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Total Family User Insight Survey

The findings from seven in-depth interviews

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Executive Summary

Background and method

Total Family has been developed as a response to two agendas first set up by the previous government, Think Family and Total Place. The Total Family Programme aims to explore the potential for coordinating services around the needs of family units rather than individuals in order to secure better, long-term outcomes, seeking in the process to achieve efficiencies and introduce new ways of working.

At a time of changes in government policy and local budgets, the aim of this research was to assist Lancashire County Council in understanding whether local family support services have improved user outcomes or increased resilience and to identify whether service changes are required in order to improve effectiveness. The objectives were to identify:

- the reasons for the provision of the service(s);
- how services were accessed;
- the nature and organisation of the support provided;
- the changes that had taken place within the family as a result of the support that had been provided, both immediate outcomes and whether they felt it had increased their ability to cope challenging circumstances in the future.

Through their contact with services in Preston, the Total Family Programme aimed to recruit between 15 and 20 families to be interviewed. Significant effort was put into engaging families. Targeted discussions were held with 14 services and organisations providing support to adults and children across the spectrum of need from universal to specialist services, and requests for recruiting families came in the form of emails, telephone conversations, direct meetings and attendance at sessions.

Take-up, however, was still very low and it is unclear why this was the case. It was suggested by the Total Family Programme that some families may have been reluctant to engage due to the nature of their involvement with services and that the level of uncertainty with regard to the future of service delivery may also have put some services off encouraging families to take part.

In total, seven families took part in the research. Through in-depth interviews, however, a wealth of information was collected which reflected the families experiences of accessing and receiving support and the impact their contact with support services.

Families were nominated for interview by the Group Intervention Panel (GRIP), the Community Mental Health Team, social care at a short stay school and via self referrals at a Children's Centre and a parents' consultation event. The circumstances and needs of the families interviewed were complex and the services accessed by them were wide-

ranging and a number of families appeared to be 'in crisis' when they were referred to the current service provider. The difficulties experienced by family members included, for example, domestic abuse, risk of exclusion from school, disability, poor mental health, relationship conflict and involvement in crime or anti-social behaviour. This is an objective report based on the findings from the interviews with the seven families.

Although the final sample was relatively small, the depth of material and insights obtained was considerable and this report provides an invaluable source of information from the perspective of families about service provision in Lancashire.

Findings

The findings of the research focused on four areas – the timing of the intervention; the breadth of support that was offered; the role of key workers and the coordination of services; and the outcomes achieved and the promotion of resilience.

The following findings emerged in the interviews in relation to:

1. The timing of the intervention

- access to specialist support had most frequently been gained through universal services;
- it was considered by some families that referrals for support were made at the right time but for four families, the interventions had not come early enough – there were longstanding issues that had not been addressed in the past;
- one family still considered it to be 'luck' that they had gained access to services on this occasion;
- families sometimes felt they had to fight hard for the services they had received.

2. The breadth of support

- there was often a lack of clarity about whether formal assessments of need had been undertaken and whether individual child/young person/family plans were developed or reviews had taken place;
- support had been offered to different families members, including parents, carers, young people and children (including siblings);
- a range of support was offered through different providers and having their 'specialist' input was valued;
- support was provided both on an individual level by providers as well as jointly, acknowledging the interplay of factors in families;

- time limited support and the lack of universal activities was a concern for parents;
 - value was attached to having some choice about services accessed.
- 3. The key workers and the coordination of services**
- building a relationship with one key person was very important;
 - clear lines of communication with the family and between services facilitated involvement, made families feel valued and reduced frustration;
 - points of transition in the children's lives were seen as times that services needed to provide support;
 - changes in services or staff had an impact on the family and having continuity or, if necessary, a smooth transition, was important.

4. Outcomes and developing resilience

- families were able to describe positive outcomes including
 - provision that enabled the family to get over a crisis;
 - the ability to express their needs and ask for help;
 - reassurance that there was someone they could turn to;
 - one to one support which enabled individuals to receive practical help and/or talk about and address underlying issues;
 - increased understanding between family members enabling them to communicate and re-build relationships; and
 - learning about practical strategies to address day to day issues and gaining confidence to put them into place;
- resilience was developed through
 - increased self awareness about underlying issues and confidence in strategies to tackle them;
 - improved channels of communication within the family; and
 - knowing how to access services if the family needed to in the future;
- some families were concerned about whether changes could be maintained because
 - support had not being available for long enough to embed the changes;
 - support that might not be available in the future given the current climate of cuts;
 - there was a lack of positive leisure activities available for young people once targeted provision has ended; and
 - concern that there were outstanding needs which had not been addressed.

Recommendations

In conclusion, although the findings of the research were limited by the size of the sample, the views of each of the families that did take part are valuable and together they illuminate a range of experiences.

The recommendations of the research related to several aspects as follows:

a) The sample

- the gathering of further qualitative information from users of key services (particularly those aimed at families without children), should be considered. Each families experience differs and provides useful insights to aid delivery. The insights provided by these families provides a snapshot but is not representative of all families;
- this research was with families who have engaged with services; consideration should be given to the experience of families who have failed to engage with service providers.

b) Timing of involvement

- further consideration should be given to the response of services when families appeal for support or advice (possibly at a point which would be 'early intervention') and the extent to which the initial response is professionally or family led;
- settings within the community, such as Children's Centres, were seen as good access points for families who wanted support or advice but were unsure about what was available or how to access it;
- early intervention for families is seen within the context of their lives as a whole rather than in relation to a single issue. There needs to be a common understanding of this term.

c) Assessments, plans and reviews

- the partnership with families needs to encompass a clear assessment, care planning and review process that helps both the family and the service identify the needs of each member of the family, when and how positive outcomes have been achieved, whether needs have changed, and whether any further provision is required as part of an exit strategy.

d) The whole family approach

- assessments should consider the needs of each family member and the interplay between family members when determining what services are needed and how they are to be delivered;

- good cross-agency communication is required so that services know about what each can offer;
- further consideration could be given to the role of universal services such as schools and nurseries in identifying the need for a referral to a service which can investigate the wider needs of the family when concerns about a child are identified in a day-care or educational setting;
- provision which supported family relationships was highly valued and needs to be available as part of the service offer. The Strengthening Families course, for example, was commended for the way that it facilitated communication and increased understanding between parents and their children.

e) Key workers and coordination

- whether families require support from one service or a combination of specialist services in order to meet their needs, there should be a key professional they can contact and with whom they develop a relationship;
- changes in the person who is the key professional should be minimised but where necessary, family need to be clearly informed and new channels of communication established.

f) Developing resilience

- the regular review of outcomes achieved and the construction of exit plans would enable families to be more confident about their progress and what is available when specialist services withdraw;
- communication with services users is important during times of change in service provision. This means that clear information needs to be held by universal service providers and other points at which previous service users and other members of the public might attempt to access services.

1. Introduction

1.1. Family support - the policy context

The Total Family Programme in Lancashire has been developed as a response to two agendas first set up by the previous government, Think Family and Total Place. The Total Family Programme aims to explore the potential for coordinating services around the needs of family units rather than individuals in order to secure better, long-term outcomes, seeking in the process to achieve efficiencies and introduce new ways of working, through collaboration and local leadership. This fits squarely with the emerging approach by central Government to support for families and the 'localism' agenda.

The Government's Cabinet Office reports '*Reaching out: Think Family*' (2007) and '*Think Family: Improving the life chances of Families at Risk*' (2008) both highlighted the crucial role that adult and children's services can play in mitigating these risks, and argue that a systemic approach is required to deliver the next step change in outcomes for families caught in this cycle of disadvantage. Vital partners in helping this to be achieved and thereby improve outcomes include adult services, housing, health, police, youth justice, education, early years, voluntary and community sectors, family learning and especially parents/carers and children and young people. This can only be achieved through strong leadership that encourages effective partnership working at all levels.

Following the Government's Families at Risk Review, the 'Think Family' approach was developed to improve the support offered to vulnerable children and adults within the same family. The approach was tested in 15 pathfinder areas.

Further support for the Think Family approach came with the announcement in the Youth Crime Action Plan and The Children's Plan, '*One Year On*', that from April 2009 all local authorities would receive extra funding to:

- Implement 'Think Family' reforms to local authority and health service systems and services;
- Set up Youth Crime Family Intervention Projects (FIPs) to provide intensive support to families in the greatest difficulty;
- Offer Parenting Early Intervention Programmes (PEIPs) to help mothers and fathers of children (aged 8 to 13) at risk of poor outcomes improve their parenting skills; and continue to fund Parenting Experts and practitioners in all authorities.
- In addition, some local authorities received additional funding to support the development of family-based approaches to tackling, anti-social behaviour and child poverty.

Intensive family intervention and evidence based parenting programmes have an established international and increasingly strong UK evidence base and a strong case can be made for continued investment. The Coalition Government included the

commitment to build on the many excellent examples of local practice in supporting families with multiple problems in its Manifesto.

In June 2010, as part of its funding announcements, the Coalition Government removed the ring-fencing of a number of local authority grants, including the Think Family Grant. This, along with the decision to include a number of other grants within the local authority Area-Based Grant allocations was intended to give councils the greatest possible flexibility to take decisions locally on how to deliver the savings needed. There is a general move towards funding flexibility and less policy prescription in the context of the Government's 'localism' agenda and the use of non state mechanisms to deliver to families in need in the context of the 'Big Society'. Future funding for family interventions will be part of the flexible 'Early Intervention Grant' in 2011-12, which was announced by the Department for Education in December.

Government's future policy framework for support for families will no doubt be shaped by the outcomes and decisions taken on the recommendations from Frank Field's Review of Poverty and Life Chances *'The Foundation Years: Preventing Poor Children becoming Poor Adults'* and Graham Allen's review of early intervention, *'Early Intervention The Next Steps'*. Both place great emphasis on the importance of intervening early, good parenting and the potential benefits from working with wider family units.

'Total Place' was launched as part of the Government's Budget in 2009 as a key recommendation of the Operational Efficiency Programme. It set out how all places would benefit from 'Smarter Government' commitments on de-ring-fencing, streamlining funding and reducing burdens.

In March 2010, HM Treasury published *'Total Place: A whole area approach to public services'*. This set out a new direction for local public services and significant new freedoms from central control. It was based on extensive work over the previous year by 63 local authorities, 34 primary care trusts, 13 police authorities and other partners, with more than 70 other local areas engaged in similar work. It set out an ambitious approach to considering how a "whole area" approach to public services can lead to better services for the customer at less cost. It seeks to reduce costs and introduce new ways of working, through collaboration and local leadership, within the context of constrained resources and public expectations of higher quality services.

'Total Place' also ties in with the agenda of building the next generation of public services, in which front-line delivery organisations collaborate effectively to deliver more user-focused services and individual entitlements.

The Coalition Government announced the development of 'Community Budgets' in the Comprehensive Spending Review in October 2010. This clearly builds on the approach to 'Total Place'. The intention is to improve the way public services and local communities respond together to some of the most challenging issues in society – going further with joining up resources than previous policies and programmes have. They are intended *'...to redistribute financial control from Whitehall to Communities and to put local people in the driving seat of all of the money being spent in their areas to make sure local*

services are tackling local problems effectively. 16 areas (including Blackpool, Blackburn with Darwen and Greater Manchester in the North West) will develop the first phase of Community Budgets, pooling funding streams, to focus work on improving their response to families with complex needs. The Prime Minister is expected to announce details of the programme mid March but it is clear that Government's expectation is that this model will be adopted more widely.

1.2. The aim of this research

The aim of the research is to assist Lancashire County Council in understanding whether local family support services have improved user outcomes or increased resilience and to identify whether service changes are required in order to improve effectiveness. The objectives were to identify:

- the reasons for the provision of the service(s);
- how services were accessed;
- the nature and organisation of the support provided;
- the changes that had taken place within the family as a result of the support that had been provided, both immediate outcomes and whether they felt it had increased their ability to cope with challenging circumstances in the future.

1.3. Methodology

A semi-structured interview schedule was developed to explore the experience of receiving support and the impact of each family's contact with support services. Information sheets were produced for families and referring support staff and a consent form was devised for each member of the family to complete before each interview.

Through their contact with services in Preston, the Total Family Programme aimed to recruit between 15 and 20 families to be interviewed. Targeted discussions were held with 14 services and organisations providing support to adults and children across the spectrum of need from universal to specialist services, and requests for recruiting families came in the form of emails, telephone conversations, direct meetings and attendance at sessions. Take-up, however, was still very low and it is unclear why this was the case. It was suggested by the Total Family Programme that some families may have been reluctant to engage due to the nature of their involvement with services and that the level of uncertainty with regard to the future of service delivery may also have put some services off encouraging families to take part.

Despite an extension of the interviewing period from two to almost four months, and considerable efforts being made to identify families, only seven families were recruited. This includes one parent who came forward when a member of staff from the Barnardo's Training and Consultancy visited an activity at a local children's centre. One

parent contacted Barnardo's directly after hearing about the research via his daughter's special school but decided to withdraw before the interview was conducted.

The seven interviews took place over a three month period from October 2010 to January 2011. The family consent form included consent for Barnardo's to contact a key support worker for a small amount of background information, so that the interviewer has some awareness of the issues and agencies involved before the interview and, if necessary, could prompt or probe appropriately. Although young people within each family were asked if they would like to be involved in the research, they all declined: all of the interviews were therefore conducted with parents (seven mothers and one father). With the consent of the participants, all interviews were audio-recorded and transcribed verbatim. All responses have been dealt with anonymously.

On completion of the research, a letter was sent to each family to acknowledge the importance of their contribution and thank them for their participation.

1.4. The structure of the report

The following section of the report outlines the circumstances of each of the families who were interviewed and sections 3 to 6 present the findings of the interviews. They focus on the timing of service provision; the breadth of support and the whole family perspective; the role of key workers and the coordination of services; meeting immediate needs and promoting resilience. The report deliberately includes extensive quotations in these sections in order to illustrate the range of family circumstances and the detail of their experiences. The conclusions and recommendations are contained in section 7.

2. Family profiles

The circumstances and needs of the families interviewed were complex and the services accessed by them were wide-ranging and a number of families appeared to be 'in crisis' when they were referred to the current service provider. The difficulties experienced by family members included combinations of the following

- domestic abuse;
- relationship conflict;
- parenting difficulties;
- poor family functioning;
- poor mental health;
- poor physical health and disabilities;
- involvement in crime or anti-social behaviour;
- substance misuse;
- possible exclusion from school;
- poverty;
- poor housing.

The profiles below provide a brief summary of the situation of each family that took part in the research with the agency that nominated each family to be involved in the research highlighted. The names of all individuals referred to in the interview have been changed for the purpose of this report.

Family 1

Sheila was nominated for an interview by the **Community Mental Health Team**. Sheila has been a mental health service user for approximately 15 years and, in the past, her husband Tom has been her carer. During the last year, however, Tom has been diagnosed with Alzheimer's and is unable to continue in that caring role. Sheila's adult daughter, Sarah, and Sheila's sister are able to help her but Sheila has become Tom's main carer and both husband and wife require support from specialist services.

Family 2

Julie was nominated for an interview by **GRIP** (the Group Intervention Panel). GRIP worked with this family following concerns about her 13 year old son, James, becoming involved in anti-social behaviour, possible exclusion from school and Julie struggling to cope with his behaviour at home. James had previously been referred to specialist services, including CAMHS.

Family 3

Tracey was also nominated for an interview by **GRIP**. Her 15 year old son, Greg, was referred to GRIP after being arrested for an offence and requesting help for his family. After an initial assessment by GRIP there were concerns about all aspects of the ECM agenda and continuum of need, hence a CAF was completed and support put in place. Initial concerns were that Greg could enter the criminal justice system, possible exclusion from school, and Mum was struggling to cope at home: she is currently the sole carer and it is a large family which includes two children with special educational needs.

Family 4

Debbie was the third parent who was nominated for an interview by **GRIP**. GRIP became involved as Sam, Debbie's 10 year old son, was coming to the notice of the police for low level anti-social behaviour. Sam, who 'has a SENCO at school', had been previously referred to CAMHS and another close family member had experienced serious mental health problems in the past.

Family 5

Joanne volunteered for an interview when one of the Barnardo's researchers visited a local **Children's Centre**. An outreach worker from the Centre worked with Joanne following a referral from a midwife who was concerned about her mental health at an antenatal check-up. The needs identified informed for the decision to provide one to one emotional support, housing advice, support for Joanne to attend groups, breast feeding support, behaviour management strategies and toileting advice in respect of Jack, Joanne's 5 year old son.

Family 6

Liz volunteered for an interview when taking part in an **event for parents** of children with disabilities. Liz's son, Thomas, is 5 years old and has autism. The family have accessed a range of health and education services since Thomas was 3 years old.

Family 7

Michelle and Paul were nominated for an interview by the **social worker** at a short stay school attended by their eldest daughter, Katie, who is 15 years old. Instability in the home setting, challenging behaviour at home and at school, and difficult family relationships have been identified as areas of concern for the parents, Katie and her three siblings.

3. The timing of the intervention

3.1. Introduction

The research found that in six out of the seven cases, a universal service recognised the family's need for more specialist intervention and made a referral. These universal services included a GP, a school or nursery, the police and a midwife. In the other case, the referral came as a result of a disclosure to a counselling service.

3.2. Appropriately timed referral

The families were divided in the extent to which they felt that the referral to the services that were currently, or until recently, supporting them was made at the right time.

Most emphatically agreeing that the referral was well-timed, one person said the following:

If it wasn't for that first midwife actually to think there is something not quite right and to contact [the specialist midwife] – if she hadn't have rang on that particular morning I don't know where I would have been! I think you would have been scraping me off the pavement from that bridge. That's what I felt like doing. ... That was divine intervention that was. Good timing! (Family 5)

Whilst another interviewee suggested that their first referral to specialist services had come at the right time and the family had been able to access services in a timely way, they did feel that they had received the support they had only because they had a level of determination that some parents may not be able to draw upon:

I think because I was being quite proactive in my own right, it was the right time. ... if you want a diagnosis, if you sit back it doesn't happen. If you push, and you will get a reputation, 'that damn woman again' – didn't bother me one iota. (Family 6)

A lot of people find the names and the titles very intimidating. When they ring up they get brushed to one side, a day a week or maybe even a month and at the end of this time, they are no further forward. And I think some people think there is something wrong with the parent, let alone the child, and they just treat them atrociously (Family 6)

She suggested that the services were there but barriers had to be overcome if families were going to access them:

What they have in Lancashire, from my point of view is absolutely fantastic – if you know how to get hold of it, who to contact, where to go. All the information I've got now is through sheer determined hard work, asking that person, ringing up here, letters there. I've done so much work. I've spent a fortune getting all

this information and I've got parents coming to me now saying my son's just been diagnosed with autism, can you help? I had one woman here; I said come around for half an hour and I'll run through the basics: three and a half hours and in that time she got three years worth of knowledge! (Family 6)

3.3. Unmet needs and overdue provision

Four families, however, were clearly frustrated that their needs had not been addressed in the past and, although the services they had received as a result of this referral came as a relief, they all felt they should and could have received help earlier. Services they were currently receiving, or had recently accessed, were not 'early intervention' for them but their current situation could be seen as a consequence of a culmination of unmet needs.

One mum said that her son had difficulties stretching over the last eleven years and she had previously spoken to a number of services at different times including staff at Sure Start, to her GP and had a referral to CAMHS:

James since school he wasn't doing very well, terrible 2's and when he got to 5, and to his teenage years he struggled, struggled in primary and in secondary school, just silly things really – getting into trouble with the police outside, kicking off in school. I kept taking him to the doctors and they just said he was a difficult child and would pass through it. The last time I took him to the doctors the school said either get some help for him or its exclusion. The doctor said try cutting his pocket money down. Take 10p off him every time he's in trouble. He didn't care. (Family 2)

When he were younger I got referred to CAMHS, he was 6 or 7. All he would do when I told him off was go upstairs and near his bed he's got a big hole in the wall where he's banged his head that much that it's gone through to the breeze block in the middle of the wall and it was concerning me. Or he would pick himself till he bled and he had scabs from it, and I took him to the doctors and they said well refer him to CAMHS and I got a letter from CAMHS to see such and such a body and I never got any more, they just fobbed me off and that disappointed me. I think that he should have been referred to them sooner. (Family 2)

I just feel like when GRIP was involved, a weight of potatoes had been taken off my back. I had been saying there was something not right about him, he needs medication or he needs something. (Family 2)

A second parent suggested that the family's difficulties could have been addressed a number of years earlier when her Husband was sectioned under the Mental Health Act:

I made myself homeless because of it and they told me that I had a good head on my shoulders and I worked so I should be able to find myself somewhere to

live. And it was like, just because I've got a job I just walked into a wall with every body and it wasn't for want of asking. (Family 4)

We had no help or no support from nobody or nothing. And how I had managed to get where we were and carry on working full time and the kids and what have you, with no support at all. It was just a case that I had to get on with it. If I didn't work and I sat at home all day, you'd get benefits, you'd get free advice, free counselling for this, free counselling for that, but because I worked it was like, you'd get penalised for it. (Family 4)

Another parent was very frustrated about the length of time it has taken for support services to become involved with the family. Her feeling was that, in the past, professionals had thought that the family's situation did not meet their criteria for intervention:

The problem with everything has been – you can ask till you're blue in the face but until something happens to one of the children, nobody wants to know. ... And it actually took, bearing in mind I've got two disabled kids, it actually took him to get arrested for a second time and for him to speak to the social worker, or whatever she was at the police station, and get referred to GRIP. That is what it has taken for this family to get help. Which I think is extreme! (Family 3)

I have been requesting a social worker now for 14 years. I have been self-referring for a social worker and I have also been referred by the Willows, I've also been put forward by CAMHS. I was also put forward by Probation and all of them got the same response, 'when she beats them up or she physically harms them, or they physically harm her' (because there is a problem with Greg with that) 'then she can have a social worker'. So basically I was told 'go away and beat your children up and then you can have help'. (Family 3)

And even with this referral, which did result in access to support services, this parent expressed some concern that there was an element of chance that it happened at all:

It shouldn't have taken my son to get arrested for a second time and then it was only because the local bobby knows us and he's a good bloke saying, look the kids got so much stress at the moment at home blah blah blah, that it was even done otherwise he would have been charged. (Family 3)

There were a number of situations where families said they had been asking for support themselves but nothing happened. One family, who felt that things would have been very different if they had been able to access services earlier, suggested that finding a way into services was difficult. This family had struggled with primary school provision for their son, a situation that was brought to a head during the year he was excluded. Mum eventually contacted the 'education department' and a SEN assessment was conducted: she said that at that time, she felt like she was 'fighting everybody to get somewhere'. The family said their experience had been that unless someone was already involved, it was to know who to contact for help. Provision seemed to happen as a result of a

professional decision, once they had found someone who listened to them, rather than services becoming involved when family requested support.

In summary, the interviews found that:

- **access to specialist support had most frequently been gained through universal services;**
- **it was considered by some families that referrals for support were made at the right time but, for four families, the interventions had not come early enough – there were longstanding issues that had not been addressed in the past;**
- **one family still considered it to be luck that they had gained access to services on this occasion;**
- **families sometimes felt they had to fight hard for the services they had received.**

4. The breadth of support and the whole family perspective

4.1. Introduction

The families that took part in the interviews had become involved with a range of services. This section of the report looks at the way decisions were made about appropriate services and how the initial contact had resulted in the provision of a service and facilitated access to a range of support both for the primary subject of the referral and for other family members.

All of the families said that more than one service was providing (or had provided) support as a result of a referral, and in doing this, had acknowledged the impact of the circumstances of one family member on other members of the family and recognised the need for families to work together to address the issues that were facing them.

4.2. Assessments and case plans and reviews

During the course of the interviews with the families, there was little recognition that there had been a formal process of assessment, care planning and review. Whilst everyone was able to talk about the services that had been provided, only three parents spoke about the process of assessment, the construction of a plan of work or reviews that looked at how the input of each agency was progressing.

One parent spoke about the package of support that was co-ordinated by a Children's Centre outreach worker. This parent had found this process very helpful and was clear about what was expected of her and she knew what each member of staff was going to do:

She [the outreach worker] talked to me and then arranged a little meeting between the health visitor and [the outreach worker] and the specialist midwife. We all sat round and had a meeting ... They wrote down what everybody was doing, which was quite good. I got a copy and everybody else got a copy, so we all knew what we were up to. (Family 5)

Another parent spoke about her input into a meeting where the results of her son's special needs assessment were presented:

On the actual day of being told about the results the specialist health visitor was sat next to me with a large box of tissues cos she knew what was coming and the Early Years autism specialist and speech and language therapist. No, that was the icing on the cake. Having [the specialist health visitor] in the room with me? Brilliant. There was a lot of talking initially. I said right, I just need to know now. I've heard what you've got to say, I'm glad that you're all

here and in the end I'm going down that path and not down that path. (Family 6)

This parent also spoke about the reviews of provision for her son: as a child with a disability it appears there are longer term plans being made for his care.

One other parent mentioned the review meetings she currently attended through her family's involvement with the EIST. She suggested these were largely beneficial in getting people together to talk about the progress of their work with the family.

Housing's a bit of a waste of time to be honest with you but the rest of it, they are co-ordinating well because we have a meeting once a month everybody's there, the schools, [EIST worker], myself. (Family 3)

Other families were less clear about how decisions had been made about what services were to be involved. Services were frequently seen as meeting individual needs rather than being part of an overall plan for the family which had particular objectives and timescales for reviews.

4.3. Support for adults, parents and carers

Support for adults, parents and carers was offered in a number of ways. Through the initial service provider, people said they had been referred to services to receive a range of services including the following:

- Admiral Nurses
- Adult social care
- Advocacy
- Carers support group
- Children's Centre groups
- Children's Centre outreach
- Community psychiatric nurse support
- Counselling
- Early Intervention Support Team (EIST)
- Education Inclusion Service
- Health visitors
- Housing advice
- Lancashire Parenting
- OT Care Coordinator
- Respite care
- Specialist health visitors.

One parent described how the referral from the original service (that was provided to work with her 15 year old son) to the EIST had resulted in herself and other members of the family now being able to access a broader range of services:

[EIST worker] has taken on all the family now. She's the one that's got housing involved cos I need a bigger house. ... They've supported with the courts with my husband to get him home. What else have they brought in? [EIST worker] has just done general things. She's sorted out Greg back at CAMHS for domestic

violence counselling. I mean, literally, its nine years since I left my first husband and I am only just getting domestic violence counselling. (Family 3)

All three of the parents whose sons had been referred to GRIP spoke about the parenting support they themselves had received via Lancashire Parenting. One person said that this was the first time they had been offered support as a parent and she found it reassuring:

It was GRIP that rang Lancashire Parenting for me – [the worker] that came out was lovely. She said ‘no matter what it is we are at the other end of the phone’, and that helps. ... Lancashire Parenting came out every other week to see if there was anything that I needed for myself or maybe for [my daughter]. She mentioned about the parenting courses or that if I ever felt that I needed to talk to somebody like counselling, ‘there’s my number, you know where we are, ring me’. (Family 4)

In another instance, one parent, who was the primary recipient of support, explained that although her partner did not specifically receive a service, there was communication between the service providers and her partner:

[The specialist midwife] rang him [partner] up to get his take on it and he rang her once as well. I had trouble with work after I had been ill in hospital and he rang her after the CPN came out to see me. (Family 5)

When I was really poorly after I’d had her, the specialist midwife came up and made a couple of visits to me in the hospital and made sure everything was alright there, and explained to me what was going on and stuff, and made sure my other half was alright at home, because he’d brought her home and I was still in the hospital. So she made sure my other half was okay which was good and the CPN came to the hospital as well to visit me which was helpful, not that I was in much state to talk. (Family 5)

For one family, a carer’s assessment had taken place and, following that assessment, she appeared to be confident that she could also access help from her mother’s care coordinator if she felt that she needed to:

I had a good understanding with [mum’s care coordinator]. If we needed anything or if my mum was on a downward spiral, we could talk to [mum’s care coordinator] and she could advise me on what I could do. There’s a lot of support there now. (Family 1)

The primary carer in this family also said that the nurses from Dementia UK had provided her with one-to-one support to help her understand her husband’s condition:

... the Admiral Nurse is for me because she comes out to give me advice how to handle Tom and to talk about my feelings about the Alzheimer’s (Family 1)

She did not, however, feel that her husband's social worker took her mental health into account when decisions were made about his care. One particularly difficult time was prior to her husband's diagnosis:

I had got to the point where all that was happening was that it made my condition escalate and all the people that were coming in my house – it was really driving me crazy and in the end they sectioned him. When they came in the house I ran up the stairs, I couldn't even be by my sister. ... The last social worker actually made me feel devalued, invisible and unimportant ... I admit that I've got a condition but what the social worker was sort of implying was that it was my condition that was making Tom worse, which was no good for me because it was making me look into myself again. (Family 1)

She felt she had struggled to get the service to understand how her husband's needs fitted with those of the other members of the family:

I had to really put it over that this was affecting my health and affecting the family - I really had to put it over to them and that took a long time. (Family 1)

And another parent, whose child has autism, suggested that although she had received counselling (following a referral by a school nurse), service providers did not always look beyond the child and at the needs of the wider family:

That is important because I know of one family who were actually told the very day that we were told that my son had autism, and they were told their son had autism as well and the father to this day has still not accepted it. ... and within that we could even go as far as to say counselling support. (Family 6)

4.4. Support for children and young people

The work with the children and young people in the families that were interviewed came in a number of different forms, depending on their age and identified needs. The provision for children and young people during this period of support included the following services:

- Addaction
- Additional support in school
- After school clubs
- Alternative school provision
- CAMHS counselling
- Children's Services
- Educational psychology
- GRIP (Group Intervention Panel) programme
- MEND
- School nurse
- Speech and language therapy
- YIP (Youth Inclusion Programme)

Some of these services provide practical activities for children and young people but they are often based upon building a relationship and creating channels of communication (see Section 5 below). Parents of older children suggested that an important element of the support that was offered was the boost that it gave their children – that someone was interested in the issues they were facing and wanted to help them change their situation in a positive way. One parent said the following:

James knew that we were on his side and wanted to help him so that helped the child as well as helping us ... It was getting him into the different organisations. (Family 2)

Whilst the benefits to be gained from the provision of these targeted services were clear, parents were often concerned about the limited time the service was provided to their children and whether they would be able to maintain the positive changes that they had achieved:

GRIP only lasted 10 weeks, that needs to be looked at, it needs to be longer. You can't turn him around in 10 weeks, he is too stubborn. ...Although they do a good job and they do all your needs, cos they have catered for all my needs, the bit in school, he needs longer. It seems like you just get him in there and it stops and he's not going to be focused. He has to do this. Do you understand where I'm coming from? I just feel 10 weeks is just too short. (Family 2)

Their concern was often exacerbated by what they saw as the lack of constructive activities available in their localities once targeted services had come to an end:

There's nothing [for children to do in the evening]. Nothing at all. And the things that do get set up – the Council withdraw the funding. I'm a strict parent. My lot aren't allowed out after 6 o'clock at night unless they are going to something arranged. But if I wasn't, there's nothing for them to do. They would be stood on street corners and that. (Family 3)

Another family expressed concern that a services or activities that were offered to their children did not always materialise, possibly because of cutbacks but also because one worker said they would do something then left and things aren't followed through when someone else takes over. These parents described the consequences as leaving them having to 'deal with the backlash' when their children felt let down and that they subsequently found it difficult to trust services.

4.5. Support for children and parents together

In addition to receiving support as individual members of the family, two families spoke about the value of the parenting course, 'Strengthening Families', they had attended with their sons. One parent of a 13 year old boy described the course as a valuable opportunity for them to talk in a constructive way and it increased the level of understanding of one another:

Then we went to a parenting course, bringing families together. It made me understand how he was feeling in the groups and him understand the pressures I've got as a mother with a lot of children. He talks to me a lot more now. (Family 2)

Working with him [has been important]. I've been to other organisations where they just do it with you. Like when he was at school, I went to a parent group and that was with me and was in my head, whereas now they do it with the child as well and that helps as it makes him understand as well ... working both with me and James made the difference. (Family 2)

For the other family, the parenting course had been a pivotal activity, a 'god send': they said that the time spent with one of their children it had enabled them to build bridges and repair their relationship with him. They also found that the impact of the progress they had made in their relationship with one child had an impact on the atmosphere at home and so was of benefit to the other children in the family:

You go with one child and then bring it home to the rest of the family so everyone gets something out of it. (Family 7)

They said that they had needed someone from 'the outside' to see them as a family and to identify what the problems were in their relationship with their son. They felt that the course 'opened eyes for both parents and children'.

4.6. Choices in services accessed

The general picture was that interviewees felt that they were able to exercise a degree of choice about accessing services that could provide them with support. Two families, for example, said they did not want to be referred to CAMHS as they had not had a positive experience in the past, and other people were given information about parenting courses and parenting support that they were considering whether to access.

But two of the families who were interviewed as part of the research suggested that a service that was provided during this current period of support was not appropriate. One person said that the respite care provided for her husband caused her a level of stress that she found difficult to manage. She suggested that although the service was required, poor communication between the family and her husband's social worker had resulted in an inappropriate placement being made:

He went into emergency respite because of the situation that happened ... and the social worker chose the respite, which I was saying this isn't the right for him. (Family 1)

I've really pushed against going into respite because when he went into respite not so long ago, he went missing for 12 hours ... all this it effects me in such a way and then it puts pressure on my daughter and my sister because there's only so much I can take. [Care coordinator] said you need Tom to go into respite for a night or two so I can have a couple of nights sleep. (Family 1)

This decision had made the family wary about using respite care in the future, even though it was acknowledged that it would be a beneficial service.

For one of the young people, a referral to MEND was not a positive experience because the other children who attended were much younger than him. It did, however, start a conversation about the steps that he and his family could take to look at his diet and his level of physical activity. This young person has now found a preferred alternative through his attendance at a gym, as part of his involvement with the YIP.

In summary, the interviews found that:

- **there was often a lack of clarity about whether formal assessments of need had been undertaken and whether individual child/young person/family plans were developed or reviews had taken place;**
- **support was offered to parents, carers, young people and children;**
- **a range of support was offered through different providers and having their 'specialist' input was valued;**
- **support was provided on an individual level and jointly, acknowledging the interplay of factors in families;**
- **time limited support and the lack of universal activities was a concern for parents;**
- **value was attached to choice about services accessed.**

5. Key workers and the coordination of services

5.1. Introduction

Through their referrals to the services that were currently, or until recently, involved with them, the families involved in the interviews had been presented with the opportunity of working with professionals from a range of agencies. Key to the package they received were the individual relationships with those staff and the coordination of the services that were provided.

5.2. Building relationships

All of the families spoke about the importance of the relationships that they had with a key services provider. This was the case for both therapeutic and coordinating roles.

Parents spoke about the positive relationships their children had developed with workers who were providing advice and support. One parent said that the worker from GRIP had been able to 'get through' to her son in a way that other people had not:

Well, nobody else has been able to do what she [the GRIP worker] did. Yes, she sort of, dug deep and she helped him understand why he felt the way he did and why he did the things he did. ... she did not judge. They knew how much trouble Sam had been in and given the circumstances of the family and knowing what the family had been through before and they didn't judge. (Family 4)

Another parent also spoke about the impact of the work that GRIP had done with her son, taking an interest in him and helping him think clearly about the issues he was facing:

That somebody took the time to actually listen to him ... He knows now that he has the support that he wasn't just cast off as bad and we are trying to help him to cover his issues. We want to work round what his issues are and I think that's been a big turning point for him. He felt like everybody hated him and everybody thought he was bad. Nobody wanted to know him and I think the whole GRIP thing and the support that we've had has just turned his mind-frame around and it is the way he perceives himself, so he's got to change himself so that others perceive him differently. (Family 2)

One parent, who had found it difficult to access services in the past, had built a positive relationship with the GRIP staff and, in particular the EIST worker, based on her respect for the worker's knowledge and skills:

That's worked out perfect. Me and [EIST worker] get on. She has a domestic violence background and that as well. It just narks me that I have been asking for help for 14 years. ... And the thing is it is not some stupid little Uni leaver who has learnt from a text book. ... she has been a full social worker, she's also

worked for the child protection, she's also worked for the sexual side of it with the police ... She's got a hell of a lot of experience. (Family 3)

Another family said that their care coordinator had, amongst other things, encouraged her to be more confident about saying what she needed in relation to her own and her husband's care:

the idea was to try and get me outside the house in confidence without putting armour on, without being ill the next day and to sort out my head really ... she's really been supportive – I couldn't have got through without her. (Family 1)

The presence of a named key worker also provided reassurance to families when they felt vulnerable and that they might not be able to cope. One mum spoke of the value to herself and her partner to be able to contact the outreach worker from the children's centre when she had no-one else to turn to:

Knowing that there is somebody there. Whatever is happening. Somebody that can help with something, whatever it is. If things have gone belly-up at least I know I can get in contact with [the outreach worker]. When she landed in hospital at 6 weeks old, I sent her a message and knowing that there was somebody there. [to baby] Because nanna and granddad didn't help did they? You think they would have come to see you eh? I think Paul was happy knowing that there was somebody as well because he works a lot. He is out most of the time. So it was good for him to know that at least I can go to the Children's Centre and don't have to wait until 8pm at night on the doorstep until he gets home. (Family 5).

Families were keen to recognise the value or and praise staff who had been particularly helpful or offered to find things out for them if they themselves were not able to provide a service directly. One parent said the following:

I had two amazing woman, especially the health visitor for Preston and one of the Early Years educational psychologists, both of which I would bow down and kiss their feet! Absolute jewels in the crown, I cannot sing their praises high enough! Even now they say, 'Liz, if you get stuck phone me. I know I'm not directly in control of what's happening now but I might be able to do something to put you in the right direction'. That is where if you find somebody good, hang onto them. If you can – get a number! (Family 6)

Over a number of years, one family had built a key relationship with a clinical psychologist. They said that he was the only person who knew everything about their family and that he was interested in what was happening for all of them, even though he was a caseworker for only one of the children. They said that they did 'not know where we would be without him' – the important thing for them was that he spoke to different members of the family if he thought it was necessary, listened and helped them talk through their issues. He had also referred the family to the EIST who had, in turn, facilitated their access to parenting courses.

5.3. Coordination and communication

Having a key worker, with whom the family had a good relationship meant that they were able to rely on them to contact other services who might be able to offer support and to pass on information as necessary.

5.3.1. A care coordinator

One parent said that knowing that one person was aware of their situation and seeing them regularly meant that she was confident that other people involved would have the information they needed and she would not be asked to tell different people the same things:

Definitely [seeing one person regularly] and not ten million people as you have to carry on going through your story again and again and again. And then you have people saying how's it going, what's happening? And I'm thinking 'don't ask me, I don't want to talk about it' and bite my nails and don't say anything. If I say it's over something is going to happen so never say never! (Family 5)

Another family, whose son has autism, found that the specialist health visitor was able to act as a two way channel of communication, letting the family know what was happening and answering questions or seeking information on their behalf:

Always having that link with a specialist health visitor was an absolute life saver, because I knew this has happened, what do I do, who do I speak to, where do I go? She was amazing. (Family 6)

Families supported by GRIP expressed similar views about the workers within that service, as another family explained:

Everything I needed it was there if I needed it and if I wasn't sure all I had to do was ring [GRIP worker]. She would say leave it with me. She was great, she was fantastic! (Family 4)

5.3.2. Services working together

The families that were interviewed did not have an issue with a number of different services providing support to them – they saw it as appropriate that different services were meeting particular needs. One family was unequivocal in their view that dealing with the needs of each member of the family would be *'too much for one person to deal with on their own'*. The importance of the different services knowing who else was involved and what they were doing, however, was stressed.

As discussed above (see section 4.2), only two families spoke about meetings where support staff from different agencies got together with the family to review progress. Whilst both families were positive about this process, one family suggested that on occasion, some staff were not present when they could have been:

I know the letters always go out to them with all the relevant paperwork, but they don't always turn up. Sometimes they send reports because I know they are busy and everything. As much as the reports are good it would actually be nice to sit down and see them face to face ... I mean for my situation speech and language and inclusion do speak to each other quite a lot and I know they do because I've seen them in action and you can tell when you are reading each other's reports, there's been an interlink somewhere. Because those are my two main services at the moment, that's all I can really comment on as it stands. The others are at the reviews. They get together when they need to get together and not when they should get together. (Family 6)

It was clear to some families that services were working well together 'on the ground'. One parent, for example, was particularly positive about the way that GRIP had worked in partnership with her son's school, the school being 'really accommodating' about the work that service was doing, going out of their way to 'make it easier and sort it out'. But there was not a broader awareness amongst parents about the communication between different services about the work that was being undertaken with them.

One family that had found it difficult to access the services they needed in the past was critical about the limitations of the one service, the Probation Service, which was involved. Mum felt that this was a missed opportunity for the family to get the support they required:

[My husband's probation officer] never contacted me. The first contact we had with the probation officer was when my husband was querying something and he couldn't get hold of him on the phone 9 months ago. ... He called a CP meeting that he didn't even attend, he then made promises of as long as the CP meeting decided that my husband wasn't a risk to the children or anything that he could come home to this address, they then put him at my mother's address. ... He has been no help to this family in any way, shape or form and that is his job, that's what he's getting paid for and he's not doing it. (Family 3)

A time when the coordination of services was a particular concern for parents was at the point of transition from one level of education to another. Two families mentioned services the importance of communication at this point – one in relation to the move from nursery to infants' school and another from primary to secondary school.

One family was concerned that there did not appear to be a means to allow staff working with children with disabilities in a nursery to assist in the transition to infants' school:

One of the hardest things I've found is doing the transition from nursery into primary school. I had quite a battle with one individual ... Saying that my teaching assistant who looks after Tom at nursery is not allowed to go the primary school for transition because of car insurance! I said I would do all the running around, I will take the TA and my son to the school, I will wait for them, I will bring them both back in my time, losing out of my wage from my job and my

cost in petrol, car insurance, everything. And I didn't charge LCC one penny and then and only then did she back down. Unbelievable! (Family 6)

Another parent was concerned that the progress that her son had achieved at primary school, with GRIP support, would not be sufficient to ensure a relatively smooth transition to high school. She did, however, suggest that she would be proactive in seeking help if it was needed:

He doesn't seem to ... need it [ongoing support at school] as much as I thought he would. Having said that, he goes to high school in September and if I'm honest that worries me. I think it will be too much for him to cope with, it's too big. They seem to think he'll be alright, I can't always think negatively. I just got hope that he will. Obviously if they start going into primary schools they will feed back what support was needed in the past and what's going on so hopefully they will take up where primary school left off and, fingers crossed, he will get stronger ... Its something as it gets closer I'll be making sure. I want feedback from high school and obviously I can't have all the work that's been done go to nothing and go back to square one. (Family 4)

5.3.3. Organisational changes

A number of families voiced concerns about the impact of changes in the way that services were delivered and their desire for continuity, or at least smooth handover of care if continuity was not possible. There were also concerns about the impact of spending cuts on the service they were receiving.

One family, who felt they had had difficulties accessing the services they needed, said that the current changes were affecting the support they were receiving now they were 'in the system':

There have been so many cutbacks, people coming and going, you don't know who's who. 'Cos you explain it to one person and then somebody different comes and you have to re-explain it. (Family 7)

Another family was concerned about organisational changes to the service that one member was currently receiving and the effect that it might have on her health:

I think they're changing all the teams round and that's the main thing that I found so difficult because they do have to rotate psychiatrists. They rotate CPNs and support workers. It's actually detrimental to you when you've got to build up trust. ... I think I have a problem because I lost a lot when I was young and my teenage years – I know I have a problem with loss cos he's not my husband at the moment, although he's there physically. I lost [previous support worker], well she had to move on. I had another support worker for a short time but because of all the pressure and everything else I had to stop my therapy. So now I shall be losing [care coordinator]. So to me, it might not sort of effect other people the same but there's that much loss going on at the moment that I think

I've got to start off again and when [care coordinator] said about therapy, behavioural therapy, psychotherapy on Friday I said I couldn't do it because I know if I go into therapy, with what's going on with Tom at the moment, I won't be able to cope. (Family 1)

In summary, the interviews found that:

- **building a relationship with one key person was very important;**
- **clear lines of communication with the family and between services facilitated involvement, made families feel valued and reduced frustration;**
- **points of transition in the children's lives were seen as times that services needed to provide support;**
- **changes in services or staff had an impact on the family, and having continuity or if necessary, a smooth transition was important.**

6. Meeting immediate needs and promoting resilience

6.1. Introduction

Families were asked about the outcomes that had resulted from the services they had received and whether they thought that they would be able to maintain the changes they had achieved. For the majority of the families, targeted services were still being provided or had only recently ended so they anticipated additional impacts in the future.

6.2. Immediate outcomes

Parents spoke about positive outcomes for their children, themselves and for the family as a whole as a result of the services they had received. These included:

- provision that enabled the family to get over a crisis;
- reduced isolation, resulting in families being able to express their needs and ask for help;
- reassurance that there was someone they could turn to;
- one to one support which enabled individuals to talk about and address underlying issues;
- increased understanding between family members enabling them to communicate and re-build relationships;
- learning about practical strategies which could be employed to address day to day issues, and gaining confidence to put them into place.

6.2.1. Overcoming a crisis

For one family, the support they received helped them get over a crisis point in their lives. At a routine antenatal check-up, a midwife identified that mum needed specialist support as a result of mental health problems. Mum's view was that the primary outcome of the support she received got her *'back on an even keel'* and her suicidal thoughts subsided. The support she received was both immediate at the time of crisis and planned over the medium term to prevent a reoccurrence.

6.2.2. Expressing needs and asking for help

A clear outcome of their involvement with services for a number of families was that they now felt more able to ask for help and openly express their needs. For some people, this was because, as a result of being able to talk about their situation, they now knew that their needs were real and that there were services available that could address their family's issues. One mum said she was glad to have been referred to a clinical psychologist because he listened to her and acknowledged that there were

problems that needed to be addressed: previously she had felt that professionals had seen her in the following way:

... [as] a stupid woman imagining what my son was doing ... he believed everything that was going on and saw it for himself. (Family 7)

As a result of her experience, another mum was keen to recommend service involvement to any parents who had difficulties – she said that should anything go wrong in the future, she now knows where to go for help:

We do have parenting pressures and parents have got problems with children in school. I am the first one to say if you are having problems get the school to refer you to GRIP. ... I think don't hesitate to pick up the phone or ask a lot of them now - through your GP or the children's centres. They will offer support and put you on the right path to get you through. And it is worth it. It's worth it! (Family 4)

For some people, their relationship with a particular worker had given them confidence to speak out. One family, for example, had also received support from an advocacy service and they now felt able to be vocal in their meetings with social care services. This issue was exacerbated by the carer's mental health condition, as she explained:

That's what happened this year; we didn't feel we were being listened to by social services... We didn't feel like they were communicating with us. ... I've used Preston Advocacy and that was through Preston Carers. They've been really helpful because they've put me on the right tracks, because when you've got a condition yourself and you've had it for a long time you lose a lot of confidence. ... [But] I came out of that meeting and [my care coordinator] said well done, but my stomach was churning. I felt ill after that meeting. We've actually got through it though and sort of done it. (Family 1)

6.2.3. Knowing who to turn to

Being 'in the system' also meant that services were easier to access: it overcame the difficulty of not knowing who to contact for advice or support about particular issues. One parent expressed this with reference to her son's special needs:

He managed to get a nursery statement which was such a vital stepping stone, at the time nobody had explained to me how vast that stepping stone was. ... There are many many tags to it The sheer fact he had a nursery statement made it so much easier to get him a proper full statement for his full time education once he came into his primary school but also the other ties to it was to get you the services in. To get the other people to notice it and yes, Tom has a statement and he does need support. Okay he's not on the severe end but nevertheless he still has autism. He still needs speech and language therapy, he's still doing Teach and all the other things that go with it. (Family 6)

Another parent, whose support had been coordinated by a children's centre outreach worker said that, although she no longer required regular one to one support, she was keen on maintaining her links through the universal services they provided:

She said do I need her to keep visiting or would I like to see her at the Children's Centre? We went from weekly visits to two-weekly visits. And then I said no. I will be fine and I will come to the Children's Centre. She said she would be there on a Tuesday anyway at the baby club if I needed her. I was fine getting my backside out the door then. I can do it and it makes me feel guilty if I don't go, knowing that [outreach worker]'s there and she put all that work in to help me get through that horrible time. (Family 5)

Well [the outreach worker] said even now I can still go to the Children's Centre if I need to and head up there and make the phone calls I need to from there to get back in. ... I haven't disappeared off the radar. ... We are doing a course there at the moment, a 5 week course, the Every Child Matters one which is really good fun. (Family 5)

For one family, their referral to the Early Intervention Support Team had also resulted in another family member knowing about the service and feeling confident in accessing it at an early stage: it was the hope of both families that this early intervention would prevent an escalation of problems in the longer term:

My eldest foster daughter is in the same position now; she has managed to get [support]. But only because I spoke to [EIST worker] because she said 'I wouldn't mind that sort of support', after seeing them here because I was the same, as soon as anyone mentioned social services, kids being taken away blah blah blah. But [EIST worker] is not like that. That was only by chance that she has been here when [EIST worker] has been here and [EIST worker] referred her ... If not for that relationship with [EIST worker], she wouldn't have got in the system, if you see what I mean. (Family 3)

6.2.4. Therapeutic support and progression

The personal support has allowed some people to address underlying issues, change their outlook and gain self confidence which, parents felt, would allow them to move on. Specialist counselling, for example, was now enabling two members of one family to talk about domestic abuse that had taken place a number of years before and other people to begin to address drug and alcohol use. Another parent spoke about the significant impact that the support from GRIP, and the parenting course they did together, had on her son's self belief and outlook for the future:

Since I've been involved with GRIP I've seen a big improvement. Just his whole attitude, especially with that parenting course. He knows now that he has the support, that he wasn't just cast off as bad, and we are trying to help him to cover his issues. We want to work round what his issues are and I think that's been a big turning point for him. He felt like everybody hated him and everybody thought he was bad. Nobody wanted to know him and I think the whole GRIP

thing and the support that we've had has just turned his mind-frame around and it is the way he perceives himself, so he's got to change himself so that others perceive him differently. ... Before he just thought he was cast-off and that's the way it was going to go - hopefully it's changed his mind forever. (Family 2)

Other parents specifically mentioned the changes that had taken place at school as a result of the input of support services. Contact with services had resulted in new school placements for two children and the identification and support with additional needs for three more other. One parent said that her son was now doing well at school and that 'you would not think he was the same child'. She attributed this change to the way that her son had opened up to and worked with the worker from GRIP:

He is very wary of new people. He's like a wall, it never gets through – I don't know what it was with [GRIP worker] but he took to her like a duck takes to water and he's like a different child now, complete. I can't praise GRIP they were fantastic. ... Sam gave his feedback to school, how he thought it was going with GRIP and they were shocked because normally he doesn't open up cos all he talked about was [GRIP worker] and they were like, you know, 'where did this come from?' (Family 4)

For the family that was provided with support following the identification of mental health issues during pregnancy, the primary outcome of the intervention was mum's improved mental health: she said that she was now able to motivate herself to look after her children and leave the house to attend activities. Other families also referred to positive changes in members' mental health including a reduction in self harming behaviour and agoraphobia.

6.2.5. Rebuilding family relationships

The nature of support that had been received, particularly Strengthening Families course which some parents and young people attended together, had helped families to begin to talk about their situation with each other and receive advice from someone outside of the relationship. Parents felt that this course had increased the level of understanding and had enabled them to re-build their relationships. The opportunity to attend something with their teenage children was seen as a particularly positive thing for two of the families. This is illustrated by one parent who said that it was a turning point in their relationship:

It made me understand how he was feeling in the groups and him understand the pressures I've got as a mother with a lot of children. He talks to me a lot more now. ... It's turned our relationship round 'cos I was at the point where I wanted someone to just take him and don't fetch him back. I realise he's got pressures with school and everything. (Family 2)

Other parents who had attended the course described the knock-on benefits of an improved relationship with one child on the dynamics of the family as a whole. The reduction in the levels of conflict at home had resulted in a much calmer environment

for everyone: they said it was almost ‘frightening’ how quiet it was at home now and as parents they had more time to themselves and were spending less time breaking up fights and arguments.

6.2.6. Equipping families with strategies

Parents suggested that the conversations they had with professionals and attendance on parenting courses had enabled them to develop practical strategies for dealing with the issues that confronted their families.

One family suggested that the parenting course gave them some breathing space and guidance so that they could develop a new understanding with their son. The course suggested practical things that they could do and gave them confidence to work on their relationships:

You think, I could have done that anyway but it’s hard to build a relationship when it has been broken so many times, unless somebody’s there to put you in the right direction (Family 7)

Another parent spoke about the work that her son did with GRIP and the way that it had enabled him to think about what he wants to achieve by setting goals. The SENCO that he had contact with in school was particularly impressed with the changes he had made:

She came out to see me and she said ‘I don’t know what you’ve done over the holidays but it’s like he’s like a different child’. He has, sort of, built some targets himself, what he wanted to achieve in September. And we are going to see [the SENCO] with this book to say he’s never been in trouble since he’s been back and everything. And she just said of all the negative times that you had to come in, I just think it’s important to feed back the positive as well. (Family 4)

6.3. Promoting resilience

The interviews with the families explored whether they felt they would be able to maintain the short term outcomes they had achieved and whether there was anything about the support they had received that would help them deal with difficult issues that might arise in the future. The key factors that families spoke about as factors which might promote resilience were:

- increased self awareness about underlying issues and confidence in strategies to tackle them;
- improved channels of communication within the family;
- knowing how to access services if the family needed to in the future.

6.3.1. Increased self awareness

The conversations that family members had with support staff and the activities that they had been involved in had resulted in people feeling that they had a greater insight into their situation and the factors underlying their difficulties. Their work with professionals had resulted in positive outcomes and, given the skills and knowledge they had gained, they had a greater level of confidence both that successful changes could be made, and in their ability to address issues as they arose in the future.

6.3.2. Improved channels of communication within the family

One of the immediate outcomes for a number of families had been the development of family relationships through their increased understanding of the issues, ability to empathise with each other's situation and talk together in a constructive way. Parents reported that they had been able to maintain these channels of communication and that, as new issues have arisen, they had been able to discuss them and come up with strategies to deal with them.

6.3.3. Knowing how to access services in the future

The fact that the families had successfully accessed services and had seen the benefits that outside assistance could bring resulted in them expressing confidence about asking for help in the future if they needed it. Having more of an idea of who to ask and what was available from different agencies was reassuring for families. It was both an immediate outcome and something which helped them to feel more able to cope in the future.

6.4. Areas of concern

Factors which might currently limit the development of resilience, however, were also identified by families as the following:

- support not being available for long enough to embed the changes;
- worries about the level of support that might be available given current climate of cuts;
- the lack of positive leisure activities for young people once targeted provision has ended;
- whether all outstanding needs have been addressed.

6.4.1. Time limited support

A key concern was whether particular services had been provided for long enough for them to embed the positive changes that they could see had been achieved in the short term. This was particularly the case for the families who felt that they had been struggling with various issues for a number of years and had only received the support they felt they needed in the last few months. Although they could see that things had

improved greatly, memories of the years before were still fresh and, although they had great hopes, they sometimes found it difficult to believe that the changes in their families were solidly embedded. One parent expressed her frustration in the following way:

Cos everything's thrown at you short term. Well sorry, I've had depression for six years – short term is no good to me! (Family 3)

6.4.2. Worries about cuts in support services

Concern was expressed that reductions in local government funding and resultant staff and organisational changes may mean that services would not be available to families if they needed them. Having greater knowledge about what services were available and having the confidence to access them were positive outcomes for parents but the reassurance this had provided was being challenged by the perception that services they might need in the future were changing or disappearing. One family, for example, spoke about this with reference to a parenting course she was attending:

I'm on two courses at the moment, one for special needs children, one for teenagers. But I've been told by the lady who's running the special needs course, there will be no more after January. She is having to look for another job, because funding is being cut. (Family 3)

6.4.3. Lack of positive leisure activities

Whilst parents could see the positive changes in the outlook and behaviour of their teenage children as a result of their involvement in services, all of the families with teenagers were concerned that positive leisure activities were not available in their localities. The risk of involvement in anti-social behaviour was a big concern and families suggested that if organised activities were available once one to one support had finished, it would reduce the risks for their children. This concern was expressed by one mum in the following way:

It will be difficult to keep up the changes as GRIP support is finishing. Twelve weeks is not enough, I don't know what will happen. Things got better then the ASBO did not help. He was just messing about because there is nothing here for them to do. There are gangs outside and I don't want him to join them. (Family 2)

6.4.4. Outstanding needs

For some families, targeted support had come to an end but they still identified need that had not been met or worries about the future. Concerns included anti-social behaviour directed at one families home and worries about the transition to high school for another family: one family described their ongoing concern about their 5 year olds incontinence at school:

I'd like him to pay more attention to the fact that he has accidents and nobody still notices. That's the big thing at the minute is that he does have accidents and he comes home wet or mucky and nobody says anything. And he gets a sore backside. He won't tell anybody. I've talked to the head, I've talked to his

teacher this year, his teacher last year, class help, school nurse, I've had the continence nurse and she's phoned them and said can you please keep an eye on him, but he's very secretive about it ... They [school] could be a little more understanding with him, they really could. (Family 5)

Although these families did say they had the confidence to access services again if they felt they needed to, they had all come to the end of a period of targeted support with outstanding issues.

6.5. The role of children's centres

Three of the interviewees spoke about the positive role that children's centres could play in the provision of targeted and universal services and as a source of information for families.

One parent said that they would approach a children's centre in the future if she was unsure of where to go for help or advice if she was having difficulties with her children whilst another suggested that children's centres could also have a larger role to play in coordinating advice and information services for parents of children with disabilities. She felt that this was an area where there was a gap and it was something that parents needed:

So things like a one-stop shop I feel is a vital link and I think that will bridge the gap in really quite a quick manner. If you can get somewhere like the children's centres, a lot of those are fit for purpose, a lot of them would ideally bite your hand off for this service. They have computers there so if you want to research it, you can research it. You can have somebody who knows about the disability, how it works, who to phone, when the lines are open, when they are shut, what to ask for. All this information will be a major link in the jigsaw puzzle. (Family 6)

The other parent, whose need for individual support was identified through her use of an antenatal clinic at a Children's Centre, was now maintaining her contact with the Children's Centre staff through the universal services they provided. As well as enabling her to meet other parents and extend her learning through courses, ongoing contact with the Centre gave her re-assurance that she would be able to speak to the outreach worker at the earliest opportunity if she felt she needed to.

In summary, the interviews found that:

- **families were able to describe positive outcomes including provision that enabled them to get over a crisis; the ability to express their needs and ask for help; reassurance that there was someone they could turn to; one to one support which enabled individuals to access practical help and/or**

talk about and address underlying issues; increased understanding between family members enabling them to communicate and re-build relationships; and learning about practical strategies to address day to day issues and gaining confidence to put them into place;

- **resilience was developed through increased self awareness about underlying issues and confidence in strategies to tackle them; improved channels of communication within the family; knowing how to access services if the family needed to in the future;**
- **some families were concerned about whether changes could be maintained because of support not being available for long enough to embed the changes; worries about support that might not be available given current climate of cuts; a lack of positive leisure activities available for young people once targeted provision has ended; and concern about whether all outstanding needs have been addressed.**

7. Conclusions and recommendations

The circumstances and needs of the families interviewed were complex and the services accessed by them were wide-ranging. A number of the families appeared to be 'in crisis' when they were referred to the current service provider, the current intervention having come relatively late and they may have benefitted from support earlier to avoid acute problems. The following conclusions and recommendations must be seen in that context.

7.1. The sample

Although this research was conceived as a relatively small scale qualitative study, the Total Family Programme was able to recruit fewer families than was originally anticipated. This means that, whilst common issues arose and themes can be identified, it must be acknowledged that the findings emanate from seven families (six of whom had children under the age of 18 years) whose circumstances clearly cannot reflect the breadth of situations, service involvement and experiences of families in Preston. The sample size means that the findings cannot be used to make statistical generalisations but as a series of in-depth qualitative interviews, they do allow for analytical or theoretical generalisations, enabling explanations from the research to inform policy and practice.

It must also be acknowledged that the specific reasons for the participating families' decision to consent to an interview are unclear. Whilst two families came forward independently after hearing about the research, five were nominated by a service that they were currently, or until recently, involved with. It was apparent that these families had engaged well with the nominating service and, for some of the families, this was in contrast to their previous experiences.

The recommendations with regards to the sample are:

- **The gathering of further qualitative information from users of key services (particularly those aimed at families without children), should be considered. Each families experience differs and provides useful insights to aid delivery. The insights provided by these families provide a snapshot but is not representative of all families;**
- **this research was with families who have engaged with services; consideration should be given to the experience of families who have failed to engage.**

7.2. Timing of service involvement

The research found that contact with universal services was the pathway to more specialist support for each family. The knowledge and responsiveness of professionals

such as nursery staff, teachers, health visitors, midwives, GPs and the police, for example, facilitated access to the provision which interviewees frequently described as the 'main service' that was involved with their family. These services, in turn, frequently turned to others in order to provide a package of support.

The families were divided in the extent to which they felt that the most appropriate services had become involved with their family at the right time, the variance in views suggesting that there is similar variance in service delivery and responsiveness. A number of families were clearly frustrated that their needs had not been addressed in the past: they felt that they had recognised that they had problems but professionals had not listened and services were not accessible. For them, there was likelihood that the support they needed now was more extensive than a service which could have addressed their needs earlier.

The recommendations with regards to the timing of service involvement are:

- **further consideration should be given to the response of services when families appeal for support or advice (possibly at a point which would be 'early intervention') and the extent to which it is family rather than professionally led;**
- **settings in the community, such as Children's Centres, were seen as good access points for families who wanted support or advice but were unsure about what was available or how to access it;**
- **early intervention for families is seen within the context of their lives as a whole rather than in relation to a single issue: there needs to be a common understanding of the use of this terminology.**

7.3. Assessments, plans and reviews

The research found that there was little awareness about families having been actively involved in a formal assessment, the construction of a care plan, or a process of review. Whilst families did acknowledge that the needs of different members of the family were often being addressed through the provision of a range of services, only one family spoke about it as a process with a clearly defined package of support.

The key concern with the apparent absence of a formal process was a lack of clarity about how each family member had contributed to the care plan and how they had been able to identify the progress that had been made. Families said that they found it useful during the interviews to reflect on the changes that had been achieved.

Structured reviews, based on the assessment and care plan, would assist services in their evaluation of the package they were providing and feed into the discussion about

the exit strategy when it was clear that each outcomes or all possible progress had been achieved.

The recommendation with regards to assessments, plans and reviews is:

- **the partnership with families needs to encompass a clear assessment, care planning and review process that helps both the family and the service identify (i) the needs of each member of the family, (ii) when and how positive outcomes have been achieved, (iii) whether needs have changed, and (iv) whether any further provision is required as part of an exit strategy.**

7.4. The whole family approach

The value of a coordinated approach to the needs of all individuals within the family was reinforced by the experiences of the interviewees. The fact that the 'main service' did not look at the needs of the person who was initially referred in isolation but took a more holistic approach resulted in personal progress for different family members. Work with individuals, both adults and children, where necessary and joint work involving more than one member of the family, were both highly valued.

The recommendations with regard to the whole family approach are:

- **assessments should consider the needs of each family member and the interplay between family members when determining what services are needed and how they are to be delivered;**
- **good cross-agency communication is required so that services knows about each others 'offer';**
- **there may be a greater role for schools and nurseries in identifying the need for a referral to a service which can investigate the wider needs of the family when concerns about a child are identified in an educational or day-care setting;**
- **provision which supported family relationships was highly valued and needs to be available as part of the service offer. The Strengthening Families course, for example, was commended for the way that it facilitated communication and increased understanding between parents and their children.**

7.5. Key workers and service coordination

The development of a positive relationship with a key worker was very important to the families. Having one person as a primary contact was highly valued, particularly for families who had not had positive experiences of service providers in the past. Knowing that there was someone they could contact and knowing that the worker would get back to them if they were busy gave families confidence and helped them feel supported in addressing the issues that their family was facing.

Although families needed an identifiable key worker, they did not feel that one person should be responsible for the provision of all of the support that was required by different members of the family. What they valued were specialist services providing appropriate support that was coordinated by a single professional.

The recommendations with regards to key workers and service coordination are:

- **whether families require support from one service or a combination of specialist services in order to meet their needs, there should be a key professional they can contact and with whom they develop a relationship;**
- **changes in the person who is the key professional should be minimised but where necessary, family need to be clearly informed and new channels of communication established.**

7.6. Developing resilience

Families were able to identify positive outcomes as a result of their recent involvement with support services and, to some extent, had confidence in their ability to maintain the changes that had taken place.

The support that had been provided (and in some cases was ongoing) had enabled families to address, or begin to address, a range of issues. Access to practical support and/or strategies that could be utilised to surmount particular problems was important, as was support that was the start of a therapeutic process which would enable families to recognise, cope with or overcome longstanding issues.

The main factors that families felt would enable them to develop resilience were identified as increased self awareness about underlying issues, confidence in strategies to tackle them, and improved channels of communication within the family. Families felt they were starting to identify their own needs and come up with solutions to address them. They did, however, gain confidence from knowing that there were services that could provide support in the future if they needed it and their positive experience in the past would encourage them to make contact.

There were, however, real concerns expressed that might limit the development of this underlying resilience. These included fears that the current climate of cuts to services might mean that appropriate services might not be available should they need them, that services were not provided for long enough for changes to be embedded and that families had outstanding needs when the service ended.

The recommendations with regards to developing resilience are:

- **the regular review of outcomes achieved and the construction of exit plans would enable families to be more confident about their progress and what is available when specialist services withdraw;**
- **communication with services users is important during times of change in service provision. This means that clear information needs to be provided to universal service providers and other points at which previous service users and other members of the public might attempt to access services.**