recruitment, matching and support of carer and £408 for payments to the carer. Payments to carers of people with learning difficulties ranged from £185 to £393 depending on geographical areas (PSSRU Unit costs of health and social care 2014, p21 to 23).

Case study

About the project

This small Shared Lives scheme was specifically targeted at parents with learning difficulties. Since the start of the project it worked with eight carers who were between 18 to 30 years old. Six of out of eight families had all children living with them. One parent currently was going through a child care proceedings at the time of the survey and none of her children were living with her. Two of the eight parents had previously children removed from their care. All but one parent were living with their partner. Two parents were known to have mental health problems although this had not been formally diagnosed. Two parents were known to live with physical health problems. None of the parents were employed.

Costs of care package

In relation to the case study family, it was reported that before and during Shared Lives, the parent had support from a health visitor and a social worker who saw the parents two (four times) a week for an hour (half an hour) per visit. The parent also accessed special parenting. It was reported that three core group meetings had predated the Shared Lives placement 1.5 times per week. Based on the information and national unit cost data we estimated that costs of the care package were £47,738 for the parent and this referred to the period of one year (Appendix, Table A2).

Outcomes and economic consequences

Outcomes were reported for three parents that were seen by the project at the time of the project. For the three families it was reported that with the help of Shared Lives the following outcomes were achieved:

- Two families remained as a unit, one remained living with the carer in Shared Lives and the other one was moved into the community where they lived independently as a family unit;
- For the third family, the child had been moved into a more appropriate care arrangement.

For the calculation of a net benefit, we referred to first family in which Shared Lives was still provided and this allowed the family to remain together. We applied a cost for foster care of £83,585 per person for a period of a year (PSSRU 2014, p95) plus an additional £400 for the placement order in the first year. In addition, a potential cost saving was applied for housing benefits that the government did not have to pay for (£3,744 per year, PSSRU 2014, p.132). The expected return-on-investment based on those figures was 1.8. It was likely that this was a conservative estimate as without Shared Lives the mothers might have required additional social and practical support in order to maintain their tenancy and stay mentally well.

Intensive family interventions

Intensive family interventions refer to a care coordination approach in which a key worker works with a range of agencies to provide a period of intensive support for families who have been identified as having complex needs (for example McDermid and Holmes 2013). The key worker typically has a relatively small case load and works flexible hours so that they have time to properly engage with families, assess their multiple needs and provide and organise support for them over a sufficiently long time. Intensive family interventions make use of personalised budgets. Intensive family interventions address a range of needs

and present the full care package to the family or they are provided alongside other specialist support such as parenting programmes. Sometimes, intensive family interventions are commissioned with the explicit aim to prevent or reduce children's entry into care.

Economic evidence from literature

Generally we found that the costs of intensive family support per family ranged widely. Costs for this support without accommodation were between £5,140 and £23,000 (Appendix Table A3). Based on five case studies with troubled young people and their families, the average cost of a successfully provided intensive family intervention was about £35,000 and that potential cost savings from prevented expenditure over five years were £280,000 per person so that the return on investment over a five years period was estimated at 8.0 (Flint *et al.* 2011). This was on an assumption that the support was successful and the family did not require ongoing longer-term support of this type. If we assumed that the care package needed to be provided over the whole period of five years this return on investment would reduce to 2.6. An earlier source estimated the costs of the Family Intervention Programme as £14,000 per annum and this compared against potential annual savings from preventing the family from being evicted which would result in costs of between £250,000 and £350,000 (DCSF 2009). Return-on-investments would be substantial if they were based on these figures and they are probably unrealistic. A recent evaluation of the family recovery programme found costs of £19,500 and savings of £41,000 leading to a more conservative return on investment of 3.0.

Case study 1: Child disability social worker

About the project

The case study referred to intensive family support coordinated by a child disability social worker who worked with about 20 parents at a time, most of whom had learning difficulties. The age range of clients was 20 to 50 years. Sixty per cent of clients were female and 70 per cent of parents had all their children living with them whilst 30 per cent had children removed from their care; half of the parents did not have a partner; none of the parents were homeless; about a third had mental health problem and half had physical health problems; about 40 per cent of parents were in employment.

Costs of care package

Resource utilisation was reported for one family over a two years period. In the first year (before the parent engaged with child disability worker) a range of child welfare services were provided including child in need support and care proceedings. In the second year, the

budget of the child social worker was £22,048 per year. This referred to twenty-seven hours worked per week; of those eighteen hours were funded by children services and nine were funded by adult services. For our cost calculation we only included the proportion that referred to the situation of the parent and was funded by adult services. In addition, support and social workers spent sixty-five hours with the family and forty hours in meetings attended by the family and a wide range of ten or more other professionals. In addition, the child disability social worker spent about three hours in meetings with other social workers and support workers. Costs of care packages were estimated at £32,427 and this referred to a period of two years (Appendix, Table A4). This did not include costs in relation to attendance of all professionals at meeting as not enough details were provided to calculate those. Furthermore, this did not include the costs of school and health services required by the child as it was assumed that those were due to the child's disability and would need to be provided irrespectively the parents' learning disability. We also did not consider the costs of respite care and parenting training for parents of disabled children for the same reason.

Outcomes and economic consequences

It was reported that the child continued living with the family under a supervision order. If it was assumed that the child would have been otherwise removed as this is a typical outcome at the stage of care proceedings. Applying the cost of a period of foster care of one year then the return on investment was 2.6. There were a range of other positive outcomes which could not be quantified and included in the return-on-investment. This included frequent contacts with a person who positively contributed towards the parent's or family's issue. It was reported that the relationship between the parent and children improved because the family support worker modelled good parenting. In addition, the child's physical health improved because hospital attendance improved massively. It was reported that factors that contributed to these positive outcomes were effective multiagency working that provided comprehensive services and support for the family. It was thought that these factors had helped to prevent that the child was being removed from their parents.

Case study 2: Valuing Parents Support Service (VPSS)

This information was taken from the case study by Tarleton *et al* (2011).

About the project

The Valuing Parents Support Service (VPSS) team is located within the local authority's family assessment service. Workers were supported and supervised by the service manager of the assessment team. The VPSS maintained a focus on child protection and the well-being

of the child through a 'Think Family Approach'. It also worked in accordance with the Good Practice Guidance on working with parents with a learning disability (DoH and DfES 2007). The VPSS provided personalised support to parents with learning difficulties and their children including help with everyday needs such as budgeting, shopping, household organisation routines, safety and cleanliness. They work to support parents to gain parenting skills and knowledge, provide advocacy and care coordination.

The 30 families supported by this service had complex support needs. They had mild or moderate learning difficulties and their children had, on referral to the service, been subject to a child protection plan or legal proceedings. Almost half (41 per cent) of parents had previous children removed from their care. Domestic violence was an issue in almost a third of families; housing was an issue for a fifth of the parents, and a third had debt problems; in two households there was an adult that had offended before; two parents had identified physical health problems and one had an identified mental health problem.

Cost of care package

The total budget for VPSS was £253,440, for 30 families that had been supported to date of the study; the budgeted cost of providing the VPSS per family was £8,450. Costs of the full care package could not be derived from the research but a range of information was available for the group as a whole that indicated substantial care package costs. For example, 91% of children were subject to a legal intervention; 22% had a Public Law Outline, 19% were on a child protection plan, 19% had a care order, 13% had an interim care order; for 7% care proceedings were ongoing; one was under special guardianship and one a supervision order. The VPSS had referred families to parenting groups and programmes, drug and alcohol treatment, social work family finding team, speech therapist, debt and benefits advice, advocacy for the child, Shared Lives, tenancy support, domestic violence services, mental health and contraception services.

Outcomes and economic consequences

It was reported that 87% of needs were fully or partially met though provision of the service. The most common outcomes were: improvement in parents' relationship including domestic violence and substance misuse (40%); improvement parent-child relationship (30%); improvement in confidence of parents in their ability to parent (17%); improvement in home environment and care provided (7%); reduced impact of loss and trauma (33%); reduced impact of parent's childhood history on parenting (33%)

The study looked at economic consequences linked to: (1) the provision of community rather than residential assessments (carried out by Children's Services rather than external agency); (2) the provision of intensive support to enabling children to appropriately remain

with family members rather than being placed in foster care (or adoption or residential care). The cost of court cases was also explored but appropriate data could not be identified.

In term of the first type of economic consequences, it was reported that in order for the VPSS to be cost saving it would require that for 11 out of the 30 families a residential care assessment was replaced by a foster/community based assessments. This was based on the costs of internally provided community/foster based assessment of £7,640, costs of a residential assessment of between £32,760 and £37,234 and a length of assessment of 10 weeks. Expected net savings linked to the VPSS due to a reduction in the children being removed into foster care were £14,552 per parent (family) at 52 weeks so that the short-term return on investment was 2.7.

Community Capacity-building Projects

Community capacity-building projects utilise a range of assets that are available in the community to help people leading a fulfilling life with greater independence and more involvement in social activities (e.g. Knapp *et al.* 2012). We did not identify any studies that looked at the costs or outcomes of interventions in this area that specifically supported parents with learning disabilities. Examples of relevant projects that have been successfully implemented for people with learning disabilities of different ages include Circles of Support or Person Centred Planning initiatives which aim to enhance existing social supports and relationships (Willer *et al.* 1993, Wertheimer 1995, Rowlands 2001).

Whether those projects can be adapted to help parents with learning disabilities provide adequate parenting has not yet been investigated in the literature so that only findings from the case study are presented.

About the project

The project that participated in the research was called a Family Support Public Social Partnership (PSP) which supported parents with learning difficulties and their families to access services and support in their home and communities. The aims of the project included reaching the wider community and increasing parents' knowledge of the services that are available to meet their evolving needs. The process was consultative, engaging with community and family networks and determining the best use of current mainstream services such as nurseries, schools, GP surgeries, community centres and libraries. The project identified and utilised accessible family supports within the local communities and investigated the use of technology. At the time of the research the project worked with six parents who were between 21 and 50 years with an average age of 32 years. Five of the

parents were mothers and four parents lived without a partner. Four parents had all children living with them whilst the other two had none of their children living with them. None of the parents were homeless. Three had mental health problems, two had physical health problems and five parents were unemployed.

Cost of care package

After an initial assessment of the parents' needs, the project made referrals to the following agencies:

- welfare rights officer to ensure parent is maximising household income for the family;
- an independent advocate to ensure parent has access to information regarding their rights and has ongoing support to represent their needs in regards to with schools, health services and local authority;
- a local social group to ensure family has ongoing informal supports and is activity involved in the community.

The worker spent 22 hours in meetings with the parent, their family members and other professionals. Social worker, health visitor, a midwife and a worker from a voluntary organisation spent 4 hours in meetings. We estimated the costs of care package at £41,119 for the case study parent and this referred to a period of one year (Appendix Table A5).

Outcomes

A decision was made that the child would be removed from home and adopted. This was considered the more appropriate care arrangement. A range of other outcomes were achieved including:

- the parents' frequent contacts with the project worker who was also in regular contact with other professionals
- fortnightly contact with social work team
- an improved relationship between parent and child, and between parents and grandparents and between parent and social worker
- improved housekeeping skills
- access to additional finances
- parents started utilising methods such as calendar and budget plan to improve ability to organise time and prioritise.

However, generally it was reported that parents had only engaged with the project for a short time period and that it was not possible to be certain about improvements in mental or physical health.

Short-term Support

Parenting Programmes and Parenting Training Interventions

Economic evidence from literature

Parenting programmes are short-term interventions that work with parents – individually or in groups - and teach them good parenting practices and skills. We identified one recent paper which evaluated the 'Positive Parenting Program', which is a standard parenting programme (Group Triple P) adapted for parents with learning disabilities with school-age children at risk of behaviour problems (Glazemakers *et al.* 2013). This pilot study found that the programme achieved a range of outcomes including:

- a decrease in parents' psychological stress
- a decrease in maladaptive parenting and
- a reduction in child conduct problems.

Adaptations to the original programme included:

- longer sessions to allow extra time for trust and relationship building
- participant inputs and group discussions and practice (e.g. role play)
- contents delivered slower and
- additional phone contact between sessions, home (rather than phone) sessions to support parents implementing the newly gained knowledge.

It also provided supplementary supports such as child care and additional support to deal with other issues such as domestic violence and housing problems.

The parenting programme was run in a local centre for integrated family guidance and participants of this programme also received specialist support service. The findings suggest that parenting programme can be adapted and rolled out to parents with learning difficulties (feasibility) and achieve positive outcomes (effectiveness). However, there will be additional costs for extra time, home visits and resource implications associated with increased access to other, short- and longer-term support. The likely cost-effectiveness of parenting programmes for parents with learning disabilities was not further investigated in this study.

Bonin *et al.* (2011) summarized costs of different types of parenting programmes and found that costs of group-based parenting programmes ranged from £282 to £1,486 per parent, while for individual interventions the costs ranged from £769 to £5,642. This referred to a wide range of parenting programmes targeted at different groups of families. Considering the additional time required for supporting parents with learning difficulties, it is likely that programmes at the higher end of the spectrum.

In regards to *parenting training interventions* more broadly, we identified a Cochrane review (Coren *et al.* 2009). Findings referred to three small scale RCT studies and suggested that such interventions could support and improve parenting knowledge and skills (Feldman 1999, Llewellyn 2003, Llewellyn 2005). Interventions were highly varied but had common aims:

- to enable parents to parent more effectively
- to protect their children from harm and neglect and
- to prevent children from being taken into alternative care.

In terms of their design, interventions were individual or group based, provided in an instructor led or in a self-taught structured format; some interventions used pictorial manuals or involved self-learning childcare guides. Outcomes that were typically measured were intermediate ones including (child) health knowledge, recognising dangers, home precautions, child care routines, maternal child interaction. None of the studies evaluated court decisions or costs so that no conclusions could be drawn about likely cost-effectiveness of interventions.

Case study

Information for this case study were taken from: Bauer and Williams (2015), Tarleton and Turner (2015).

About the project

The Mellow Futures programme is a group based parenting programme that has been adapted to specifically meet the needs of parents with learning difficulties. It was developed by *The Parent Pioneers Project* and piloted in 2014 in two local authorities: Islington and Northumberland. Mellow Futures consists of two distinct parts spanning the time from the ante- to postnatal period, *Mellow Bumps* and *Mellow Babies*. Whilst Mellow Bumps is a six weeks course that aims to help mothers-to-be identify their own needs and to access support in pregnancy and after birth, Mellow Babies aims to provide mothers with the support they need to develop strong relationships with their new born babies. The postnatal programme lasts 14 weeks.. Although mothers and mothers-to-be could participate in both parts of the programme, most mothers were only identified at late pregnancy stage or after birth and so only participated in Mellow Babies.

Costs of care package

The costs of providing the piloted Mellow Futures programmes per participating mother were £2,347 in Islington and £1,973 in Northumberland. The costs of a care package i.e. the

average costs of support that mothers accessed during the perinatal period (20 weeks) was £12,591 in Islington and £4,004 in Northumberland. Estimated yearly care package cost were £19,859 in Islington and £7,991 in Northumberland.

Outcomes and economic consequences

Potentially prevented costs linked to positive child outcomes were £4,237 per mother in Islington and £1,287 in Northumberland. This referred primarily to the prevention of adoption and referral of children to foster care for a number of cases. In addition, mothers achieved a wide range of positive outcomes.

Other Short-term Support

In addition to the evidence on parenting programmes we identified some evidence concerning the effectiveness of interventions that aim to increase the physical and mental wellbeing of parents or people with learning difficulties: An evaluation of a *group based, adult learning programme* for mothers with learning difficulties found that the intervention increased their access to social support and improved their psychological wellbeing (McConnell *et al.* 2008). The intervention involved mothers meeting, talking and learning together over three months. Mothers also received one-to-one support to work on their individual goals. Two studies in England piloted *group-based, adult learning programmes* aimed at strengthening the social relationships of mothers with learning difficulties and reducing their reliance on social services for support (Booth and Booth 2003, McGaw *et al.* 2002). Both programmes demonstrated positive effects, including for example, improved self-concept, stronger social ties, increased confidence in accessing resources, and mothers gaining more enjoyment out of life.

Long-term Consequences of Inadequate Support

Parents with learning disabilities are at a higher risk of becoming subject to child safeguarding procedures; it is estimated that between 15 to 22 per cent of parents involved in child protection conferences and care proceedings have learning difficulties (Hunt *et al.* 1999, Brandon *et al.* 2009). International studies suggest that in some jurisdictions as many as 40 to 60 per cent of parents with learning difficulties had their children taken into care (McConnell and Llewellyn 2002, Emerson *et al.* 2005). The high level of care proceedings involving parents with learning disabilities has been linked to the greater experience of multiple problems and disadvantage faced by this group (Clever *et al.* 2011).

There is some evidence that suggests that social intervention could help parents to take adequate care of their children (Elvish *et al.* 2006). Findings from Ward *et al.* (2010) suggest that early intervention needs to start before or shortly after birth in order to prevent that children are removed from their home; the authors found that if issues could not be resolved by parents in the first six months after birth then parents were unlikely to overcome them. There is also evidence that lengthy care proceedings are harmful to the child; in particular they have shown to reduce the options for achieving an adoption or permanent placement which in return increases the risk for the child to develop emotional and behavioural problems; the link between placement instability and poor life-time outcomes is well established (Farmer and Owen 1995, Beckett and McKeigue 2003, Selwyn *et al.* 2005, Munro and Hardy 2006, Ward *et al.* 2010).

The following factors have shown to prevent or reduce such adverse and costly long-term consequences (Holmes and McDermid, 2012, Lloyd *et al.* 2011, Ward *et al.* 2008, 2012):

- Early involvement of child protection services
- Early referral to children's social services by one agency and
- Continued but decreasing levels of support.

Conclusions

This research was carried out with the aim to summarize existing evidence as well as gather new information regarding the costs and economic consequences linked to personalised support options for parents with learning difficulties. We sought information from the literature and from case studies about the costs of the intervention, costs of care packages, outcomes and potential cost savings.

We found that costs of care packages – provided as part of long-term personalised support options - ranged from £32,500 to £47,750; this referred to a 12 to 24 months period. Costs of care package for parents accessing short term interventions (i.e. parenting programmes) were lower and ranged from about £8,000 to £20,000. Expected return-on-investments for interventions such as advocacy, Shared Lives and intensive family interventions were positive and ranged from 1.8 to 3.0; this means that for every £1 spent the return was expected to range between £1.8 and £3. Return-on-investments primarily referred to potential short-term government savings linked to having to pay for an episode of foster care. We also found that the adverse long-term impact that could be prevented if families would get personalised support is substantial.

There was no evidence to derive conclusions about potential cost savings of services that employ community capacity building; they might be able to achieve a wide range of positive health and wellbeing outcomes for parents with learning difficulties at a relatively low cost but there was a lack of evidence to confirm this.

These findings have to be interpreted in the context of a highly limited evidence base. Studies in this area typically have many limitations in particular because they are based on very small numbers. Methods that have been used to evaluate these complex and diverse support often lack robustness. For example, typically they do not have a comparison group and thus causality remains unproven. In terms of our case studies, there were a range of challenges in assessing the costs and consequences of multi-agency (long-term) support arrangements. This included a small number and sometimes incomplete responses. Our findings are internally consistent and suggest that interventions in this area might lead to potential cost savings. It is important to carry out evaluative studies that examine the long-term (cost-) effectiveness of personalised support for parents with learning difficulties.

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Appendix

Table A1: Estimated costs of care package including advocacy per parent, in 2013/14 prices; this referred to a period of 18 months

	Costs per year (in 2013/14 prices)	Source and details
Parenting capacity assessments	£1,273	Includes initial contact, referral to children's social services, initial and core assessments
Social services legal activity for children in need	£2,358	Refers to Child in Need social care process costs per annum (PSSRU Unit Costs 2013/14, p171); here it included 5 meetings, 1 hour each per 6 months; meetings were attended by child's social worker, social work manager, local authority lawyer
Care proceedings	£4,825	Refers to per case full cost fee for care proceedings (Plowden 2009, Review of court fees in child care proceedings); here this included 4 hearings, 4 hours each over 6 months period; 16hrs
Tenancy and financial support including housing benefit support	£4,003	PSSRU (2014), Unit cost for health and social care, (1) debt advice £259 per case (p58); (2) housing benefit £72 per week (p132)
Health visitor	£520	£65 per hour of visit (including travelling and preparation time); number of visits were not provided; we assumed weekly visits for 8 weeks, 1hrs each; assumption about duration and frequency of visits based on health visiting intervention study for woman with postnatal depression by Morrell <i>et al</i> 2009
Social worker	£923	PSSRU Unit cost 2013/14, p99; £55 per hour of client-related work; 22.5hrs

Mother/ baby foster placement	£8,400	PSSRU Unit costs 2013/14, p88; local authority provided foster care for 3 months with weekly costs of foster care of £700
Family support worker	£1,125	PSSRU Unit costs 2013/14, p99; Family support worker £50 per hour of client-related work; 22.5hrs
Women's aid	£698	PSSRU Unit costs 2013/14, p152; weekly for 3 months
Advocacy	£12,500	From budget information provided by the project; referred to 22.5hrs
Total	£37,109	

Table A2: Estimated costs of care package involving Shared Lives per parent, in 2013/14 prices; this referred to period of 12 months

	Costs per year (in 2013/14 prices)	Source, Assumptions
Health visitor	£3,380	PSSRU Unit cost 2013/14, £65 per hour of visit (including travelling and preparation time); 2 weekly meetings; 30mins each
Social worker	£11,440	PSSRU Unit cost 2013/14, p99; £55 per hour of client related work; 4 weekly meetings, 1hour each; in addition it was assumed that social worker had 30 minutes preparation time and that no travelling time occurred
Special parenting support	£5,850	PSSRU Unit cost 2013/14, p99; £50 per hour for family support worker for client-related work; 1.5 weekly meetings; 1 hour each; assumed were an additional 30mins for preparation and travelling time
Shared Lives support	£25,220	PSSRU Unit cost 2013/14, p22; this referred to costs of Shared Lives schemes for payment to carer and support; in this case study the support element included 6 hours per year spent by worker and carer together with parent; 4 hours spent by worker and carer with the parent and other practitioners (social

		worker and health visitor) and an additional 3.5 hours between worker and carer only.
Core group meetings	£1,848	PSSRU Unit cost 2013/14, p 152, unit cost of core assessment of £616 taken to approximate for group meetings; refers to 3 group meetings
Total	£47,738	

Table A3: Costs and costs savings of Intensive Family Support from the literature

Costs of intensive family support per case/family	Expected cost savings per year	Source and description
£5,140 to £7,788	£330,000	Nixon <i>et al</i> 2006, cited in Flint, 2010; Intensive family support without a residential core unit (in 2013/14 prices); cost savings refer to annual cost of a family evicted for anti-social behaviour with three or four children requiring custodial care, residential care and foster care
£5,230; £6,171	/	McDermid and Holmes (2013); this did not include the use of additional services CAMHS, anti-social behaviour services and Youth Offending services
Not presented	£117,600	Dillane <i>et al</i> (2001); Scott (2006); Dundee Families Project; cost savings were based on data from 11 individual families
£9,000	/	Jones <i>et al</i> (2006) Shelter Inclusion Project
£15,500 to £23,000	/	Pawson <i>et al</i> (2009); Family Intervention Projects in Scotland; average duration of intervention was 12 months
£19,500	£41,000	Local Government Leadership and City of Westminster (2010); Westminster Family Recovery Programme
£12,544	/	Lindsay <i>et al</i> (2008); London Economics, 2007 Rochdale Families Project (RFP)

£8,500	/	Tarleton <i>et al</i> (2011), Valuing Parents Support Service
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Table A4: Costs of a care package involving Intensive Family Intervention (coordinated by child disability worker) per parent, in 2013/14 prices; this referred to period of 24 months

	Costs (in 2013/14 prices)	Source, Assumptions
Child social worker	£7,349	Refers to proportion of a third of total social worker budget of £22,048 funded by adult services
Child in need support	£4,238	PSSRU (2014), Unit costs of health and social care, p89; refers to £163 per week when child lives with family; provision was over 6 months period
Care proceedings	£4,825	Refers to per case full cost fee for care proceedings (Plowden 2009, Review of court fees in child care proceedings)
Advocacy	£4,263	PSSRU Unit costs 2013/14, p75, per case
Befriending	£88	PSSRU Unit costs 2013/14, p59, refers to 12 hours and lower end of cost range
Adult learning disability team	£134	PSSRU Unit costs 2013/14, p172; refers to parent psychiatric assessment
Health visitor	£2,600	PSSRU Unit cost 2013/14, £65 per hour of visit (including travelling and preparation time); 40 hours
Family support worker	£5,400	PSSRU Unit costs 2013/14, p99; Family support worker £50 per hour of client-related work; 108 hours
Midwives	£2,600	PSSRU Unit cost 2013/14, refers to health visitor, £65 per hour of visit (including travelling and preparation time); 40 hours
CBT	£930	PSSRU Unit cost 2013/14, p94, £93 per session, assumed were 10 sessions (p58)

Total cost	£32,427
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Table A5: Costs of a care packing involving Public Social Partnership per parent, in 2013/14 prices; this referred to period of 12 months

	Costs per year (in 2013/14 prices)	Source, Assumptions
Care proceedings	£4,825	Refers to per case full cost fee for care proceedings (Plowden 2009, Review of court fees in child care proceedings)
Adoption	£27,000	PSSRU Unit costs 2013/14, p95; presents adoption fee
Advocacy	£4,263	PSSRU Unit costs 2013/14, p75, per case
Social group	£88	PSSRU Unit costs 2013/14, p59, refers to 12 hours of befriending at the lower end of cost range
Welfare advice and housing benefit support	£4,003	PSSRU (2014), Unit cost for health and social care, (1) debt advice £259 per case (p58); (2) housing benefit £72 per week (p132)
Health visitor	£260	PSSRU Unit cost 2013/14, £65 per hour of visit (including travelling and preparation time); 4 hours
Social worker	£220	PSSRU Unit costs 2013/14, p206; £55 per hour; 4hrs
Midwives	£260	PSSRU Unit cost 2013/14, refers to health visitor, £65 per hour of visit (including travelling and preparation time); 4 hours
Voluntary sector worker	£200	PSSRU Unit costs 2013/14, p99; Family support worker £50 per hour of client-related work; 4hrs
Total cost	£41,119	