

Working with Families with Complex Needs A Multi-Agency Approach



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“Yeah, it makes you feel that you’re not just existing; you’ve got a chance to live...” (Parent)

‘I’ve noticed that I just feel I can breathe a bit easier, and the kids, obviously, they look forward to me being able to breathe a bit easier.’ (Parent)

This document is the short report of an evaluation of a multi-agency project for families with complex needs which started in spring 2006 and was funded by the Neighbourhood Renewal Fund. The families involved had all had significant involvement with different services; the challenge was to bring these together in an attempt to offer a more comprehensive service. The evaluation was instigated by John Nawrockyi, Head of Adult and Older People’s Services, under which the project was located.

The report draws upon data collected and analysed by members of the LERN research team and colleagues in the School of Health & Social Care at the University of Greenwich. The evaluation was led by Vicki Bradshaw, who made a substantial and significant contribution at all stages, from collecting data to writing this report.

I would like to thank all those who participated in the evaluation, including members of the project steering group and access panel, as well as other professionals. Because of the nature of its development and the complex needs of the families involved, it is hardly surprising that the project took a little while to get going. It is also understandable that, as with many local initiatives in the UK, short-term funding did not allow sufficient time for the developmental work needed at the start.

Despite early challenges, the project developed and grew, and important work was carried out with families. As illustrated in the quotes above and below, the project offered opportunities and support that allowed some family members to consider positive future options. These gains were due in no small part to the input and dedication of the Project Manager, Alison Cuffy, and her team, including Anthony Sands, Tina Atley, Jeanette Morema and Rosemary Wheeler. This commitment was reflected in the support given to us as the evaluation team. I would like to personally thank Alison and her team for their contributions and openness. Finally, I would especially like to thank the families who allowed us the opportunity to talk with them about their experience.

“I’ve come a long way in the few months that I’ve been with them, in terms of taking care of my kids and taking care of myself.” (Parent)

Professor Pam Maras

May 2008

Structure of the report

1. Background

This section outlines the political and organisational context of a multi-agency project that aimed to work with a small sample of families with multiple and complex needs.

2. First Phase: Conceptualisation

This section focuses on the early conceptualisation of the project and how it was initially structured. It outlines the processes involved in the project, access criteria and proposed outcomes.

3. Second Phase: Operationalisation

This section considers the early operational phase of the project following its inception. It looks into the early difficulties faced by the project team and reasons for changes that were made to the original model of intervention. It describes the development of the project.

4. Third Phase: Work with families

This section considers the work with families, families' views and a review of case study families.

5. Lessons learned and future work with families

The final section outlines lessons learned from this project for multi-agency working and for working with families with complex needs.

Annexes

A: Case study families



1: Background

This report outlines the findings from an evaluation, conducted by staff in the School of Health & Social Care at the University of Greenwich, of a multi-agency approach to working with families with complex needs. A project that developed out of the Greenwich Local Area Agreement was underpinned by a view that some families with multiple and unmet needs have been involved with a range of different agencies on a long-term basis and place a considerable strain on public resources, whilst showing little or no signs of improvement in their lives. Relationships between families and existing agencies characterised by distrust and dependency mean that services provided can do little to help families out of their state of dependency on statutory services. The aim of the project was to work with a small cohort of such families, offering them focused and targeted packages of support through multi-agency work, in order to help them to become more independent.

The evaluation involved the analysis of qualitative and quantitative data collected from families and professionals to evaluate the effectiveness of the project in achieving its aims. The research was funded by Greenwich Council and led by Adult and Older People's Services, and took place between January 2007 and March 2008 within the Learning Evaluation Research Network (LERN) research centre. The evaluation team was mainly based in the psychology group at the university; however, members from other departments in the School of Health & Social Care were also involved as advisers in the areas of children's services and child protection, and also public health midwifery and parenting. The evaluation had the approval of the University of Greenwich Research Ethics Committee and the support and approval of the project and partner agencies.

Organisational context

The concept of partnership working is not a new phenomenon. It has been a key theme of British child welfare since the implementation of the Children Act 1989 (Frost, 2005; Parliament, 1989). Indeed, there has been an increasing emphasis on working together in partnership across professional and organisational boundaries (Anning, et al., 2006) and the multi-agency project in Greenwich had the potential to build on established relationships created through the borough's position as a pilot site for the national Sure Start local programme.

The project was situated within Adult and Older People's Services, putting it in a unique position to help parents to help their children. Early intervention enables a proactive approach to support families, in line with contemporary government and practice agendas. Hallett and Birchall (1995) identified the need for adult and children's services to work together (as well as the need for integrated work within children's services) where family circumstances may impact on a child's welfare. Such cross-cutting work is essential if a family approach is to be taken (Anning, et al., 2006). The project was ideally placed to generate inter-agency working across children's and adults' services.

The project had links with the government's *Every Child Matters* agenda, which has five key outcomes for children and young people aged from birth to 19 years: (1) being healthy, (2) staying safe, (3) enjoying and achieving, (4) making a positive contribution, and (5) achieving economic well-being. *Every Child Matters* requires effective partnership working between professionals and families to protect children and young people and to help them achieve their potential (DfES, 2003). The framework used by the project had much in common with a Common Assessment Framework (CAF), with its focus on multi-agency working and initial objectives linked to a lead professional role (explained in "First Phase: Conceptualisation" below).

Greenwich Council, at the time of designing and providing services through this multi-agency project, was also subject to a Joint Area Review (JAR). All 150 local authorities in the UK underwent JARs (or will have by December 2008), which aimed to evaluate the overall contributions made by local area services to meet the *Every Child Matters* target outcomes, and draw conclusions about the quality, management and leadership of working in partnership to improve outcomes for children and young people (Office for Standards in Education, Children's Services and Skills, 2007). The Greenwich JAR had the potential to impact on the engagement and commitment of local authority departments and some partners involved with the project (e.g. Health) through its required contributions by the relevant professionals.

Within the council there were also concerns about the restructuring of Social Services, Children's Services and Neighbourhood Services, with the way forward for the Children's Trust, the Integrated Children's System and Contact Point, and with the Commission for Social Care Inspection of Adult Services and Health. All this, in addition to new beginnings with IT and communications for the council, influenced the availability and willingness of staff to fully engage with the new multi-agency project.

2. First Phase: Conceptualisation

The project was developed in spring 2006, following the original submission in autumn 2005, as part of the Greenwich Local Area Agreement and had links with Neighbourhood Renewal objectives within Greenwich Council. It received funding from the Neighbourhood Renewal Fund. It was first conceptualised as a cross-cutting initiative to work in new and dynamic ways with a small cohort of families that were involved with a number of agencies. The project was to be concerned with long-term improvements and would take a needs-led approach. Improved access to services was seen as important for supporting families' move to independence and so agencies were asked to suspend access criteria to their services and sign up to an agreement to provide access to families, based on an assessment of family needs. It was envisaged that the project would work in active partnership with families to design and deliver packages of support which aimed to encourage and facilitate a family's move away from dependency on statutory services.

Drawing on evaluations of projects with similar aims (e.g. the Dundee Families Project; Dillane, et al., 2001), an interim consultant project manager developed a list of access criteria that aimed to focus on families with multiple and complex needs. Table 1 below details the project's access criteria. The criteria related to both children and their parents (or other adults within the household). Importantly, research shows that the behaviour of parents impacts on children's vulnerability to later life events or circumstances (Cleaver, Unell and Aldgate, 2007). This highlights the importance of the project's focus on reducing cycles of intergenerational dependency on services.

Table 1 Access criteria

Adults	Children
Parenting problems (nurture and control issues)	Welfare, neglect, and/or protection issues
Drug and/or alcohol problems	Developmental delay and/or special educational needs (formally identified and suspected)
Self-harming behaviour	Poor school attendance and exclusion issues
Mental health issues, including depression and anxiety	Offending behaviour
Debt, especially rent arrears	Anti-social behaviour
Tenancy problems/impending eviction/impending behaviour contracts/ injunctions	Significant control issues
Multiple housing moves/cycles of homelessness	Self-harming behaviour
Offending behaviour	Mental health issues, including depression and anxiety
Domestic violence	Drug and/or alcohol problems
Neighbour disputes	
Anti-social behaviour	

2. First Phase: Conceptualisation

The project aimed to receive referrals for families with indicators shown in Table 1, and who had multiple, severe and pervasive needs. A distinct feature of the project was to work with families who had been long term dependent on statutory services and for whom other interventions had been unsuccessful.

The project also worked to a set of proposed outcomes (as shown in Table 2 below). The outcomes were wide-ranging and focused on social, economic, behavioural and psychological changes.

Table 2 Proposed outcomes

• Adults abandoning dependency on social benefits and moving into sustained employment
• A reduction in hospital admissions/attendance at A&E and more stable management of health problems
• A reduction in re-offending rates and/or the incidence of anti-social behaviour
• Participation in education and training (including non-accredited adult learning)
• Healthier lifestyles (for example, smoking cessation, improved nutrition or participation in physical activity)
• Measured improvement in psychological well-being
• A reduction in the offending rate of young people
• Improved family functioning
• Increased confidence and skills in parenting ability
• Sustained tenancies/independent living
• Improved understanding of the “early signs” that families are moving towards a state of high dependency (a key learning outcome from the project).



Organisational Structure

Project personnel fell under three main groups, each with its own responsibilities: the core team (1), the access panel (2) and the steering group (3). Figure 1 below shows the structure of the project.

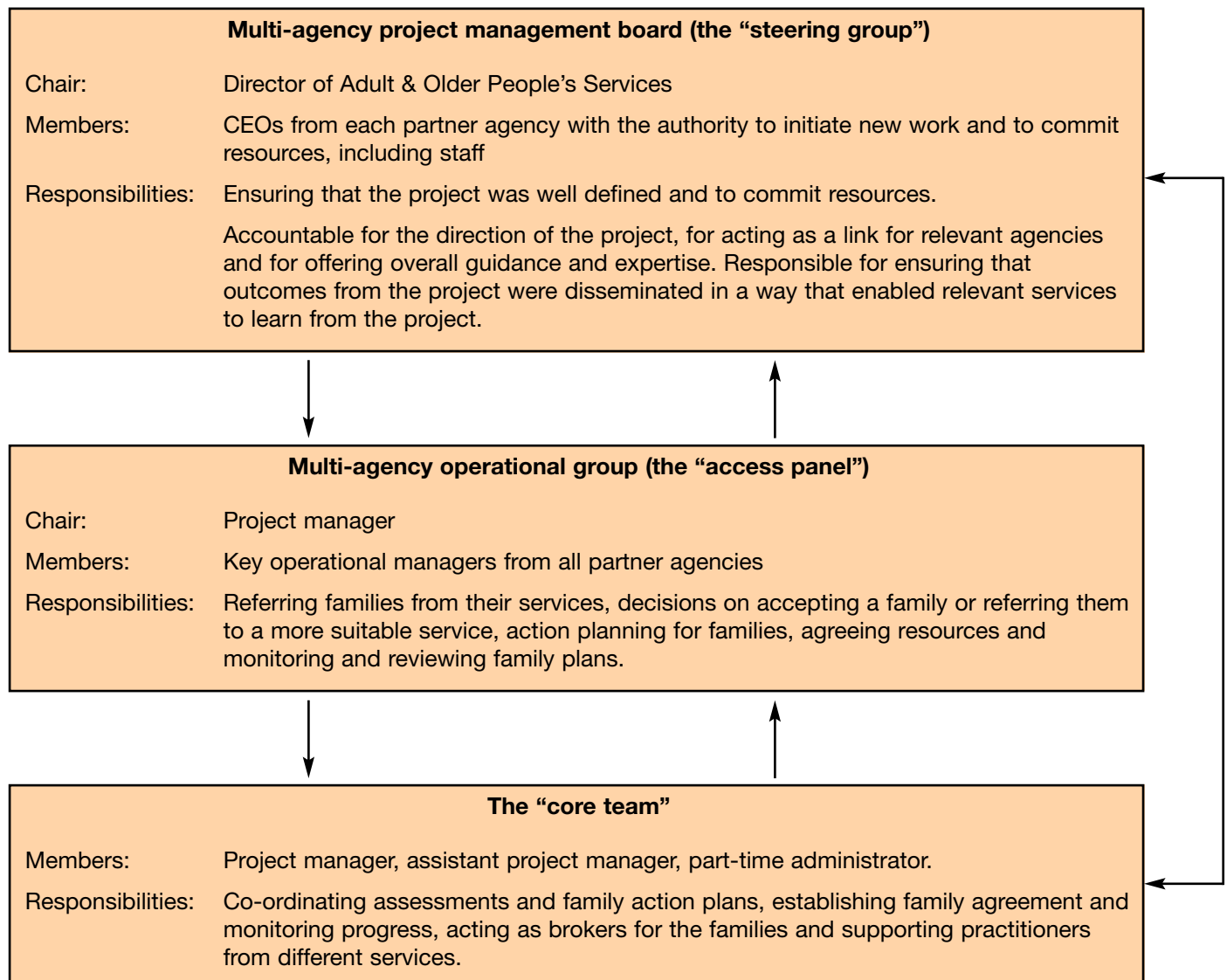


Figure 1 Initial organisational structure

2. First Phase: Conceptualisation

Referrals and acceptance on to the project

Figure 2 below shows the steps to be taken prior to referring a family to the project. Front-line staff making the referral were to have the responsibility to discuss the referral with the family and with the core team prior to actually referring, and, by default, would become the lead professionals for the family.

As part of the original project proposal, it had been envisaged that the project would employ a multi-agency caseworker to co-ordinate holistic assessments of families and advocate on their behalf. Although there were some valid arguments around the use of key workers, it was decided that the focus of the project was to initiate long-term change in the lives of families who were already involved with a number of professionals; it was felt that an additional practitioner in the form of a key worker would contradict the concept of service provision from a multi-agency perspective. An initial idea of key workers as both intensive support workers and co-ordinators was abandoned, as it was evident that such provision was not possible at a pragmatic level. Indeed, the project had not been conceptualised as a family intervention project as such, and differed significantly from such projects that do utilise key worker provision. It was decided that the project would make use of lead professionals who would provide links between families and agencies, much like that proposed by the CAF.

Written guidance stated that families who might benefit from the project could be: “experiencing a range of difficulties that span a number of agency and service responsibilities. It is likely that difficulties will be entrenched, of a long-term nature and will require concerted co-ordinated intervention by a range of professionals and services.”

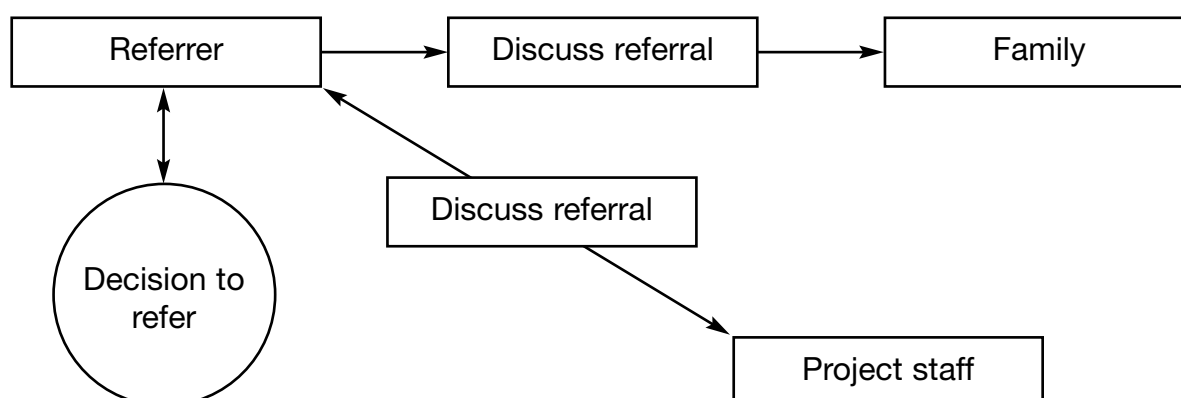


Figure 2 Pre-referral process

Figure 3 shows the steps to be taken from the initial referral to the formation of family action plans. It is clear from this the major role the access panel were to play in deciding on whether a family would be accepted for a holistic assessment, and later on for an intervention, but also in action planning for the families. The diagram also shows how referrals, acceptance, assessment and action planning processes could take some time.

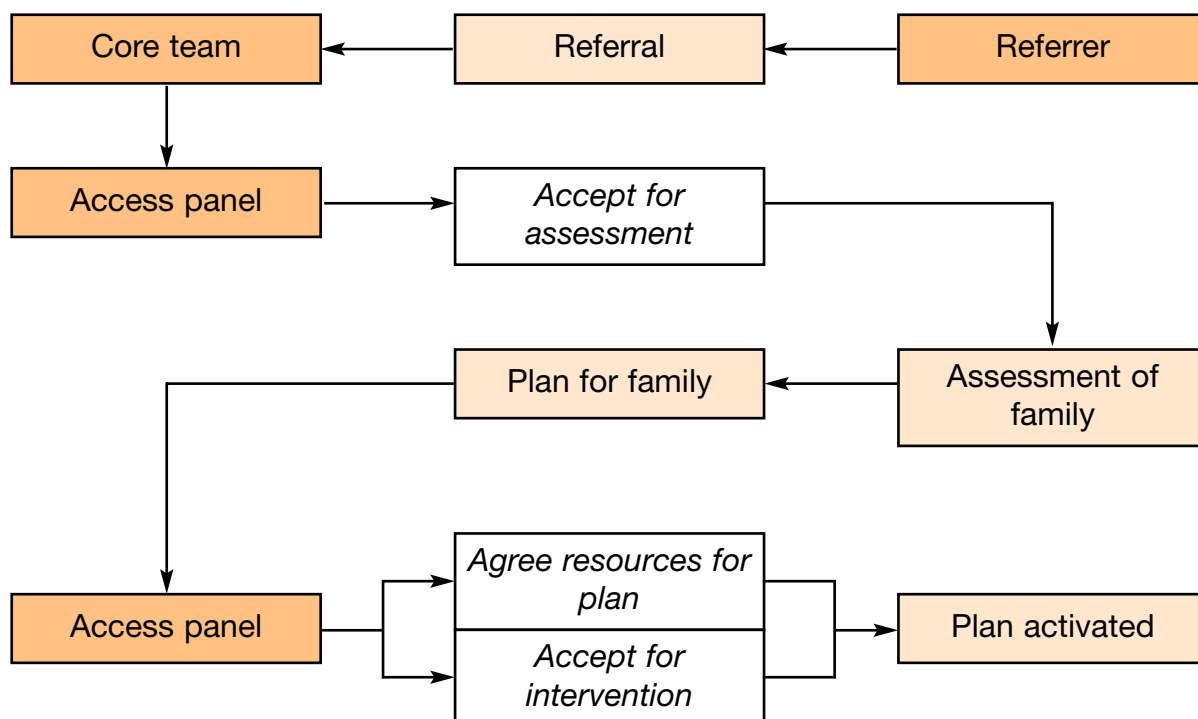


Figure 3 Referrals and acceptance process

3. Second Phase: Operationalisation

Despite its early conceptualisation by an interim project consultant, the model used by the project did not easily fit any existing models of intervention, though it could be explained by parts of several. However, a close description could be that of “co-ordinated service delivery” (Sloper, 2004), whereby a co-ordinator acts at both a strategic and operational level to co-ordinate services delivered by different professionals. According to Sloper, these different professionals may not have direct contact with one another. In the case of the project, regular meetings provided the opportunity for multi-agency interaction. In this respect, the project also offered consultation and training, where professionals could pass on knowledge to others.

Staffing and understanding the model

When the project started, the core team comprised a project manager responsible for running the project on a day-to-day basis. The new project manager had not been involved in the original design of the project and hence was asked to take charge of a new and innovative model of working and bring it into effect in a viable way. By this point, six months had passed since the initial allocation of funds. This meant that much valuable time had already been used up for preparation.

Nevertheless, five families were accepted on to the project at the beginning of its operational lifetime. Referrals had mainly come from two agencies, but, at this early stage, referrers had not made use of appropriate referral forms. This led to inaccuracy and incompleteness of information on the first set of families.

Following the initial referrals, and a year into the project, an assistant manager and project worker were appointed, both on secondments (from Sure Start and NCH respectively). It had taken some time to employ these workers (because of the need to follow organisational procedures in the recruitment of staff), and thus much time had lapsed

3. Second Phase: Operationalisation

before the project was really in a position to start working with families. There were also significant unexpected barriers to contend with, such as a shortage of everyday workplace amenities.

A project worker had not formed part of the original conceptualisation of the project, as shown in Figure 1. However, it was necessary to employ a project worker when the staff started to experience problems with getting the project up and running. Both access panel members and steering group members talked about the project's publicity. It was generally felt that the project was not publicised enough, especially given its short time span, and thus many workers within agencies were unaware of the project's existence or what it involved. Because of this lack of understanding and awareness, it proved quite difficult to encourage agency representatives to make referrals. When referrals were made, it became clear that the expectation of referrers to become lead professionals would not be realised.

As stated, the original conceptualisation of the project was for each family to be allocated a lead professional who would have been, by default, the person who referred the family to the project. In practice, this arrangement did not work, as referrals took some time to come in, and referrals often came from access panel members, who usually did not work with families directly. Many early referrals came from staff who were front-line practitioners working with the families directly; however, they were represented by colleagues at access panel meetings and didn't have much involvement with the project themselves after making the initial referral. This meant that the core team took on more than a co-ordinating role and the team needed to grow to cope with the quantity of work.

The lack of literature available about the project for those not directly involved with it also had implications when it came to liaising with agencies and departments, or when new staff joined the access panel.

Access panel meetings were held every six weeks for three hours; occasionally, there would also be meetings held to review family plans. Families would not be in attendance at access panel meetings and access panel members would not necessarily meet the families. On many occasions, professionals who sat on the access panel were also working with the families at a front-line level and had been doing so prior to the project's involvement. However, there were also many occasions when the families under discussion were not known to many of the access panel members.

Difficulties were created when agencies were represented by new people at access panel meetings, resulting in time being used inappropriately to explain the project. This happened on a number of occasions at early meetings. Furthermore, many agencies were often not represented at access panel meetings at all, or showed intermittent attendance.

Timescales were seen as a major weakness of the project by some access panel members. Some felt that the processes (such as the referral and acceptance processes) involved in the project were too long, whilst others felt that the time limitations of the project meant that there would not be sufficient time to achieve the set outcomes. Some commented on the external pressure on the project to gain referrals and show that things were happening for the families involved.

Early difficulties were further complicated when it became evident that the newly appointed project worker lacked a full understanding of the conceptual basis of the project. Subsequently, she felt that she had to leave, and so the project suffered staffing issues for a time. It was necessary for some work to be replicated, thereby using up further time. Eventually, by autumn 2007, two new project workers had been appointed; one seconded from NCH and one from Children's Services within Greenwich Council. The core team was also supported by an administrator.

New referrals

New referrals became more readily available, although they tended to come as a batch of families referred by a single agency. For many, a standardised referral form had not been completed, and thus information would often be missing or inaccurate. The access panel meetings, and interim information gathering by the core team, provided further clarification on the families' backgrounds and circumstances. Unfortunately, many referrals were not first discussed with the families, as had been the intention (see Figure 2). This meant that the core team had to "sell" the project to the families before they agreed to engage.

In total, the project received 25 referrals, of which 21 were accepted. Those accepted shared many characteristics. Box 1 below shows the common characteristics evident in many of the 21 families.

Box 1 Characteristics of families accepted on to project

- Long-term unemployment of adults was common and many families were solely dependent on social benefits.
- Housing concerns, e.g. a number of families owed money to the local authority for rent arrears. Some families also had concerns about overcrowding in housing, antisocial behaviour and neighbour disputes, or were living in temporary accommodation.
- Domestic violence was also common (although it cannot be clear how prevalent because of non-reporting or denial of violent incidents).
- Offending behaviour and criminal activity was evident in some families.
- 19 of the families had issues related to poor school attendance by the children, exclusions and/or behavioural problems at school.
- The majority of referrals exposed issues related to children and young people. Although the project could have considered a referral where a family was made up of adults only, no such referrals were made.

The access panel was responsible for formulating family action plans, yet observations at early meetings revealed that very little time was being spent on this. Instead, much of the time was being taken up with discussions around project processes, access criteria and other issues unrelated to the families already involved with the project. At the time the evaluation of the project commenced, no project work had yet been undertaken with the first cohort of five families, and only one access panel meeting had taken place. It was evident that the slow start to action planning and engaging families was partly because newly appointed access panel members were having difficulty understanding the conceptual basis of the project.

In interviews with access panel and steering group members, some respondents were quite concerned about the conceptual, theoretical or methodological basis of the project. Some felt that key worker provision was a necessity (although this was not how the project was originally conceived), and felt that the model was somehow lacking without such provision. Other access panel and steering group members felt that they did not fully understand the project, and others felt that the project did not have a clear methodology and hypotheses.

Later developments

Despite its early teething troubles, there still remained much optimism within the steering group and access panel about the project. Members of both groups viewed it as trying to do things differently. Members of the core team referred to being able to “think outside the box” and to having “fewer boundaries”. Meanwhile, interviews with access panel members revealed that the project brought renewed enthusiasm from agencies and families. Agencies could feel empowered to help families that they had felt unable to help before, and families had been provided with a fresh start. Interviewees mentioned the notion of a stand-alone project with no ties to a particular agency or organisation. This meant that families need not feel any lack of trust due to historically poor relationships.

While some spoke of a need for things to happen quickly for the general success of the project, others focused specifically on the quick attainment of an increased volume of families and how an increase in volume might lead to an increase in agency engagement. The project initially received referrals in a batch of 10, then 8, which came mostly from two agencies. Later, the project gained more referrals on a more ad hoc basis, as was first envisaged, but was unable to take on further families as the end date of the project was nearing.

4. Third Phase: Work with families

Work with families was able to start when the first project worker was employed and home visits were made to families to commence assessments. However, following the worker's departure, much of the work was replicated, and so it took some time to complete assessments for the first cohort. Once this work started, the project picked up its pace. Action plans were created and reviewed by the access panel, and the core team had a major role to play in advocating on behalf of the families.

The co-ordination role played by the core team took a great deal of time and effort. The workers were required to communicate to families and professionals and collate information in order to produce a holistic assessment of the families that would inform interventions. However, in practice, communication and co-ordination was a considerable task. A full-time administrator was required to cope with communication to and from agencies. Importantly, the core team frequently found themselves in a position whereby they would have to explain the concept of the project prior to requesting any information from practitioners.

This highlights the major issues that the project had around publicity and lines of communication within separate agencies. Often, front-line workers were unaware of the project, which suggests that information about the project was not made available to all workers who could benefit from knowledge of it.

The project's approach to working with families was direct and assertive. Families were made aware of the consequences of their actions and were challenged on their decisions. For example, if an adult repeatedly failed to attend a meeting with the core team, the project workers would inform the adult of the implications of this in the most direct way possible, e.g. on the telephone if they insisted on not being available face-to-face. The core team would persevere with making contact and would make communication with families as clear and comprehensive as they could.

Mini-projects

Despite the assertion that the project required agency commitment to improve access to services and provide opportunities to sidestep barriers to access, there was an apparent lack of resources made available by partner agencies. Furthermore, it was not always the case that access panel members would proceed with the actions they agreed to at meetings. Consequently, the project provided focused interventions called "mini-projects" for the families, delivered by community and voluntary agencies that were not originally partners. These were based upon common difficulties affecting the families (thus were needs-led) and were made available to all families in the project.

The mini-projects included classes in parenting support for families with adolescents or older children that were provided by an external agency. This additional service enabled all the families to access a service that they may not necessarily have felt was a priority for them but that was identified as a need for many. A further project, offered by an alternative external agency, included sessions providing specialist support for community and voluntary programmes. Interventions included personal development training workshops that focused on developing confidence, assertiveness, dealing with conflict and "stress busting". Parents were also supported in parents' group training workshops.

Other interventions were also available, including "pamper days" for mothers within the families to help improve levels of self-esteem and anger management classes for the adult males to try to tackle domestic violence issues. These were offered through agencies outside of the original partners. The project also engaged Greenwich Local Labour and Business (GLLaB) to provide employment and training days for all those of working age in the families.

The external agencies offering the mini-projects were asked to complete a questionnaire on how attendees had progressed over the course of the training. Two completed questionnaires were received. The comments from the external trainers are presented in Box 2 below.

Box 2 Family progress in “mini-projects”

Personal development training

The external trainer offering the personal development and parents’ group training sessions reported that sessions took place on Monday mornings over four months and were open to all families. Eleven adults had attended these sessions (nine women, two men), a number of whom became regular attendees over the course of the sessions. All attendees reportedly showed signs of improvement. A few had to first overcome initial reservations about attending the groups, especially as some were wary about working with agencies because of previously poor relationships and a subsequent lack of trust. The trainer reported that a number of the attendees showed noticeable signs of more effective management of stress, as well as assertive, rather than aggressive, responses to adverse situations. A few attendees appeared to have made substantial changes in their levels of confidence. However, for all attendees, the trainer felt that continued support would be necessary in order for changes to be sustainable.

Parenting skills training

A separate parenting support group was made available by an alternative service provider. The trainer for this course noted that this parenting skills programme was offered as 10 two-hour weekly sessions. Eleven adults attended this course (ten female, one male). Some of the attendees were also enrolled on the other courses as described. Midway through the course, the trainer reported that five attendees had been present at all sessions with the rest averaging three of the sessions. It was felt that one parent had made little progress with regards to parenting her children and indeed had only attended one session. Two attendees had shown potential for improvement but had difficulties openly talking about their children, which meant that they had not achieved as much in the group as would have been hoped. The majority (six) attendees showed slight shifts in their attitudes to parenting and parenting practices, whilst two parents reportedly showed significant positive changes in parenting skills. However, as was the case for other training sessions, the trainer felt that ongoing support would be necessary for all families in order to sustain any changes.

In addition to being asked for their comments on the progress of those attending the sessions, the external training providers were asked to comment on the work of the project in a more general sense. Both respondents were incredibly positive about the project, remarking that the engagement of the families was because of the willingness of the core team to use a family-centred approach.

Family views: focus group

Four parents took part in a focus group to elicit further and more detailed feedback about the families’ views on being part of the project.

Interventions and families’ understanding of the project

One of the most important observations that came from the family focus group was how the respondents associated the project with the interventions that were being provided to them. They showed little understanding of the project as a multi-agency project, although they were aware of this fact and had signed family agreement forms that stated that the project involved a collaboration of agencies. The participants seemed to regard the project as a separate entity that provided a link between themselves and other agencies.

Group work and opportunities for interaction with other families were seen as helpful for the families’ understanding of their own situation, and such opportunities were provided by the “mini-projects”. Focus group members felt that group work and meeting other families in similar situations were helpful to them, as it made them realise that they were not alone in their struggles or that their family circumstances may not have been as adverse as other families’.

4. Third Phase: Work with families

It is interesting to note that the focus group members generally did not perceive their home situations as severely complex or difficult, and pointed to how the project might also benefit other families. One respondent said:

Participant no. 4: “There’s hundreds of families, thousands of families out there that would benefit from this.”

This comment suggests that this participant views the project as being appropriate for lots of households who are having problems. The use of the terms “hundreds” or “thousands” implies a personal situation that is not extreme or out of the ordinary. This is important for two reasons. Firstly, it suggests that families may not have been aware of the real aim of the project to work with a small sample of hard-to-reach families with complex needs for whom agency intervention has failed in the past. Secondly, it suggests that families may not be aware that their circumstances are regarded as exceptional or that they are perceived to have complex needs. The follow quote reinforces these points.

Participant no. 4: “Mine might not be as major as someone else’s situation ... I don’t think I’ll be here as long as some of the families might be.”

However, these comments also echo a point made by a member of the steering group, who felt surprised that the families the project was working with had not had more severe problems. This begs the question about whether the project was actually reaching the families most in need.

“I think for me what’s become apparent is that the kind of families that have been referred actually don’t have the full range of need that was expected, and they don’t necessarily need to engage all of the agencies at the same time. So the referrals that have come through haven’t been particularly exceptional in terms of families with need.” (Steering group member)

It should be noted that the project accepted families on a first-come, first-served basis and the needs of the families referred reflect the perceptions of the professionals who referred them in the first place. Although all the families matched the access criteria, it is undoubtedly the case that many other families in the borough would also have done so, and many other families would have had needs that were more severe or enduring. Indeed, the term “hard to reach” implies a group of families for whom access is a problem, and it is therefore difficult to say whether the referred families were indeed the hardest to reach. The severity of need in inaccessible families may be greater than the need of the families involved in this project, but their inaccessibility may also mean that they may not have been “reached” at all.

Psychological improvements

Participants were hopeful that the project would be able to help them in the long term and they also mentioned improvements in their lives as a result of being part of the project for even a short time. Respondents spoke about how the project was helping them psychologically and how this positively influenced others in their families, as the quotes at the beginning of this report demonstrate. However, it is difficult to document such positive outcomes.

Achieving and recording outcomes remained a major issue and was regarded as the most important “next step” for the project, as one access panel member put it when asked what he thought the main priorities of the project were in the last few months: “get results on paper”. Such a viewpoint was also reinforced by comments from other access panel and steering group members. However, the broadness of the list of expected outcomes meant that it was difficult to determine when targets had been met or when an outcome had truly been achieved.

There was a conflict between the observable and measurable outcomes required and the work between the project workers and the families. The family focus group showed how positive the families were about the project and how much they felt it had impacted on their lives, despite professionals not necessarily being aware of what had really been achieved. The core team was also optimistic about the families’ achievements, even if such accomplishments were not quantifiable, as changes in attitudes were thought to provide the basis for future, more observable changes. Because the project was time-limited, it was not possible to determine whether intrapersonal changes would result in wider changes (e.g. whether a changing view on the importance of routine and stability would impact on parenting practices or sustained tenancies), and so any comment would be purely speculative. However, although there are

many other moderating factors at play, psychological research has shown that attitudinal changes can predict actions taken (e.g. see Ajzen, 2001).

Losing the service

Given their positivity about the impact the project had had on their lives, and the struggles families had coped with for a long time, it is unsurprising that respondents expressed pessimism about their futures without the project. When asked how they thought they would manage if the project was not part of their lives, the focus group members said that they would probably revert back to their old ways or end up in worse situations than those they had previously been involved in. Interestingly, the interviewees did not construct their responses to this question in terms of imagining a time when they would not need the services anymore as a result of developing well and managing their lives much better, rather they thought about the services being taken away from them.

It could be suggested that it is not surprising that the families would answer the question in this way, given their inharmonious relationships with agencies or professionals in the past. However, the project was viewed by families as being different to other organisations and seemed to be regarded as a separate agency in itself. Focus group members spoke of the project as an optional information-giving, support, advice and advocacy service and they seemed to be engaged because the workers were non-judgemental and not forceful.

Choice

It was particularly important to the families that they could choose whether or not to attend sessions, which, it appeared, were what the families thought the project mainly comprised. The families were very positive about being part of the classes and felt that such sessions provided them with step-by-step routes back into “normal society”. Such positivity was related to families being given the option of attending classes, which was something that they reported was not always the case with agencies that they were involved with. The project was seen as more “constructive” and less pressurising.

The project seemed to be valued by the families because it was person centred; however, it did emerge that families probably expected more of the workers in terms of a “listening ear” than was originally the intention. The respondents expressed how they had developed a rapport with the core team and how they could speak to them if they were feeling stressed. They also appreciated the team being available and accessible.

Relationships with workers

Relationships with the core team were regarded as different to the relationships experienced with other agencies or organisations. One respondent commented: “It’s refreshing to actually sit and have a chat with them.” Generally, participants felt that the project was separate to other agencies and was focusing on the families that “no-one cares about”. The project seemed to be considered as being the only option for the families or their last resort. Indeed, this would appear to accurately reflect the target group that the project aimed to work with and adds a deeper understanding to how the families view themselves and their perceptions of the views of others.

Pre-existing relationships with agencies were generally spoken of as being antagonistic or somehow lacking. Respondents appreciated the project’s role in brokering this relationship for them and in being able to “fast track” specific actions and support.

The “golden ticket” offered to the families meant that issues could be resolved quicker, which left them with less to worry about. For the families, these were small but significant resolutions that didn’t necessarily mean fast-tracking the families on to services or providing them with long-term agency support. Instead, families felt that the project helped them move quicker towards a solution to a problem that they alone could not fix, for example, in the case of getting children back into school after exclusions. It is obvious that lifting burdens is important for families who are struggling under the weight of many difficulties, yet it is the role of projects like this one to enable families to have the capabilities to remove barriers for themselves and to achieve outcomes in their own right. Unfortunately at the time of the focus group the respondents did not feel that they had better relationships with agencies or that they would be better able to access services or achieve outcomes.

4. Third Phase: Work with families

Case studies

The evaluation took a case study approach to track the progress of a small sample of the families. This involved scrutiny of the files held by the project about the families and reviewing updates provided at access panel meetings. It also involved the consideration of written family feedback. Profiles of the case study families can be found in Annex A.

The five families considered as case studies represented a quarter of the families involved with the project and, for practical reasons, were the first five families referred to the project. The issues they faced were similar to the issues that many of the 21 families faced, for example, concerns around the behaviour of their children, adults' employment status and housing needs. Being the first set of families to be taken on by the project, it could be expected that they would have been able to make a lot of progress and achieve some significant changes in their lives. In reality, the early difficulties affecting the project resulted in a loss of time to support the families and so these families were not much farther ahead than the families referred to the project later on. However, those working directly with the families, i.e. the core team and external trainers, noted positive outcomes in terms of changes in the families' attitudes and perspectives. Such changes would not be apparent from the viewpoint of partner agencies not interacting with the families.

Generally, feedback from three of the families provided by short review forms showed that they were very appreciative of what they were able to achieve through the project and were grateful for the project's family-centred approach. Clear and open communication was important, both in the eyes of the families and the core team. Families were characterised by long-term dependency on services, thus, they had experienced different kinds of relationships and different methods of communication as a result. The open and direct methods used by the project meant that families could better understand the implications of their actions and had someone they could talk to about anything that was unclear. The sharing of information to the families about themselves was also found to be important. It is reasonable that families would expect to be permitted to view and discuss information about them and the project allowed families to do this.



5. Lessons learned and future work with families

The lessons learned from the project can be applied to future work with families and other multi-agency projects. There were a number of things that didn't work and a number of things that did. Such lessons have provided guidance for the recommendations discussed below.

Lessons in multi-agency working

Conceptualisation and shared understanding

A number of access panel members and steering group members felt that it was unclear where the project fit conceptually, methodically and theoretically. The model was not clearly understood by all and did not appear to fit any one existing model of intervention. Difficulties regarding shared understanding of the approach appeared to directly impact the degree of engagement or “buy-in” shown by access panel members and steering group participants. Thus, the degree to which the lives of the families could be moved forward by multi-agency input was modest. However, it should be acknowledged that the project tried to “think outside the box”; this type of working may take some time for professionals to connect with.

Buy-in

It was evident that at the start of the project, not all agencies had fully engaged, despite apparent buy-in. Although this may be due to a lack of clarity about the project's model of intervention or the responsibilities of those involved, it took a long time to get many professionals fully on board. Indeed, at most access panel meetings, many agencies were not represented. The steering group meetings also faced similar problems in terms of representation and attendance. It could be suggested that professionals viewed themselves as engaged with the project because they had attended some meetings or had allowed a family a “golden ticket”. It is not possible to determine a professional's subjective degree of engagement. Thus there needs to be clear guidance about exactly what is expected of professionals involved in multi-agency projects.

Clarity about roles and responsibilities

Many access panel members reported that they were unaware of what their role was in the project and the responsibilities that this afforded them. Steering group members also spoke of concerns about what access panel members and the core team were supposed to do. Indeed, through the course of the project, the roles and responsibilities of the core team changed. Professionals need to be clear about their roles and the roles of others. This is also important for families, as they need to understand whom to contact when particular concerns arise. In the case of this project, the core team took on many roles to ensure that the project operated well. This led to an impossible situation, with considerable pressure placed on the core team.

Recording outcomes

It is apparent that the project did not manage to record the outcomes for the families in a clear and concise way, despite there being some good results as a consequence of advocacy work. The quote from the access panel member, “get results on paper”, highlights this point. Projects should endeavour to ensure that outcomes are recorded in a way that is clear for all. It is also the case that so many target outcomes could not be achieved in the duration of the project. The proposed outcomes were never specified in such a way to make it easy to determine whether or not they had been met. In a sense, this predicted many difficulties that the project had in achieving and recording any outcomes. However, it is important to acknowledge unobservable outcomes, such as attitudinal changes or improved self-esteem, as these psychological changes can impact on future outcomes. Indeed, for families whose difficulties have been ongoing for some time, it is feasible to expect that psychological changes will precede any actions that they later take and that the more discernible outcomes will take longer to appear.

5. Lessons learned and future work with families

Clear and direct communication between agencies

A lack of understanding about different agencies' ways of working may lead confusion and ambiguity. Workers should endeavour to be explicit in their communication. This would apply to the use of acronyms or other professional jargon that can leave families, and professionals, confused. Effective communication is necessary at all levels. For this project this could have meant more regular contact between the core team and access panel, and between the steering group and both the core team and access panel. However, the project did provide a channel for interagency discussions and a platform on which to build future relationships.

Practical considerations

There are some quite simple ways to improve multiagency working and these refer to practical considerations that would help communication and interaction run more smoothly, for example, awareness of what information agencies have access to and providing information where absent. This may be a situation whereby one agency's computer systems do not "talk" to another agency's computer systems. The project's access panel also pointed to the need to ensure that a project involves the right level of professional for what is required of them.

Lessons in working with families with complex needs

Inclusion and exclusion criteria

In effect, the access criteria used by the project could have included thousands of families in Britain. Many families have concerns in many of the areas indicated by the access criteria and the project did not have any exclusion criteria. Families were accepted on the project on the basis of having multiple and complex needs and long-term dependency on services. Thus the families accepted on to the project had many similarities but also many differences. Given its short-term nature and the fact that it was a pilot project, the project was probably dealing with too many different types of difficulties. Access criteria that are targeted and exclusive would help to avoid taking on families with such diverse needs that are difficult for one project to manage.

Short-term funding

Like many other projects, this project had short-term funding. Yet when working with families with intergenerational dependency and long-term involvement with agencies, a short-lived project can only have limited value. Given the "long-standing" nature of the issues experienced by the families, a "long-standing" intervention would necessarily be required to help them overcome such issues. Projects such as this one require preparation and time to impact on outcomes. If policy makers and government are determined to help families with complex needs, then there is a need for proper planning and set-up time – this will be cost effective in the long run.

Coordination at point of delivery

For families such as those involved with the project, it is crucial to co-ordinate services so that they are accessible. Such co-ordination is obviously difficult but may help families to be more engaged. A needs-led service would enable resources to be appropriately and more effectively targeted at those needing them most. The project endeavoured to do this, but the many challenges it faced in terms of full engagement and understanding made co-ordination a considerable task.

Specificity of judgements

The project required access panel members to make judgements on which families to accept on to the project on the basis of referral forms and information that was not always up to date. Although it would be impractical to gather all information available on a family in order to appropriately decide whether the family is best suited to the project, it is necessary to pay attention to the assumptions made by professionals on the basis of limited information. It is important to realise that preconceptions are not always accurate, and, for example, one problem does not necessarily indicate another.

Key workers/lead professionals

The project did not employ key workers and its rationale for not doing so was related to the need to pull services together and not introduce more professionals into the lives of families who were already involved with many agencies. Lead professionals formed part of its original model of intervention, but in practice the role of lead professionals did not come about. The families saw the core team as being there to support them in different capacities, which included being “listening ears”. This placed considerable strain on the core team, who were responsible for many aspects of the project and indeed had to increase its staffing level to manage the workload. Given the drive for key workers and/or lead professionals in multi-agency projects, such a recommendation could be appropriate for services akin to this project, where families could rely on a practitioner who is already aware of their situation working in conjunction with the core team. The precise role of such a worker would need to be determined by the resources available and the worker’s position and relationship with the family.

Clear and direct communication

Communication should be clear and direct with both families and professionals. It is important to realise that perceived power imbalances, a family’s lack of understanding of professional or legal situations, difficulties impacting on a family’s willingness to listen to professionals and fewer opportunities to realise their full potential in education may leave families feeling unclear about what has been communicated to them and what options they have.

Small but significant changes

Feedback from the family focus group and review forms showed how the families appreciated some quite minor input from the core team, i.e. by speaking to schools or neighbourhood services on their behalf. Such brokering led to some important changes for the families whilst little was required of some of the agencies. Where small but significant changes can be made, these should be encouraged. Related to this was the project’s focus on areas that were not immediate concerns to the families but which still needed attention. This approach allowed families a bit of room to think about smaller changes that could be made more easily.

Families as experts

The families were given choice in their involvement in interventions and signed up to family agreements. They were active partners in the project. The project saw the families themselves as the experts in their lives. Responding to families in terms of how they see their needs and to plan interventions to meet these needs is important; families who feel that they are being listened to will be more likely to engage. This empowerment can have many beneficial outcomes.



5. Lessons learned and future work with families

Conclusion

The families appeared to benefit most from the project's needs-led approach. Being viewed as active participants meant that families had a say in what interventions they became involved in and could discuss their situations with workers, for example, by having access to assessment reports. The families appreciated workers' advocacy on their behalf and giving them the confidence to start to make changes for themselves. There were some reported changes in self-esteem, confidence, better insight into difficulties, improved awareness of opportunities and improvements in family relations. Despite these changes, the families remain aware of the need for continued improvement in that many of the parents decided to continue with peer support through their own parents' group.

The mini-projects were liked by the families as they were provided for the adults, rather than just addressing the needs of the children. They offered parents an opportunity to gain confidence, assertiveness and self-esteem that could later influence their parenting practices, as well as other situations, for example, having the confidence to leave a violent relationship. The mini-projects, like the project's general approach, were direct and family centred. Families could choose whether or not to come to sessions and the group interaction helped them to realise that they were not alone in their struggles. Such interventions were therefore not seen as punitive or a reminder of where the families had gone wrong. The mini-projects were held in high regard.

The holistic nature of the project enabled workers to challenge families who were not taking steps towards independent living or making a positive contribution. By collating information on the many complex difficulties faced by the families, the project was able to determine contributory factors in a family's adversity. Holding detailed information also allowed workers to be quite clear with families about what they already knew and what steps should be taken to avoid going around in circles.

All in all, despite its many challenges, the project achieved good engagement from families and identified some of the most important factors in supporting families with complex needs. The learning from this project helps to show that successful projects will be family centred and needs led, allow for choice, be holistic, be direct in communication, co-ordinate service delivery, treat families as the experts and recognise the potential upheaval for families in being involved in yet another project.



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Annex A

Case study families

This section focuses on five case study families who were the first five families to be referred to the project. The families shared much in common in terms of the behaviour of their children, employment status and housing needs but also differed in many significant ways. All names have been removed. Detailed information that may lead to the identification of individuals has also been omitted.

Partner agency views on outcomes

Towards the end of the project, access panel members were asked to report on any positive outcomes they had observed as a result of families' involvement with the project via a questionnaire. For many access panel members this involved liaising with front-line workers to determine any successes and collating information from various sources. For this reason, along with the time such a task would take, very few questionnaires were returned. However, where feedback was given it is reported below.

Family views on the project's support

Families were asked to complete review forms and were invited to take part in a focus group. Not all families did so, but where they did, their feedback is reported below.

Ongoing work

Each of the families was informed of the closure of the project and ongoing work with parents was offered through the mini-projects. It is not clear whether all parents will participate in such activities. Follow-on action plans were prepared by the core team for each family, in addition to the more overarching recommendations provided by the assessment report, to meet the immediate needs of the family. These actions are to be carried out by partner agencies.

Family A

Referral

- Referred by: anti-social behaviour team (who also considered the potential issues relevant for other agencies, such as schools and children's and young people's services).
- Focus of referral: primary school age boy who was viewed to be behaving disruptively. Also considered issues around domestic violence, non-payment of rent, potential parental alcohol problems and parenting issues.

Assessment

- Five family members were identified. These were the mother and the father, a teenage daughter, a primary-school-age daughter and the young son already mentioned.
- Key agencies identified as already involved with the family: the probation service, Connexions, Jobcentre Plus, Metropolitan Police, Neighbourhood Services, education services, i.e. the children's schools (one of which was also the mother's employer), child and adolescent mental health services (CAMHS), and the Anti-Social Behaviour Team. Much of this support had been ongoing for some time and CAMHS had been working with the son since the previous autumn.
- Issues considered in assessment: employment and training opportunities for both parents as financial issues affecting the family were deemed to be partly due to the low pay received from the parents' employment. Also, family relationships (including the relationship between the parents), cleanliness of the home, the children's school attendance and behaviour, and aggression within the home.

- Initial action planning and recommendations for the adults within the family included: monitoring of rent payments, support with domestic cleanliness, parenting classes and counselling support following the occurrence of domestic violence. For the children, the assessment suggested counselling following witnessing domestic violence, as well as involvement in extracurricular activities and Connexions support (amongst other recommendations).

Actions

- The family's file provided evidence that recommendations were followed up; the mother had been invited to parenting and personal development classes and counselling. The core team had contacted Jobcentre Plus on behalf of the family to look into training opportunities for the parents and had also made contact with Connexions for support for the adolescent girl. There had also been correspondence with the family's social worker and Neighbourhood Services.
- Subsequent action plans were produced and discussed during access panel meetings. Key actions included the school's monitoring of the children's attendance and behaviour, Connexions work and the monitoring of rent payment. It was unclear if all actions were followed through, but there was evidence to suggest a positive impact of the project on rent payments, and the project had intervened to prevent an impending eviction from the family home.
- There were documented improvements in the children's school attendance and behaviour, and, although the mother seemed not to attend classes offered by the project, she did instead begin a parenting class at the school where she was employed.
- However, the project did not seem to be able to have a positive impact on the family's engagement with all partner agencies, for example, CAMHS. The relationship between the family and this service remained antagonistic, as it had been prior to the project's involvement.

Outcomes

- Meetings between the core team and the family occurred on a number of occasions and there were multiple telephone conversations.
- The project was successful in helping with the family's housing situation and was also successful in an appeal against a decision by an employer not to give the mother a job. Following such intervention, the mother was employed in the post (which was a second job for her) and was reportedly happy for the support received.
- Positive outcomes were seen in the son's behaviour, which was previously a major cause for concern for the family members and the agencies working with them.
- The family showed periods of good and poor engagement, which accompanied substantial personal difficulties impacting on the importance of the project in their lives. Family relationships had broken down and at the time of the project closing the parents had separated following a difficult, and possibly aggressive, incident between the father and one of the daughters.

Partner agency views on outcomes for Family A

- The success in beginning to sustain their tenancy was seen as a positive way forward for the family. They had considerable rent arrears that, although not repaid, had been reduced. A sustained tenancy was regarded as putting the family in a better position to work with agencies (aside from just Neighbourhood Services). Furthermore, since housing concerns had been reduced, it was felt that the family could feel more settled and ready to work with agencies on other matters.

Family B

Referral

- Referred by: Youth Offending Team
- Focus of referral: behavioural problems of one of the young adolescent boys, who was then in local authority care. Other issues included rent arrears, parenting difficulties and multiple house moves in a short time period. The family members making up the referral in the first instance only included the mother and her non-resident son.

Assessment

- Family members included were: in addition to the mother and son, the mother's partner and four other children: two teenage daughters, a primary school age daughter and a primary school age son.
- Key agencies identified as already involved with the family: the probation service, education services, Metropolitan Police, the Youth In Need team, Neighbourhood Services, (temporary accommodation), CAMHS, Kinara Family Resource Centre, Parenting Support Group, Homeless Persons Unit, Anti-Social Behaviour Team, Connexions and Jobcentre Plus. A social worker was also involved with the family.
- Issues considered in assessment: school-related issues (bullying), the local authority care of the son, who had been the main focus of the referral, housing issues (i.e. being in temporary accommodation and having rent arrears), offending behaviour within the family, employment status of the mother's partner and the general well-being of the family.
- Initial action planning focused on solving some of these problems, i.e. those related to living in temporary accommodation. Recommendations included involving the young children in activities, Connexions support for the older children, and close liaison with the family's social worker.

Actions

- The family's file showed that one of the older children had attended a session with Connexions, that the core team had met with social services regarding the child living separately, and that a meeting had taken place with the school where one of the children was allegedly being bullied to try to tackle this issue.

Outcomes

- Evidence of varying engagement of the family with the project. The project continued to implement action plans for the family and these were important in ensuring that the family were re-housed and helping one of the children to retain a place at their school following an impending exclusion. The mother arranged to attend parenting classes but failed to attend multiple sessions, although she had made some effort to do so.
- It was noted that the mother had made many poor decisions for her family, although she clearly cared for them. She reportedly developed a more positive attitude to the future following the project's involvement. The family's house move allowed them a proper home and there were hopes that the non-resident son would be able to be reintegrated into the family.

Partner agency views on outcomes for Family B

- It has been noted that this family were referred to the project because of issues around anti-social behaviour and re-housing needs. The family had been re-housed but, due to historical difficulties, they would continue to be supported with engaging with their new tenancy. Specific outcomes resulting from the project's involvement were reported to be unknown because of the limited time the project had to work with them.

- Feedback from the external trainers running classes for this family indicate that the mother was keen to bring about change for her family, although she had been unable to attend all sessions and was reluctant to become involved at first. It seemed that ongoing work was crucial to the family's progress.

Family B's views on the project's support

- On a family review form completed a few months prior to the closure of the project, this family indicated that they felt that the project had benefited them by helping them to do things that they couldn't have done on their own. Although the family did not specifically comment on how the project had helped, it can be presumed that they were referring to their house move. The family rated the service provided as "very good" and liked that its approach was open and honest, allowed for feedback and partnership, and shared information with the family, i.e. the assessment report. The family also noted that the project had helped them better realise how agencies work and felt better equipped to get what they needed from them. Subsequently, the family's contact with other agencies was reportedly more proactive and positive.
- The family felt that they could get by without the involvement of agencies a bit better than they had been able to before, although they realised that there were still some outstanding issues, e.g. parenting. Overall, they rated their lives to be improved since the work with the project started and identified the next steps to make it even better.

Family C

Referral

- Referred by: Youth Offending Team parenting division, who also noted the potential involvement of other agencies in the family's lives. These were: CAMHS, police school liaison workers, Youth In Need forensic team family therapists and anti-social behaviour workers.
- Focus of referral: a mother and four of her children were considered. The children comprised a young woman aged 17, two young adolescent boys and a nursery school aged daughter. There were significant issues affecting the family in terms of the mother's psychological health, as she suffered from depression and anxiety. The behaviour of one of the boys was a particular concern and housing repairs were also seen as important for the family.

Assessment

- A full assessment revealed other family members relevant to the project but not directly involved. These were two adult daughters who were living independently.
- Issues considered in assessment: parenting, attendance and behaviour of the children at school and career opportunities and training for the mother.
- Key agencies identified as already involved with the family were: relevant schools, nurseries and colleges, CAMHS, the Youth In Need Team, Neighbourhood Services, the Anti-Social Behaviour Team, the Youth Inclusion and Support Panel, Jobcentre Plus, Kinara Family Resource Centre and Connexions.

Actions

- Initial action plans and recommendations included: improving the children's school attendance and behaviour, extracurricular activities for the children, liaising with Neighbourhood Services to carry out property repairs, parenting and employment training for the mother and counselling for managing the anger for one of her sons. A specific action for the mother was to take her young daughter to nursery every day. This had previously been quite difficult because of the mother's fear of social situations.

- The family's file showed clear correspondence between the core team and partner agencies, especially education services. This proved to be a strong, continuing liaison. Furthermore, the project was successful in ensuring that the necessary repairs were carried out to the property.
- Plans of action continued for the family at access panel meetings and at assessment reviews with the family. These included planned input from Greenwich Local Labour and Business, youth and play service intervention for the children and a specific project for the teenage boys, who had been seen to be the cause of many difficulties for the family. There were meetings between the family and the core team and also some telephone calls. However, the mother's anxiety problems made it difficult for her to engage fully, and she did not attend the parenting and personal development classes she was invited to. She did, however, state that she would be willing to take part in one-to-one sessions.

Outcomes and future work

- It proved difficult to determine any positive outcomes for this family as the mother's mental ill health prevented her from really becoming engaged with anything taking place away from her home.

Family C's views on the project's support

- A completed family review form showed that this family felt they had a better living environment as a result of the project and that they were happy that their home had been decorated. The mother felt that this was important for the sake of the children and would help to divert them away from unfavourable activities and behaviour by encouraging them to stay at home. The family rated the service as "very good" and liked the clear, understandable advice offered to them. They reported that they felt valued when speaking to the core team and better understood agencies as a result of communication with the core team. This meant that they knew better how to approach agencies, and, although they reported that contact with other agencies had increased since the project's involvement, they felt this was positive because they felt more supported.
- The mother stated that she felt more empowered to get by without agency support and noted positive changes in the family's lives with them feeling happier. This family were aware of changes that still needed to come about with regards to parenting but felt that there had been "good" improvements overall since the project became involved in their lives. They identified specific next steps which involved attending the training sessions being offered but were glad that "things seem[ed] to be happening" for them.

Family D

Referral

- Referred by: Neighbourhood Services (housing needs unit).
- Focus of referral: domestic violence concerns between the mother and her non-resident partner, re-housing needs and general finances, i.e. the family were reliant on income support. A further issue was the disabilities affecting the youngest primary school aged son. The family members considered in the referral were a mother and her four children: two secondary school aged daughters, her aforementioned son and another son of working age, who was in care.

Assessment

- Issues considered in assessment: the family had moved into another house that required decorating; the main issues for the family were the children's schooling and employment for the mother, as well as the family's general well-being.
- Agencies identified as key to the family were: local hospitals (for the disabled son), the young people's team, Neighbourhood Services, Jobcentre Plus, education services, Connexions and the Leaving Care Team.

Actions and Outcomes

- Initial actions planned for the family included involving Jobcentre Plus in helping the mother with employment and training, liaising with the education services for the children's schooling needs, involving Connexions to support the older children and locating youth service activities for the younger children. The core team helped find a place at an alternative school for the young boy with disabilities and also helped to provide a work experience placement for one of the older girls.
- The project continued to plan actions for the family at access panel meetings, and the mother engaged well with the training sessions offered, including parenting and personal development, despite reported denial of any issues aside from housing needs initially. Home visits continued between the family and the core team as the mother realised the need for positive change in order for the family to move forward.

Partner agency views on outcomes for Family D

- In feedback from partner agencies, it was noted that prior to the project becoming involved, this family had a priority housing need and were therefore offered a new home relatively quickly. At the time, the mother in this family believed that all the family's issues would be resolved following the house move. Her opinions changed and the project was able to work with her more effectively.
- However, it had later been noted that the mother's partner (from whom she had originally fled following domestic violence) had returned to living with the family. The partner agencies recognised the importance of this in sustaining positive outcomes for the family. Given that the project had only a short time to work with them, the reappearance of the mother's partner may have a negative impact.
- Feedback from the external trainers working with the mother in this family showed that she became better able to identify areas that she needed or wanted to change and was finding it easier to clarify how to do this. It was noted that support would be needed in the short term to sustain positive changes. However, the mother was reportedly very motivated to change her life for the better.

Family D's views on the project's support

- In their review form, this family noted that they felt that the project had benefited them by helping the children realise that there are others in their lives and by focusing on the things that are important. They rated the service as 'very good' and wouldn't want to change anything about the project (although the mother noted that she would appreciate more and longer sessions with the external trainers).
- The family initially thought that the role of the project was to help them move to another home but noted that they were later able to work with agencies better and that the family were calmer, happier and had something to look forward to. The mother appreciated getting help and making contact with other people. She felt more confident in her parenting ability and rated things as generally much better at home. She did, however, realise the need for more work around training and employment, and said she would possibly consider counselling.

Family E

Referral and assessment

- Referred by: Anti-Social Behaviour Team, who also noted the role of Neighbourhood Services in managing the family's rent arrears.
- The issues considered were: domestic violence, verbal and emotional abuse of the children by their father, the children's non-attendance at school, concerns around the mother's possible alcoholism and the anti-social behaviour of the two boys. The two boys, one of primary school age and one of secondary school age, were living with their mother at the time.

- The assessment completed for the family identified several issues to be tackled. These were: improving family relationships, housing needs, domestic violence between the mother and her new partner, alcohol problems, improving the family's general health and bereavement counselling for the mother. The counselling was in response to a decision made by the courts, around the time of the assessment, to place the children in their father's care out of the borough.
- A number of agencies had been involved with the family. These were: youth offending team, Neighbourhood Services, Children's Services, the Youth Inclusion and Support Panel, Anti-Social Behaviour Team, Substance Misuse Engagement Team and health services.

Changes within the family

- Given the change in the family's circumstances, the family no longer met the criteria for acceptance on the project. However, action plans continued to be focused on the mother, though she did not appear to engage. She was informed of the closure of the project as other families had been, but no recommendations were made for follow-on work after the work of the project had ended.





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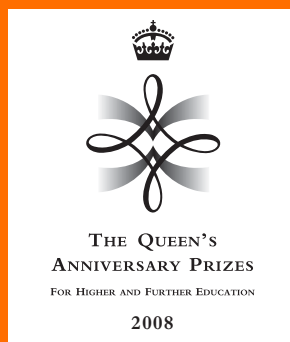
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