THE FAMILY PILOT

An evaluation of a project to develop working methods in social work with families with complex needs

In this paper the project Family Pilot - Development in collaboration and the evaluation of the project carried out by the R & D Center for Health, Care and Social Work, Municipality of Linköping, Sweden is presented.

Background
The project was organized in the form of a social investment fund in Linköping municipality with the objective to develop better and earlier support for children, young people and their parents and to prevent placements. The project started in August 2014 and continued until July 2017. The need for development work derives from descriptions from several different areas of activity and from results from the R & D project "Families in Social Services". In this context, the term "families with complex needs" is introduced - a family with complex needs can be characterized by multiple problems that occur at the same time and interact in different ways. A family with complex needs is characterized by unemployment, bad economy, physical and/or mental health problems, poor network, and problems at school for the children.

The development work in the project was cross-sectoral and involved the social services, school and job training and is characterized by a holistic approach. The support for the families was based on the needs of the families and would include: the new role of Family Pilot, school support, and support for work or education for the parents.

The aim of the project was to find ways to coordinate support for families with complex needs where children and/or parents have a neuropsychiatric diagnosis and were in contact with the social services. Furthermore, the purpose was to develop and adapt working methods in social services in order to meet the needs of the families. This is believed to prevent placements of children and lead to reduced costs for the municipality.
The project was expected to produce results and effects on three levels:

- **Family level** (effects in terms of individual and group impact)
- **Process and method level** (working methods, knowledge creation, knowledge use and innovations)
- **Structural level** (interaction between involved organizations, activities)

**The goal was to support families to improve:**
- the everyday situation at home
- the situation at school for the children
- leisure activities for the children
- work or education for parents

In the project, a team comprising 2 project managers, 3 Family Pilots and 5 coordinators were organized. The Family Pilot's task was to work from a holistic perspective and in close collaboration with the family make, to form an understanding of the family's situation and to represent the family. The coordinators' task was to coordinate the work with social services, school and the Job center. The budget of the project was approximately 750 000 Euro. A project management team with representatives from participating activities was also organized.

The evaluation focused on three levels, namely: Family, Process and Method, and Structural Level. In the data collection, quantitative and qualitative information was combined in the form of interviews with parents (pre- and post-measurement), qualitative interviews with parents and children, interviews and focus groups with participators in the project, logbooks from the project group and records of the families' situation regarding interventions and contacts and statistics about the children's absence in school. The evaluation also includes a theoretical framework with three focuses, namely: International Research Discourse - Social Child Welfare, Social Work and Society; Case management and social work in families with complex needs; as well as neuropsychiatric disabilities.

The project included 18 families of a total of 61 people (26 adults and 35 children) divided into 20 households. All families met the criteria for participation in the project, which meant contact with social services, children in elementary school and diagnosed neuropsychiatric disability in the family.

**Family Pilot’s way of working can be summarized as follows:**
- The work method is flexible in terms of time, location, working methods and tasks
- Family Pilots see the family as a whole, working on the family's assignment, and spend a great deal of time with the families
- Family Pilots can remit to social support but do not work specifically with treatment
- Family Pilots coordinates and interacts with other activities and can provide families with advice, interpretation and “translation” of documents and support during crisis
- Family Pilots work as team combining different skills and experiences, and has knowledge of society, social services, the rights of the family and can give "legitimacy" to the family
- The working method of the Family Pilots is compensatory
- Family Pilots document and follow up but do not make formal assessments

The figure below shows how family pilots allocate their working hours to different tasks.
This means that Family Pilots allocate approximately half of their time together with the families. Each family Pilot works with 6 families which means that they spend in average 3 to 4 hours per family per week.

The families

The support from the Family Pilots have resulted in changes for the families in different ways. The families report that they experience practical support and relief in everyday life, but regarding their social network and help from relatives there is very little change. Stress-related factors have diminished for the parents, as described in the figure below (high values means a high level of stress and low values a low level).

Even with regard to parents' employment, the project has led to positive changes.
In the period from when the families were recruited until November 2016, 9 out of 10 parents who were unemployed have gone to daily activities, work or studies, even though this do not apply to full-time or permanent employment for all. 6 parents already had previous daily activities, work or studied. Sick leave decreased from 3 to 1 and 2 where and is still on sickness pension.

If we consider the situation of the children we can see both positive changes and conditions that have not changed so much. In the qualitative interviews, with parents and children, almost all statements regarding change and development are positive. But when the parents are asked to describe the psychosocial situation for their children, we can see very little change in the measurements, as described in the figure below (high values means a good psychosocial situation and low values a bad psychosocial situation).

There are several possible interpretations of the children's psychosocial situation. The first impression that the children's situation has only marginally changed is obviously possible. But it must be remembered that this is based on the parent's description and that it is quite possible that the outcome could be different if the child or any third party made the assessment. Perhaps the children have the same problems as before, but that with support and help they can manage better. This interpretation may be likely given the fact that many of the children have a neuropsychiatric diagnosis and the problems will not go away or can be remedied by training.

On the other hand data shows that the children get a better school situation with special efforts (costs increase), more recreational activities/leisure activities and increased self-esteem, better everyday structure, and they can identify better with others.
The families’ contacts with social services have changed from rather fragmented support, financial support to family related and leisure support. Costs for social services and financial support are reduced and costs for placements are expected to be avoided. Families also receive better and more adapted health care (increases).

The project group estimates that 7 placements (closed and family home placements) could be avoided.

All in all, this means that the project has largely succeeded in achieving the goal of developing the working method described in the project plan. The Family Pilot have developed a role that involves working on the family’s assignment, assuming a holistic perspective and being able to coordinate efforts from other actors in a flexible way so that it benefits the families, in terms of everyday life, school, leisure time and work or employment for the parents. The Family Pilot’s work method also means that they spend more than half of their working hours together with the family or in assisting the family in meetings with different authorities. The same applies to the working methods developed by the various coordinators in the project. The working method of the Family Pilot is largely in line with the work method as described in case management, but with a focus on the daily lives of the families, and to a lesser degree with overall planning, follow-up and specific efforts and treatment.

A summary of the project’s finances and costs
- Project management, Family Pilots and Coordinators, cost approximately 750 000 Euros
- Reduction of social services costs and for avoided placements:
  - Placements that could be avoided: about 1 400 000 Euros
  - Reduction of expenses for social services: approximately 230 000 Euros
  - Reduction of expenses for financial aid: approximately 40 000 Euros
- Total reduction of expenses of approximately 1 700 000 Euros
• Increase in costs for school: approximately 120 000 Euros

This is based on the assumption that placements could be avoided, which means that during the 2015-2017 period the project could save approximately 830 000 Euros.

In this context, it should be noted that the estimate regarding costs that could be avoided is difficult. Project workers have estimated that 7 placements were avoided and that the municipality could save approximately 1 400 000 Euros. This figure may be assumed to be a maximum amount and based on the fact that the children would be placed for the remainder of the project period. Another scenario may, of course, be that the placements ended after some time, and the children could move home or could be provided reinforced support at home, thus avoiding placements. The savings had then also been significantly lower. In line with the reasoning of Nilsson Lundmark and Nilsson (2015), an improved school situation should be the major factor that should yield returns on investment, both in terms of reducing suffering and countering the likelihood of exclusion in life. If this means that only a few children will not end up in lifelong exclusion, the investment has been profitable.

The outcome can be interpreted as having greatly reduced the complexity of the family's life situation. The role of Family Pilot involves solving complex problems, i.e. be able to find unique solutions for each family and individual. In this context, it is important to have a holistic view not only of the family's complex situation but also of society and especially the social services. A cautious conclusion is that these families are probably in need of long-term, compensatory support, since the problems related to the neuropsychiatric disabilities cannot be cured. Against this background, the working method of the Family Pilot should be applicable to other families in the same situation. It is likely that families with complex needs but who do not neuropsychiatric disabilities may benefit from a Family Pilot and that the help for these families can then be phased out.

Has the project succeeded in reducing complexity in the social services? Here the answer is not quite clear. The function of the Family Pilot unit in the project can be said to be "outside" of the regular social services and rather to complement it. The Family Pilot unit is a "filter", a bridge between families and social services and school. It is this filter that reduces the complexity by sorting, compensating and bridging the gap. To some extent, social services and school have changed. For instance, at the social office, the role of "Family Manager" is introduced to facilitate families so that they only have contact with one manager against previous several, and cooperation between different teams has been developed. However, the organization is still largely divided into several parallel subdivisions. In order to fundamentally reduce the complexity of the welfare system, more radical changes are required.