

Evaluation of Rochdale Families Project

Stakeholder Reflections

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1. Introduction

This report presents the perspectives and reflections of a small number of stakeholders linked to the Rochdale Families Project (RFP). These are based on interviews with four RFP workers, two of the counsellors provided by the RFP to support the families, an education professional working with a number of the children within RFP families and a social work professional working with one of the RFP families.

2. RFP Workers' Perspectives

Case Loads

The RFP workers acknowledged that access to additional financial resources together with the amount of time RFP workers could spend with the families compared very favourably to the constraints on other service providers. They could also work with a family for a period required to bring about change rather than being restricted to a short time framework. The RFP workers reported that this was very significant as there were periods when families disengaged or had conflicts with the RFP but the families were aware that the workers 'will not go away' and this was very important in demonstrating commitment and enabling an assertive approach. This time and flexibility had also enabled the RFP workers to consider

innovative mechanisms for working with the families, for example using camcorders to review parenting interactions or having the ability to take families to appointments.

However, the RFP workers did express some concerns about workloads, models of working and the impact of these upon the intensity of support provided to families. The RFP had a staff team of ten, but this would be reduced if the NDC funding ended. Some of the RFP workers believed that they had too many families and that this was self-defeating as the aim of the RFP was to provide enough support to ensure that young people did not enter the Child Protection or Criminal Justice systems. The timing of support was flexible (including evening and weekend work) but 'never enough.' The model did not allow adequate time for RFP workers to see the RFP families, periods of several weeks could elapse between a RFP worker seeing a family and the RFP workers stated that 'a lot could happen in this time.' In theory, each family was supposed to have six hours of contact time each week. However, the RFP workers described how achieving this with each family had been very difficult, for two reasons. Firstly, each RFP worker had a case load of about six families and so, including the bureaucratic requirements of record keeping and liaising with other agencies, it was not possible to see each family for the designated hours each week. Secondly, some of the RFP workers' job remits also included providing an out of hours service for the Rochdale Children and Families social care service. This meant that they were required to be on call in the evenings and this on-call time detracted from the opportunities to have contact with some RFP family members, for example children who were attending school regularly or parents in employment. The workers recognised that in some cases this had a significant negative impact on the families.

This limitation to the regularity and intensity of contact and support was exacerbated by two crucial factors. Firstly, some of the families had large numbers of children or were split across two households (necessitating further work with new partners). Secondly, many of the cases referred to the RFP were actually at a high level of risk and need, rather than the intermediate level initially envisaged as the focus of interventions. The extent and complexity of families' needs and the levels of risk or escalating risks often only became apparent once RFP workers had managed to engage with the families and come to understand the dynamics and underlying issues impacting upon them. One RFP worker described how this could 'open a big can of worms and these can end up being Child Protection cases'. This also highlighted how official assessment processes, previous interventions and available intelligence about families often 'only scratched the surface' of the families' issues.

Solution Focused Approaches

The RFP workers emphasised the use of a solution focused approach with the families, for which all RFP workers had received training. The workers pointed out that this method built upon traditional social work techniques that were based upon being client centred and client led. The approach was characterised as: being focused on the present and future rather than the past; addressing issues in a positive way rather than concentrating on negative problems; being realistic about what could be achieved; being practical about what to put in place; and addressing both short-term and long-term measures and goals. One of the RFP workers believed that this approach was particularly effective in setting short-term and realistic goals in recognition of the extent of difficulties and challenges facing these families. The RFP workers believed that a solution focused approach enabled the families 'to see their situation through a new pair of eyes'. It also 'puts the ball in their court and helps them identify their own problems and find their own solutions'. One technique is the use of number scores, illustrated as follows:

"What are you today?"

"I'm a three"

"That's good, why are you not a one or a two" (a focus on the positives)

"How can we get you to a four or a five?" (a focus on incremental and practical changes)

Another RFP worker believed that this approach could be effective in some situations but often the RFP work had been responsive to crisis in which family members were unable to think rationally about their future and, in these circumstances the RFP worker was often required to proactively guide the family and, in some cases, to effectively make decisions on their behalf. The approach was also less successful where family members were resistant to change. In this understanding, a solution focused approach was effective in scenarios where a family's situation had been stabilised and they were in a position to plan ahead and take the lead in making decisions about their future. The project workers believed that practitioners would benefit from further training on solution focused techniques and also believed that the families would benefit from this training themselves.

Personalised Budgets

The RFP workers believed that the personalised budgets of £500 per family (this amount was subsequently reduced) had been very significant and enabled the RFP to deliver direct material and financial support. They have been used to purchase items such as cookers, mattresses and decorating materials as well as trips out for children. These purchases had often been crucially important in enabling families to move on and had prevented one problem becoming the focus point. It enabled 'barriers to be overcome' and some problems may be resolved relatively straightforwardly. For example in one family a child was not attending school because they did not have a school uniform and the family could not afford to buy one. The RFP therefore purchased a uniform and the child then began attending school. In other cases, money has been used to decorate and get the family home to a decent standard. This also built up trust and demonstrated that the RFP could make a difference to the families and assists in securing the families' engagement as 'the project is not just going in and telling them to do something but helping them do it and giving them something.' Many of the families were 'living hand to mouth' and there 'was no spare cash', so these purchases were very important in stabilising family circumstances so that underlying issues could begin to be addressed as this practical help 'put the basics in place' that facilitated a family to make further positive changes. Sometimes the RFP workers had been able to get other services to spend resources on the families (for example a social landlord providing a new kitchen). In other cases, the RFP workers had used the budget to bring in other services, for example contributing £100 to decorate a bedroom with the Youth Inclusion Project team. Families have also had holidays paid for by the RFP as a way of broadening their horizons. This access to personalised budgets had enabled the RFP workers to 'think outside the box' and offer elements of support that other services could not provide.

Partnership Working, Dependency and Exit Strategies

A key function of the RFP workers was enhancing communication through building up trust with the families and then making bridges to other services, including schools. The RFP workers believed that other professionals in Rochdale were beginning to trust the project and viewed it 'as a way of getting a foot in the door' with some families. RFP workers were increasingly asked by other agencies for their assessment of families' needs and progress. It was also recognised that other developments in the neighbourhood could have a significant impact on families and required multi-agency strategies to address and manage,

most notably the closure of Heywood community school which had affected several of the RFP families directly.

The RFP workers identified central issues of dependency and exit strategies. The RFP had sought to provide the families with skills and make them more assertive and independent based on breaking their reliance on the RFP and other services over time. For example, the RFP workers required families to participate in decorating their homes even if the RFP had purchased the equipment and materials and assisted in the decorating process. Similarly, parents and children were encouraged to become independent in attending schools and appointments, and in several cases, RFP workers had deliberately sought to reduce the intensity of direct contact with the families over time. However, although the rationale of the RFP had been 'to get families to stand on their own two feet' the RFP workers identified that many of the families being supported by the RFP would continue to have a lot of needs and issues that required to be addressed. Consequently, the families would need to be supported in the future, often by some key worker model of intervention. The RFP had sought to develop exit strategies in anticipation of the project ending, for example ensuring continuing future support from schools, The Youth Inclusion Project, social landlords and other service providers.

Interaction with Families

The RFP workers believed that their relationship and interaction with families was the key to the successes achieved by the project. 'Straight talking' and honesty were essential but this did not mean a 'heavy handed' approach but rather offering support on the basis of asking 'what can we do to support you?' One RFP worker described this as a 'softly, softly approach' and viewed her role as being a 'critical friend.' RFP workers sought to achieve a difficult balance of being simultaneously 'easy going' and 'saying things how it is.' This approach was described as: 'We're not going in and saying "you've got to do this". It's about going in and saying: "how can we help you?"' This, allied to the practical support that RFP workers were able to provide and a focus on positive reassurance and encouragement, were viewed as primary factors in achieving change for the families. The experience and ethos of the RFP workers had been essential and the fact that some of the workers lived in Heywood or had worked in the area for a long time and were well known was also regarded as a positive element of the project. It enabled rapport to be established and for the workers to 'get a foot in the door' with the families.

The RFP workers identified that the voluntary and non-statutory nature of the intervention was very important because, although the RFP was directly linked to social services, workers' relationships with families were perceived by families as being different to that which they traditionally had with social workers, which were often characterised by distrust. One RFP worker who had grown up in Heywood made the additional point that she believed that her position on the RFP provided evidence to some of the family members about the positive outcomes that they themselves could achieve and the realistic aspirations they could develop.

3. Counsellors' Perspectives

One counsellor had delivered a four week course to RFP parents. There were two hour sessions each week. The course had originally been developed with the Sure Start post natal group. It was based on providing support to parents and also aimed at addressing needs such as anxiety and anger management. The first week focused on how to recognise anxiety and stress and how these are manifested in different ways and coping mechanisms. The second week covered anger management and the third week addressed coping mechanisms and strategies. The fourth week was a celebration where parents received lots of praise and positive comments and were given a certificate.

The sessions were interactive and the parents were encouraged to contribute a lot throughout the course; and a body board was used with happy/sad faces. There was a need to address literacy issues and parents were encouraged to work in pairs. Colourful handouts are provided. Trevor Powell's mental health handbook was used extensively. The course was also about parental empowerment-, linking workers to the wider community and encouraging parents to access and use services, including those of voluntary organisations. This was in recognition that it could be a very slow process trying to reach some families,

Six families attended week one, five families attend the second and third week and three families attended the final week. Families were scared of using agencies and the course had focused on coping strategies, for example for getting out of the house and attending GP or hospital appointments. Massage techniques were also demonstrated. There was very positive feedback from the families and one sent a thank you card saying 'thank you for encouraging me to learn about relaxation.'

The counsellor was also providing bereavement counselling on a one to one basis to a RFP child. The was very pleased with RFP and felt that her work was understood and valued by

the RFP workers, who had been very positive and had complemented the counselling sessions by providing encouragement to the families. The counsellor argued that these activities had to be regarded as a vital part of change and there needed to be strong communication and an umbrella approach by agencies.

Another counsellor had provided psychological therapy to both adults and children within RFP families, delivered on an individual one to one basis (to a total of seven adults and three children at the time of the research interview). She identified that these individuals all needed this form of intervention, given their personal histories and the trauma they had experienced and that this was 'paramount' to achieving significant positive change. The sessions attempted to recognise and begin to address key issues, including experiences of childhood, self-harming and alcohol or drug misuse through recognising cycles of behaviour, building trust, enabling individuals to open up and focusing on change and how individuals could begin to move forward. Many individuals were understandably fearful of addressing these issues and it was crucial that the counsellor could build rapport and provide reassurance that there were no hidden agendas. The family members differed in their degree of engagement but many informed the counsellor that they were directly benefitting from the sessions. Joint working had been central to the successes achieved, in terms of being able to consider further referrals and also through the RFP workers providing transport and childcare to enable some family members to participate in the counselling. When RFP workers had not been available there had been a reduction in attendance.

There was a need to recognise that many of the families were in crisis and attempting to deal with new issues on an almost daily basis. This resulted in families and services supporting them becoming 'stuck in the process' rather than being able to address underlying issues. This had also impacted on the counselling sessions and it was argued that these individuals needed long term psychological support; a six week block of sessions could have some positive impact but was not sufficient. It was therefore essential that counselling was seen as further additional support that had to be sustained.

4. An Education Perspective

The education professional had been invited to attend the initial planning meetings about the RFP, which she thought was very positive. Her key concern was that the families were often dealing with six or seven agencies, often all present at a meeting and that this was intimidating, particularly at times of crisis and when individuals' self-confidence was already

low. She wanted to see one worker engage with a family (or two- one for parents and one for children) and then for this worker to liaise with the other agencies and she believed that this had been achieved through the RFP model.

She believed that the RFP had 'been really good'. She had very regular contact with the RFP and that 'partnership working was going really well'. The RFP had been very focused on each of the families and had also addressed a range of issues, including those within the home and had helped parents and children to attend school, keep appointments and engage with teachers. The RFP workers also fulfilled an important role in being able to discuss the issues with parents and children.

The majority of the children supported by the RFP had achieved improvements in their attendance, their behaviour, their attainment and their confidence within school. The RFP also had an impact on parents, who had appreciated the support and now feel more able to engage with school and use strategies to encourage their children to attend school. The educational professional pointed out that this progress was not achieved 'over night', but required considerable time and effort. One child working with the RFP was excluded, but even in this case the parent was now being honest about the difficulties faced in getting the child to attend, rather than covering these issues up and the parent was engaging proactively with the school.

Less progress had been made with some children with a long history of absence, in which this had become an engrained routine. It was difficult to address this, even with the additional resources of the RFP. The education professional believed that addressing the needs of this group of children probably required a month or two months of RFP workers intensively taking children to school every day. However, if RFP workers were only able to see families twice a week, the parents and children tended to forget about the conversations and the strategies a few days later, so there was a need for consistent and almost continual interaction.

The education professional believed that 'undoubtedly' some of the children working with the RFP would have been at risk of exclusion and their parents at risk of prosecution without the RFP intervention (one parent remains at risk of prosecution). She pointed out that, in addition to the initial financial costs to agencies arising from managing and investigating non-attendance or problematic behaviour and, if necessary, pursuing enforcement action, children lost 25 hours of school time for a week's exclusion, which had major detrimental impacts on their educational progress and, subsequently were likely to generate further public costs in the longer-term.

The education professional believed that the RFP 'had been a success' and had performed a vital function that was not offered by the school or other services. The school had limited resources, so it was simply not able to address issues outside the school environment, so this support would not be otherwise provided without the RFP. The education professional was disappointed that the RFP was ending and although some alternative form of provision may be provided her preference would have been for the RFP to be sustained.

5. A Social Work Perspective

One social work professional provided an assessment of RFP involvement in one case study family. She reported that the RFP had 'made a difference' to the family in the context of 'so much going on' in the case, and that 'small steps have been taken.' She reported that the RFP interventions had included securing nursery and after school places and a college placement, facilitating access to play sessions for the younger children and ensuring that the older children attended school as much as possible. She believed that this had removed some of the 'hurdles' that have been issues within the family and had achieved outcomes including the mother becoming happier, calmer and less anxious and less dependent on the social work professional. There was also 'a degree of coping that wasn't there before' in which the family were more likely to attempt to resolve issues independently initially and this had resulted in a reduced need for intensive contact with them. The social work professional also reiterated the point made above by RFP workers about the distinction the family made between social services characterised by 'officialdom' and the RFP workers who were viewed as 'not being official' and there to 'offer support.' However, the mother was still refusing to engage with some offered forms of support, such as counselling, despite having requested this support herself.

The social work professional reflected that working with the RFP had been welcome and positive, that it had enabled her to reduce her contact with the family and therefore release her time to spend with other families, and that the mother was better equipped to move towards an exit from social services support. However, she did highlight that RFP contact with the family had been inconsistent and had included some missed appointments which the family had been disappointed by. She also suggested that communication with the RFP could have been more effective, in terms of the sharing of information and the reduction in duplication.

6. Conclusions

Although these findings are based on the perspectives of a limited number of stakeholders, they do identify a number of common and key themes. Firstly, the resources, flexibility and extended timescales for intervention were very important in facilitating engagement and innovative work with the families. However, there were significant limitations to the intensity of the support provided, linked both to working models and the scale of the problems facing the families.

The RFP workers had utilised a solution focused approach and believed that practitioners and families themselves would benefit from further training in these techniques. This approach was viewed as being effective in terms of its realism, its focus on positive future-orientated short-term goals and the proactive role for families. However, it was more limited in cases where family situations had not been stabilised and engagement had not been secured. The RFP workers believed that personalised budgets had been very significant in providing direct and urgently required practical, material and financial support to families. In turn this had addressed some key barriers to progress, assisted in ensuring the engagement of families, demonstrating the efficacy of the project and contributing to the stabilising of family circumstances and environments as a prerequisite to more transformative work.

A key function of the RFP had to build channels of communication between families and other services and it was believed that multi-agency working had become strengthened during the course of the intervention. The RFP had sought to prevent families becoming over dependent on the project or other services to prepare them for exit from the intervention, although it was recognised that many of these families would require ongoing support in the future.

The relationship between RFP workers and families was identified as the key mechanism for achieving positive change. This required a balance between an assertive and honest approach and a non-directive and supportive form of interaction. The voluntary nature of the RFP and its distinction from 'traditional social work' and RFP workers living or having worked for a long time, in Heywood were identified as other positive factors.

The counselling sessions facilitated by the RFP had been attended by several families and these family members have generally viewed these courses and sessions positively. The counsellors indicated that these interventions were essential in addressing the underlying issues facing the families and they were largely positive about how the counselling support

had been linked into other elements of the RFP. They argued that counselling had to be supported in the long-term within robust partnership working arrangements.

An education professional working with several children from RFP families believed that the majority of these children had achieved improvements in their attendance, behaviour, confidence and attainment at school and that the RFP had also enhanced the role of parents in supporting this. It was argued that 'undoubtedly' some of these children would have faced further non-attendance or exclusion from school, with the likelihood of enforcement action against their parents in some cases; and that no other service was currently available to meet these needs. It had been more difficult to achieve change for those children with a longer history of school non-attendance, where more intensive support, at least initially, to attend school would be required.

A social work professional working with one RFP family believed that the RFP had achieved some positive outcomes including enhancing the parent's confidence and independence and securing educational places and for the children and improving their engagement with this educational provision. This had freed up some resources that could be allocated to other families. However, communication with the RFP could have been improved and, reflecting the points made above, the RFP contact with the family had been inconsistent on some occasions.