
Managing Escalating Demand for Public Services in a Time of Financial Austerity: A Case Study of Family Interventions

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Abstract

The UK (along with many other countries) is facing the challenges of financial austerity with little or no growth in public funding for the foreseeable future. This creates particular challenges for public services as economic downturns often increase the demand for public services at a time when resources are constrained.

A particular service of this type is the provision of support to “troubled” families through what are termed family interventions, in one local authority area, and the impact of financial austerity on those services. It considers the strategic options available for dealing with the dilemma of increasing demand and declining resources, and assesses the implications of implementing these options. It also considers the key factors which inhibit the development and implementation of such approaches, in order to provide a starting point for developing a practical strategy for dealing with the challenges ahead.

Finally, it considers how the findings related to family interventions can be applied to other services in a similar situation of increasing demand and decreasing resources.

Introduction

The links between the economic performance of a country and its public services are well known. During an economic downturn or recession the demand for certain public services (or direct public expenditure in the form of benefits payments) tends to increase while the funds available to finance public services are often constrained because of lower governmental revenues. Conversely, during a time of economic growth, the demand for services may be lower while the funds available are higher because of buoyant government receipts.

Currently, the UK (and many other countries) is in an era often described by the use of the term “austerity”. Serious questions are being asked about the future of public services in this era of austerity which seems likely to last for many years. For those services where an economic downturn is likely to push up demand, there are special problems of dealing with this increased demand at a time when financial resources for services are reducing.

One such service is that of family interventions which are concerned with providing interventions and support to individuals within families experiencing difficulties in their domestic, social or economic life. As will be seen later in the paper this is a public service where economic downturn has significant implications. In essence the social and economic impacts of an economic downturn substantially force up the need and demand for such services while the pressures on the public finances mean that little or no additional funding is available. Thus, to some degree, it may provide lessons for other public services facing a similar dilemma.

The paper is structured as follows:-

Description of the research

The nature of family interventions

The impact of financial austerity on public services and family interventions

The strategic options for family interventions

The implications of pursuing the strategic options

Conclusions

Description of the research

This paper is derived from research undertaken in a Welsh local authority area concerning family intervention services commissioned by a multi-agency Children and Young People's Partnership. The area is one of the most socially and economically deprived areas in Wales with high levels of intergenerational unemployment and poverty.

The main thrust of the research concerned the effectiveness and efficiency of family intervention services in the borough and the research involved a detailed literature review coupled with the following primary research:

A questionnaire survey of strategic managers, operational managers and front-line key workers. Response rates of over 80% were obtained
Focus groups with front-line key workers, operational managers and strategic managers.
Semi-structured interviews with partnership strategic managers and a semi-structured interview with a Welsh Government official.

The questionnaire was designed to collect both quantitative and qualitative data and the returns received were fully representative of all of the key partnership agencies across: health, education, social services, police, youth offending, and the third sector.

From the primary research data, the strong emphasis placed by respondents on the issue of increasing need and diminishing resources, and the associated evidence collected, suggested this paper draw this out as a specific research issue. This paper therefore addresses the following main themes:-

The impact of financial austerity on the provision of family interventions

The way in which the imbalance in service demand and resources available can, and are, being mitigated

The implications for implementation of the options identified

The barriers to successful implementation

The nature of family interventions

Family interventions is the term used to describe a wide range of multi-agency services delivered to what the Department of Communities and Local Government (DCLG) refers to as "troubled" families. There are four issues concerning family interventions to mention at the outset:

Firstly, the question of how best to cope with the country's families with the most multiple/complex needs has become one of the more urgent and important issues facing public policy today. In the past such families have variously been described as "vulnerable" (Mckeown 2000) "dysfunctional" (Kaslow 1996, Neuharth 1998, Farmer 1989), chaotic (Brown 2009), priority (MoENZ 2010) or "troubled" (Cameron 2011, DCLG 2011). However, for the purposes of this paper the term "troubled families" has been used, since, despite its pejorative associations it has been adopted by the UK government in establishing the 'Troubled Families' unit within the DCLG.

Secondly, there is a widespread recognition that the issues associated with troubled families have significant impacts at individual, family, community and wider societal levels. At individual and family level, this often equates to poor education, health and employment

outcomes. At community level, the impacts include low aspiration, limited social opportunities for individuals, antisocial behaviour impacts and indirect social and economic costs for local communities. Some studies have attempted to quantify the economic cost to society of troubled families, by including the costs of welfare benefits, the costs of service provision and the loss of financial contributions. In all cases the costs involved can only be described as enormous. Recent Government figures for England (Cabinet Office 2010) suggest that troubled families cost the tax payer an estimated £9 billion per year, equivalent to £75,000 per troubled family. This is the amount spent on protecting the children in these families and responding to the crime and anti-social behaviour they perpetrate. The costs are exemplified by the fact that children who live in troubled families are 36 times more likely to be excluded from school and six times more likely to have been in care or to have had contact with the police, than the average child.

Thirdly, whilst there is a strong consensus concerning the importance and urgency of the issues surrounding troubled families, there is far less consensus regarding the fundamental causes of the troubled family phenomenon (Cabinet Office 2010; Centre for Social Justice, 2011; Conger et al 2000). There is however an emerging body of evidence to support the idea that socio-economic factors play a large role within this complex causality (McLloyd 1998), although there is little clarity or consensus as to how such families should be dealt with, what constitutes the best models for intervention to support these families, and what is needed for effective implementation of these interventions.

Finally, the academic literature on this area is in its infancy. Previous approaches have focused on intervention to support the child (Limbrick 2007), intervention to support parenting (e.g. Spitzer et al, 1991) or area based initiatives to tackle specific social and economic issues such as neighbourhood policing, health action zones or 'Total Place'. There is however, an emerging recognition of the value of multi-faceted, multi-method, 'whole family' interventions for breaking negative cycles linked to troubled families. These family interventions require multi-agency delivery, and are often based on a 'Team around the Family' model (Welsh Government 2010). However, the initial research for this project demonstrated that there is a widespread confusion at both national and local level about the fundamental purpose of family intervention, the objectives of family intervention and the pitch and reach of current family intervention programmes (Prowle 2012).

The impact of financial austerity on public services and family interventions

Between 2008-09 the UK economy went through one of the longest and deepest economic recessions in its history. The UK came out of recession in the third quarter of 2009 but since that time economic growth has been weak and is nowhere near pre-recessionary levels of growth. Moreover most forecasts suggest that it could be many years until the UK economy manages to return to reasonable levels of sustained economic growth.

The coalition government in the UK came to power in May 2010 with the main policy aim of eliminating the structural budget deficit in four years and slowing the growth in public debt. This was to be done by a combination of raising revenue and reducing public spending. Consequently the Comprehensive Spending Review of November 2010 outlined the scale of the reductions in public spending which were deemed necessary to achieve the deficit reduction target. The government's public expenditure policies have involved reductions in welfare benefits and average reductions across government departments of 25% over the four year period. However, it has become clear since that time that this scale

of deficit reduction will not be achieved, partly as a consequence of the failure to achieve significant economic growth, and so cuts in public funding are now planned to continue for a further two years. Nor is it clear when this period of financial austerity may end. Cabinet Secretary Sir Jeremy Hayward has suggested that the public services are only 25% through a programme of reductions which could last up to ten years in duration before the target is achieved (BBC 2012) while Prime Minister David Cameron has said that austerity could continue until 2020 (The Telegraph 2012).

This is uncharted territory for UK public services. We have already noted that in times of past recessions, public service managers had to deal with an increasing demand for services at a time when there was little or no growth in funding. However, this was for a finite period of years pending a return to economic growth. In the present circumstances, they are likely to have to deal with growth in service demands at a time when the level of resources is contracting and may continue to contract for the foreseeable future. This is the precise meaning of austerity and it implies huge challenges for public services. In time it may be that this situation might be seen as a “watershed in our social and economic history” and the delivery of our public services (Prowle 2009).

When we considered family interventions in South Wales, the research identified that a central issue in the borough, which dominated the minds of managers and practitioners, was a huge and growing mismatch between the need and/or demand for family intervention (which is still rising) and the availability of resources for such interventions (which is becoming increasingly curtailed). When asked what they saw as the main barriers preventing the delivery of effective family interventions the three groups of respondents provided the responses shown in table 1.

Table 1: Barriers to delivering effective family interventions

	High levels of need	Inadequate funding
	% of respondents who classified in top 3 (out of 10) barriers	% of respondents who classified in top 3 (out of 10) barriers
Strategic Managers	94	44
Operational Managers	85	85
Frontline workers	89	63

The dominant view of all groups was, overwhelmingly, that, the main barriers concerned high levels of need and inadequate funding and capacity. One manager described it; “It’s the sheer enormity of the problem. Troubled families don’t have different problems in this area compared to other areas; it’s just that we have so many of those families that is the issue.”

The predominant view among all groups of respondents was also that the solution to this lies in additional resourcing either from new funding or reallocating funding from other services. However in current economic circumstances there is unlikely to be any significant

new funding or resources re-allocated and therefore other solutions needed to be urgently considered and developed. This phenomenon presents significant managerial challenges in the years ahead and is discussed below.

In addition to the need for services already in place, there was a strong expectation that existing high levels of need were increasing and would continue to increase as a consequence of unemployment and other adverse economic trends in the area. Local statistics show a significant increase in referrals to children's social care, rising numbers of looked after children and an increase in families subject to a Common Assessment Framework assessment (CAF) and Team Around the Family interventions (TAF). One recent study highlighted that one in five children within the borough live in severe poverty - defined as households earning less than 50 per cent of the average wage (Save the Children, 2011). The borough is therefore starting from a relatively challenging position, which is projected to get worse. Moreover, a number of local studies, notably the Wavehill Report (Wavehill 2011) have suggested that levels of need within the area are likely to increase further, when the local impacts of welfare reform are fully realised. This has been described as a veritable "tsunami of need" (Fothergill and Beatty 2010).

When considering resources, the UK public sector is facing an extended period of financial austerity as a consequence of the economic and public finance situation of the country and this also applies to Wales. The 2011-12 revenue support grant settlement for local government left Welsh local authorities with an average reduction in grant of -1.4 per cent, ranging from a rise of 0.1% in Cardiff to a 'floor' of -1.7 per cent in most other Welsh local authorities. The 2012-13 settlement resulted in a further -0.9% grant reduction for the borough. As these figures are shown in cash terms the real reductions in grant are obviously larger.

These resource trends pose significant challenges for public sector agencies and tough managerial and political choices. The research suggested that for some agencies, diminishing resources are resulting in a strategic retreat from wider partnership priorities to focus on 'the core business'. For other agencies it has resulted in a prioritisation of high end need, which limits capacity to participate in the early preventative approaches, which have the potential to drive down need and demand in the longer term (Prowle 2012).

The research highlighted a tension between growing need and limited resources, a tension which is likely to grow as a consequence of economic and public finance challenges in Wales and the UK as a whole. A clear concern in the interviews and focus groups, was that there was still no common and in-depth understanding of the nature and magnitude of the funding challenge and there was a surprisingly widespread belief that "things will get better next year" (Prowle 2012). However, as already noted, all the available evidence suggests that the current austerity is not a transient situation, but one that will challenge the public sector for many years to come (HM Treasury 2011, Latham and Prowle 2012).

In the absence of any growth in funding, managers and operational staff must address the issues of growing needs in other ways (with implications for a range of issues such as working methods and attitudes, organisational cultures etc.) and this is considered below.

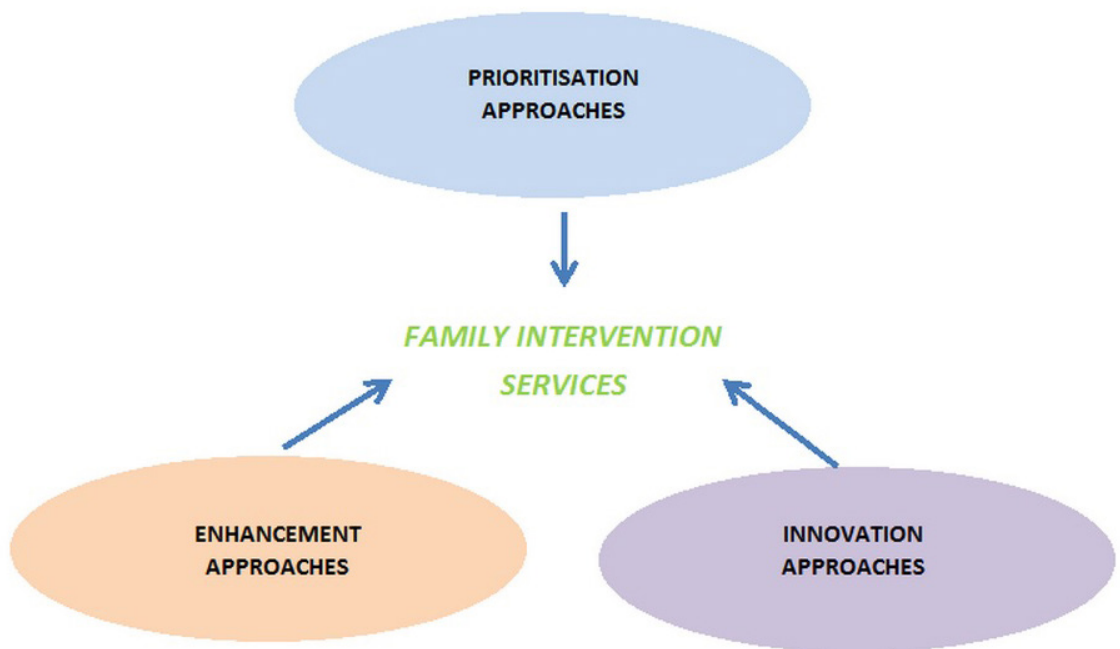
Strategic options for family interventions

The key issue in this research was the identification and development of a framework for considering and evaluating a possible range of strategic approaches for dealing with the

problem of managing increasing demands at a time of declining resources. A survey of the literature found some interesting commentaries on specific themes but no overall frameworks. For example, some authors (Dunleavy et al 2011) write, in general terms, about the use of innovation in dealing with austerity while Hastings et al (2012) is, largely, a descriptive study of what actions some local authorities have undertaken in relation to cuts in funding. Other publications such as Tickell (2012) while providing some brief and interesting insights on the challenges faced by agencies are somewhat lacking in structure and research evidence.

What is needed, therefore, is an evidenced-based framework by means of which organisations and managers can consider their strategic responses to the pressures of increasing demands and reducing resources in a systematic manner. Analysis of the findings of the interviews, questionnaires and focus groups were supplemented with informal discussions with senior managers involved with family interventions to identify ways forward. This process highlighted a significant number of potential approaches for addressing the problem. The options were neither mutually exclusive nor co-terminus as some clearly overlapped and/or had interdependencies. However, further consideration of these various options indicated that they could be classified into three main groups which are shown in Figure 1.

Figure 1 - Strategic Options



In the sections below, we provide a description of the key aspects of each of the strategic approaches being proposed. Each approach will combine a series of different themes which will vary greatly in detail. However, they will also contain common aspects which need consideration. In practice, public authorities will probably have to compare the various aspects of these strategic approaches alongside one another and draw conclusions about the relative merits of each in terms of such matters as effectiveness, efficiency and ease of implementation. Consequently, in a subsequent section we will move on to consider the tasks of

implementation of these strategic approaches including the timescales for implementation, resource implications, managerial requirements and potential barriers to implementation. In doing this we have drawn on the empirical findings from the research in the case study area.

Prioritisation Approaches

Traditionally in public services, various systems of prioritisation (sometimes referred to pejoratively as rationing) have been used to match need for public services with resources available. For example, in the UK NHS there is a huge debate and literature concerning the various aspects of prioritising health care activities (Williams 1998). However, traditionally much of the debate about prioritisation of health and other public service activities has usually been undertaken against a backdrop of growth in welfare spending (Prowle 2009) but this is not the situation currently faced where the debate must take place against a backdrop of public expenditure reductions.

Within a context of high need and/or demand for services and shrinking resources, one approach to managing this tension in family interventions would involve having robust processes for prioritisation. In the context of family interventions, the term prioritisation refers to the decision making process by which managers decide which families to work with, and for how long, in order to best utilise the resource available and deliver the optimal outcomes.

Many practitioners would argue that families with the greatest need should be prioritised first but the research indicated that for many of the families with very high need, the likelihood of successful intervention is limited. During the interviews and focus groups, a number of keyworkers emphasised that they were spending a lot of time attempting to engage families with complex needs who were not really signed up to the intervention process (Prowle 2012). Therefore, in order to maximise the potential outcomes for families, there was a broad acceptance that high levels of need should be balanced against the likelihood of success when considering client priorities.

Determining the likelihood of success has been equated to assessing a family's "readiness to change". This concept is well understood and embedded within public health practitioners, but has rarely been used within the area of family intervention. The "Stages of Change" model provides a framework for understanding behaviour change and describes five stages of readiness: pre-contemplation; contemplation; preparation; action; and maintenance. (Prochaska and DiClemente and 1982).

Hence, in order to identify where intervention is likely to have the greatest impact, a tool for measuring the level of need balanced with readiness to change would need to be developed and implemented. This could then help practitioners identify those families who are likely to benefit most from family intervention. The primary research initially showed strong support from practitioners and managers for the current assessment tool but subsequent interviews and focus groups showed that the current tool measures only need and does not give any indication of a family's readiness for change.

This approach, however, is not without difficulties and there are a number of ethical, political and practical issues that would need to be addressed. Adopting such a process for prioritisation is likely to entail withholding support from some families who are deemed

to have high levels of need, but are also deemed to be “unready” for change. It may not seem politically or ethically acceptable to just “do nothing” and it could be that some form of lower level of support might have to be developed and provided to those families as a means of increasing their potential level of engagement. Thus, linked to the development of an assessment tool might also be the development of a range of approaches designed to facilitate increased engagement and reciprocity among caseworkers and potential clients.

Enhancement Approaches

The second set of approaches basically involve continuing to use existing models and methods to deliver family services but enhancing them to make them more economic, effective and efficient. Applying value-for-money through economy, efficiency and effectiveness is complex and wide-ranging (Audit Commission, undated), but some examples of potential improvements in relation to family interventions were identified by the research.

Economy

This concerns the costs of obtaining resource inputs such as staff time, consumables, and accommodation etc. for the delivery of public services (Audit Commission, undated). The delivery of family intervention services involves entering into contracts with a number of external agencies (private or third sector) for the delivery of specialised services. The research indicated that there were significant weaknesses in existing procurement, tendering, evaluation and contracting arrangements and there was potential scope for improved economy in this area through the introduction of better approaches. Further discussions suggested that the reasons these issues had not been addressed were a combination of lack of leadership and a failure to understand the difference between a service commissioning arrangement and direct grant funding. These issues will be mentioned again later.

Efficiency

Efficiency concerns the ratio between service inputs and outputs with a higher ratio of outputs to inputs indicating greater efficiency (Audit Commission, undated). The areas identified in the research where improved efficiency could be achieved included the following:

- **Staff productivity** - improvements in staff productivity in local government can be obtained by a variety of means including: improved sickness absence management, more flexible working, work remodelling, and process re-design (DGLC 2006). Thus these approaches require practitioners to do more within existing resources and are applicable in family interventions. Specific examples identified from this research included more flexible working, increasing caseloads, undertaking more remote working, improved use of IT, reduced sickness, absence etc. Further significant productivity improvements could also be obtained from simplifying existing processes which were overly complex and time consuming. The primary research showed that 53% of front line key workers identified over-elaborate processes as one of the top three barriers to improving productivity.
- **Reducing fixed costs** – during the research, various suggestions were made as to how the level of fixed costs attributable to family services could be reduced. A particular example often mentioned by respondents concerned the use of buildings and, in particular, the co-location of staff within a multi-agency base. This was highly popular with keyworkers and could release resources to be reinvested.
- **Information management and sharing** – better information management and better sharing of information is often identified as being an important means of improving organisational efficiency and effectiveness. However, the research did not suggest a

high degree of priority was attached to this by respondents. When asked to prioritise a range of implementation issues on a scale from 1-16 (where 1 is the highest priority and 16 the lowest) the respective scores for strategic managers, operational managers and keyworkers were respectively: 8.7, 9.4 and 6.0. Discussions with respondents suggested that these relatively low scores were probably due to a lack of awareness about how such shared information might be used and what the potential benefits were.

Effectiveness

Effectiveness is a measure of the impact that has been achieved by the programme in terms of its final outcomes (Audit Commission, undated). Thus it links together the outputs and outcomes of the programme. The research identified a number of hallmarks or factors deemed necessary for effective family intervention and the extent to which these hallmarks were applied in the case study area (Prowle 2012). These are self-explanatory and are summarised in Table 2 below.

Table 2: Hallmarks of Effective Family Interventions

Design	Implementation
<ul style="list-style-type: none"> • Early identification • Evidence based interventions • Focus on family empowerment • Individual family support plans • Effective methods to engage “hard to reach” families • Key worker approach • Effective Family Assessment Tool • Multi-agency team around the family approach 	<ul style="list-style-type: none"> • Accessibility • Highly skilled and supported workforce • Information sharing • Good leadership and management • Good links to specialist services • Good links to universal services • Flexible budgets

However, the research also highlighted a number of issues or concerns about these hallmarks and/or their application to the borough, including the following:

- There were strong overlaps and interdependencies between some of the hallmarks and to be effective some of the hallmarks needed to be implemented simultaneously and holistically and not individually as was the case in South Wales and probably many other areas.
- There were several hallmarks where, there was general agreement regarding their importance within the literature but some were not highly prioritised by either local managers or key workers. One particular example of this was service accessibility.
- There was a lack of priority in the case study area given to the critical aspect of leadership with few respondents identifying lack of leadership as a significant barrier to improvement.

Innovation Approaches

Successful innovation in public services includes the creation and implementation of new processes, products, services and methods of delivery which result in significant improvements in outcomes efficiency, effectiveness or quality” (Mulgan and Albury 2003). There are various approaches to this. Research by Berry and Taggart (2007) suggests that technology

has become one of the principal determinants of competition leading to innovation. On the other hand, some authors (Burton 2008) suggest that innovation is achieved through people.

Berry and Berry (1999) argue that diffusion of innovation is driven by a number of drivers: learning, competition, public pressure or mandates from higher levels of authority. However, caution is needed about this. Further research (Walker et al 2011) suggested that while the Berry model is best suited to the analysis of total innovation, it is not as well suited to the analysis of different types of innovation.

Whilst promoting innovation has not traditionally been given high priority in public services, some commentators (Bhatta, 2003; Donahue 2005) point out that, since public organisations touch the interests of so many and are often entrusted with socially important tasks, innovation is crucial to improvement, and that the NHS in particular has given innovation a much higher priority in recent years (DoH 2010).

In relation to family interventions, the following important innovative approaches to service delivery were identified in the research:

- **Early intervention and prevention** - Many respondents highlighted early years as a critical opportunity for intervention. Early intervention can prevent the escalation of need and has been highlighted in a number of studies with academic literature confirming that early intervention as a preventative measure is likely to yield better results than later intervention when problems are more entrenched (Parker 1980). The focus groups and interviews both found considerable frustration that intervention was not sufficiently early, and that, in many cases, intervention may have been more successful if delivered earlier. While there was widespread recognition that intervention could and should be earlier and more responsive, a pre-requisite for this is the development of a robust model for early identification and diagnosis which was seen by respondents as critical. One other key difficulty with moving to an early prevention model is the question of how this continues to be resourced, whilst also providing support to families at the high end of the spectrum of need, as funding is required up-front to release savings downstream. The research found that existing funding was insufficient to pump prime this opportunity and fully facilitate a shift to earlier intervention and preventative approaches.
- **Co-production** - co-production is essentially about the design and delivery of public services being shared between the service provider and the recipient. Co-production is not new as most public services now encourage some involvement from service users. What makes this issue topical in the current financial crisis is the expectation that effective user and community involvement may help to improve outputs, service quality and outcomes and reduce costs for local government (Barker 2010). The potential of co-production was identified in the primary research, although the degree of support for this approach varied considerably between interviewees with greater support being found in the third sector than in the statutory sector. Linked to co-production is the idea of co-charging with service users contributing towards the financial cost of service delivery. Some respondents argue that this personal investment (however small) may increase the level of engagement and commitment of the client and thus improve the effectiveness of the service while also generating some financial resources. In the primary research, examples were cited of situations where families did not attend (for example) parenting programmes and some key workers felt that this would not have been the case if there was even a small charge levied for attendance. Opponents of co-charging suggested that it could act as a disincentive to poorer families to engage

in the process at all. One possible response worth exploring in relation to family interventions is the application of self-regulation theory (SRT). This concept is increasingly used within the fields of health and housing and consists of several stages. First, the service user deliberately monitors their own behaviour, and evaluates how this behaviour affects one's outcomes, (e.g. health). If the desired effect is not realised, the user changes personal behaviour. If the desired effect is realised, the user reinforces the effect by continuing the behaviour (Kaslow 1996). In relation to housing, self-regulation is defined as an approach where residents' priorities, views and engagement with relevant processes are at the heart of housing organisations' frameworks for directing, accounting for, monitoring, assessing and modifying their own behaviour and performance'. Thus, it gives tenants a formal role in self-regulation, and gives them power to challenge the organisation and effect change.

Overall, the current academic literature suggests there are a number of key features which need to be in place to promote innovation in the public sector. (Horner et al, 2007):

- leadership and support from the top of the organisation.
- shared responsibility for innovation across the organisation,
- a positive attitude towards risk taking, particularly from central government. Not all innovations will succeed so a tolerance of failure and a learning approach to innovation is essential;
- a climate which encourages experimentation and evaluation, plus a rewards systems that encourages innovation;
- the involvement of people from different backgrounds (rather than a closed shop of service professionals); and
- the provision of adequate resources for innovation. (Horner et al, 2007)

In the light of the above, it was surprising and perhaps unfortunate, that the case study research found that service innovation was not seen as a key priority by respondents. It was a term never mentioned by any of those surveyed or interviewed during the research. Furthermore, as discussed later, some of the key requirements for generating innovation most notably leadership and a positive attitude towards risk taking were not highly rated in the organisation. Thus there were a number of difficulties associated with promoting innovation, including cultural, political and practical barriers that needed to be addressed. Our broader experience leads us to suspect this may be also the case in many other authorities and services.

Implications of pursuing these strategic options

Whilst the strategic options identified may provide a valid contribution to managing increased demand for family intervention within a period of austerity, none of them is without potential challenges. The research identified four particular issues to consider:

- The timescales for implementation
- The resource implications associated with each strategic option
- The managerial requirements for successful implementation
- The potential barriers to implementation and overcoming those barriers

The timescales and likely indicative resource implications for each option are illustrated in

Table 3 below together with some explanatory comments. The classification of each option in terms of implementation, timescale and resource requirements represents an initial assessment of what is involved in each case and was based on a range of discussions with key personnel (Prowle 2012).

Table 3: Timescales and resource implications

Option	Implementation timescale	Indicative resource implications	Comments
Prioritisation Approaches	Short term	Low	<ul style="list-style-type: none"> • It would be relatively easy to develop and implement prioritisation tools. • Political and moral issues in relation to how to support families who are disinvested from intervention programmes.
Enhancement Approaches	Medium term	Medium	<ul style="list-style-type: none"> • The hallmarks for effective practice are already identified but need further work to fully develop and implement • High levels of staff buy-in to co-location of teams but some political issues to be resolved. • Low levels of local appreciation of the importance of evidence based models. • Significant staff development needs. • Fears that there could be negative impacts on quality of service delivery. • Potential implications for staff morale. • Potential collective bargaining issues.

Innovation Approaches	Medium- long term	Medium/High	<ul style="list-style-type: none"> • Workforce development implications are significant • Investment in technology may be required • Innovation is a lengthy process and it takes time, leadership and dedicated resource to embed innovation within public sector organisations. • There is no simple universal formula that can be applied to ensure successful innovation. • There may be practical, cultural and political factors that inhibit this approach.
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It can be seen that the timescales and resource requirements of each of the strategic options vary greatly and this must be taken account of when planning a course of action over a period of years.

With regard to the barriers to implementing these options, respondents were asked how important they thought the following barriers were to the successful implementation of the various strategic options and what actions were needed to overcome these barriers. The results were as follows:

Table 4: Barriers to implementation of strategic options

	Strategic Managers	Operational Managers	Frontline Keyworkers
	% ranking in top 3 of importance	% ranking in top 3 of importance	% ranking in top 3 of importance
Inadequate leadership and management	13	14	5
Lack of information sharing	31	21	0
Unwieldy processes	13	14	53
Unclear objectives	25	21	16
High levels of need	94	71	89
Lack of capacity	63	86	63
Inadequate staff training	13	0	0
Inadequate funding	44	43	63

Table 5: Actions needed to overcome barriers

	Strategic Managers	Operational Managers	Frontline Keyworkers
	% ranking in top 3 of importance	% ranking in top 3 of importance	% ranking in top 3 of importance
Address cultural issues in organisations	44	43	21
Integrating practices	69	79	53
Improving staff development	38	21	11
Pooling budgets	50	43	42
Improving leadership and management arrangements	19	36	5
Allocating further funding	63	21	74
Developing shared information systems	19	21	47

A number of observations can be made about these findings. Effective leadership and management would usually be considered a key requirement for the implementation of strategic change in organisations. It has been described as the “process of social influence in which one person can enlist the aid and support of others in the accomplishment of a common task”. (Chemers M. 1997). However, family interventions involve multi-agency partnerships and Liddle (2010) has explored the role of leadership within complex multi-agency contexts, often fraught with “ill-defined, networked, collaborative domains with imprecise boundaries and role ambiguity”. Table 3 indicates that inadequate leadership was not ranked highly by respondents as a barrier to the implementation of the strategic options and table 4 suggests it is not seen as a key action in overcoming such barriers. These findings are surprising, not least because they contradict critical reports from external parties about the organisation. Hence, it appears that significant effort is required to develop and embed a ‘leadership’ culture and also to equip managers to lead effectively, within their complex and challenging environment.

Secondly, training and workforce development. Both academic and policy literature recognises that continuous workforce development is essential to support the delivery of effective family interventions. In the research, workforce development was not seen as one of the major barriers to implementation nor was it seen as a key action. This could be because the workforce development which has already been implemented was regarded as being sufficient. In particular, keyworkers were highly complimentary about the emphasis placed on workforce development referring in positive terms to the support they received through the keyworker forum, regular supervision sessions, extensive training and newly introduced induction programmes and a new caseload management system. However, with reducing resources, this focus could be compromised and the research has suggested that it may be essential to continue to prioritise workforce development as a means of ensuring effective family intervention.

Thirdly, a number of the concerns expressed by respondents suggest a need for substantial organisational change. There is strong support for the need to better integrate practices between different professionals and a view that there is an urgent need to address cultural issues in organisations. Family interventions, as opposed to individual interventions, are a relatively new area and as such the development and implementation of these services inevitably involves significant organisational change. Change management is an organisational process aimed at empowering employees to accept and embrace changes in their current organisational environment. However, evidence suggests that despite the high levels of effort and resource committed to change management, most organisational change efforts fail (Stanleigh, 2008). In the circumstances it is important therefore to consider and address the barriers to effective change management, including self-interest, low trust and low tolerance to change. This will be crucial to effectively managing the changes required to implement effective family interventions both in the borough and further afield. The primary research indicated that, historically, the changes needed to deliver improved family interventions in the case study area, were well-managed with significant buy-in from staff at all levels. This view was supported by a representative of the Welsh Government who commented that, in their view, the partnership was “ahead of the game” since many of the required changes had already been implemented. This suggests that this particular partnership may have a firm foundation for future developments.

Conclusions

It is evident that the numbers and needs of troubled families are rising and are predicted to rise further, generating increasing demand for family interventions at a time when resources are diminishing. Managing this tension at local and national levels will be a key priority for commissioners of services. This research outlines a number of possible strategic options which could be considered as means for reducing these tensions, as well as the managerial implications involved. However, all of these options have a different range of implications for organisations and there is a clear need for a strategy within children’s partnerships to address the tensions involved.

The options identified and discussed above have been considered in the context of family interventions in a single Welsh local authority area. However, there are other areas and other public services facing similar characteristics in a time of austerity, of increasing demand and declining resources. In practice it is also necessary to consider the impacts and interdependencies of any implementation options on other public services within the local area. Our preliminary consideration suggests that these options may have potential for applications in Health Services, Adult Social Care, Consumer Protection and Welfare Services. Further work is however needed to establish the degree of relevance and potential importance of the options discussed above to different services and localities. They could however provide a starting point for informing and developing more robust local strategies for tackling the increased challenges ahead.

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