

‘The end of my tether’

The unmet support needs of families with teenagers – a scandalous gap in provision

By Amanda Allard



Acknowledgments

I would like to thank the NCH projects that took part in the research. Many of them devoted a considerable amount of effort to ensuring I had access to families who had used their services. Thanks must also go to the families themselves, who were willing to relive often very turbulent times in their families' history in order to answer my questions. Conducting this research project has provided an inspiring insight into the quality of support work provided in this area and the commitment of families to stay together even when they have reached 'the end of their tether'.

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Edited by Carole Ray

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Introduction

The challenges faced today by parents of adolescents are in many ways new ones. Prior to the latter part of the 20th century, adolescence was brought to an end for the majority of young people by the necessity of finding a job at around 15. However, during the 1980s there was a huge increase in unemployment, with a disproportionate number of the unemployed under 25. Rising levels of employment did not reverse this trend and government policy has been to direct young people into further training or education rather than straight into the labour market. Between 1984 and 1995 the proportion of those aged 16–24 in the UK labour market reduced by more than 25 per cent.¹ A result of this change has been to delay economic independence and extend adolescence. Coleman and Roker have argued that such an extension alters the very nature of adolescence, not only prolonging it but creating substantial economic, social and psychological challenges.² Jones and Bell point out that these changes have implications for young people's parents/carers, whose own youth a generation ago would have been very different and whose expectations of parenting may therefore be out of date.³

The increase in family breakdown and the attendant rise in the number of stepfamilies has further added to the challenge of parenting adolescents. Studies of divorce and separation have shown that children of separated families are at increased risk of behavioural problems and are more likely to leave home at an early age.⁴ Given the increased difficulties in ensuring consistent parenting in such situations, illustrated by some of the cases in this research study, this is hardly surprising. Many studies have shown that inconsistent parenting underlies much aggressive behaviour in children. Further problems can arise as a result of children getting caught up in the

conflict between their estranged parents, or simply failing to come to terms with their parents' separation. Large-scale studies have shown that inter-parental conflict is significantly associated with negative parent–child relationships and child adjustment problems.^{5,6}

Changes to services have lagged behind these societal changes. Government-funded initiatives have traditionally focused below this age group or beyond the family. The vast majority of family centres work with children up to the age of eight or in some instances ten. Once young people get into their teens, services have traditionally focused on them rather than them and their families. So services for homeless young people have until very recently focused primarily on finding accommodation for young people, not on repairing family relationships. Similarly research has found that 14- to 15-year-olds are, along with children under the age of one, the most vulnerable to admission to care,⁷ but were one of the least likely groups to have received attention prior to admission.⁸

Since the 1990s however, this gap has begun to be recognised and adolescent support teams based in or funded by social services have developed rapidly. A survey conducted by Brown⁹ in 1998 found that most had been introduced in tandem with a reduction in residential provision and all had been created in order to reduce the rate of admission to care. Adolescent support teams typically offer an intensive short-term service that aims to prevent adolescents inappropriately entering public care.

This targeting of resources has been accelerated by recent government initiatives that have acknowledged the importance and the difficulty of the parenting role. In 2000, the National Family

1 Coleman, J. and Hendry, L. (1999) *The Nature of Adolescence*, 3rd Edition. London: Routledge

2 Coleman, J. and Roker, D. (2001) 'Setting the scene: parenting and public policy.' In Coleman, J. and Roker, D. (Eds) *Supporting Parents of Teenagers, A handbook for professionals*. London: Jessica Kingsley.

3 Jones, G. and Bell, R. (2000) *Balancing Acts: Youth, Parenting and Public Policy*. York: Joseph Rowntree Foundation.

4 Rodgers, B. and Pryor, J. (1998) *Divorce and Separation: the outcomes for children*. York: Joseph Rowntree Foundation.

5 Buchanan, A and Ten Brinke, J (1998) 'Measuring outcomes for children:

Early parenting experiences, conflict, maladjustment and depression in adulthood', *Children and Youth Services Review*, 20, 3, 251-78.

6 Rutter, M. and Smith, D (Eds) (1995) *Psychosocial Disorders in Young People: Time Trends and their Causes*. Chichester: Wiley.

7 Bebbington, A and Miles, J (1989) 'The background of children who enter local authority care', *British Journal of Social Work*, 19, 349-68.

8 Sinclair, R., Garnet, L., and Berridge, D. (1995) *Social Work and Assessment with Adolescents*. London: National Children's Bureau.

9 Brown, J. (1998) 'Family and Adolescent Support Service', draft discussion paper. London: National Institute for Social Work.

and Parenting Institute was launched. Parentline Plus, a helpline for parents, has been extended to provide 24-hour cover. Increasing awareness of the problems has led to a number of voluntary-funded initiatives such as parenting classes. The Crime and Disorder Act (1999) enables courts to require parents of young offenders to take part in parenting classes.

Despite these advances it is clear from the families interviewed for this study that accessing support remains difficult for parents. This is an important factor in the current debate on parental responsibility for children's behaviour. Policy initiatives by both Conservative and Labour governments over the past 12 years have sought to increase parents' responsibility for their children's behaviour. In the Criminal Justice Act 1991 magistrates were given the option of imposing fines on parents for offending by their children and over the course of the 1990s the numbers of parents being so penalised rose steadily.¹⁰ Parents can now be taken to court as a result of their children's persistent truancy and other types of anti-social behaviour. The most recent policy suggestion is that parents of children exhibiting anti-social behaviour should be evicted from their tenancies and their children taken into care, rather than being re-housed as a family. An interesting point to note about the debate on this suggestion was that for some commentators the initiative was felt to be fair because, if they had wanted to, parents could have accessed support. Given the clearly erroneous nature of this assumption it must call into question how fair it is to punish parents for their children's behaviour without ensuring that they have the opportunity of accessing the support they need to augment their parenting skills.

What is clear from this study is that parents find it difficult to ask for and to obtain help. They are reluctant to ask because they assume that they 'ought to know how' to raise their children.¹¹ Once

this hurdle is overcome there is the problem of tracking down help. Parents may be unaware of available resources – a number interviewed for this study mentioned that a telephone helpline would be valuable, clearly not appreciating that one was in operation. They were reluctant to approach social services for assistance because of the fear that their children would be taken into care. Once having overcome this difficulty parents are thwarted by careful gatekeeping of adolescent support services. Both in this study and others,¹² parents report having persistently asked social services for help with a child and being refused or fobbed off, the social services over-the-phone assessment being that problems were not severe enough to warrant intervention, despite parents asserting that they were at 'the end of their tether'.

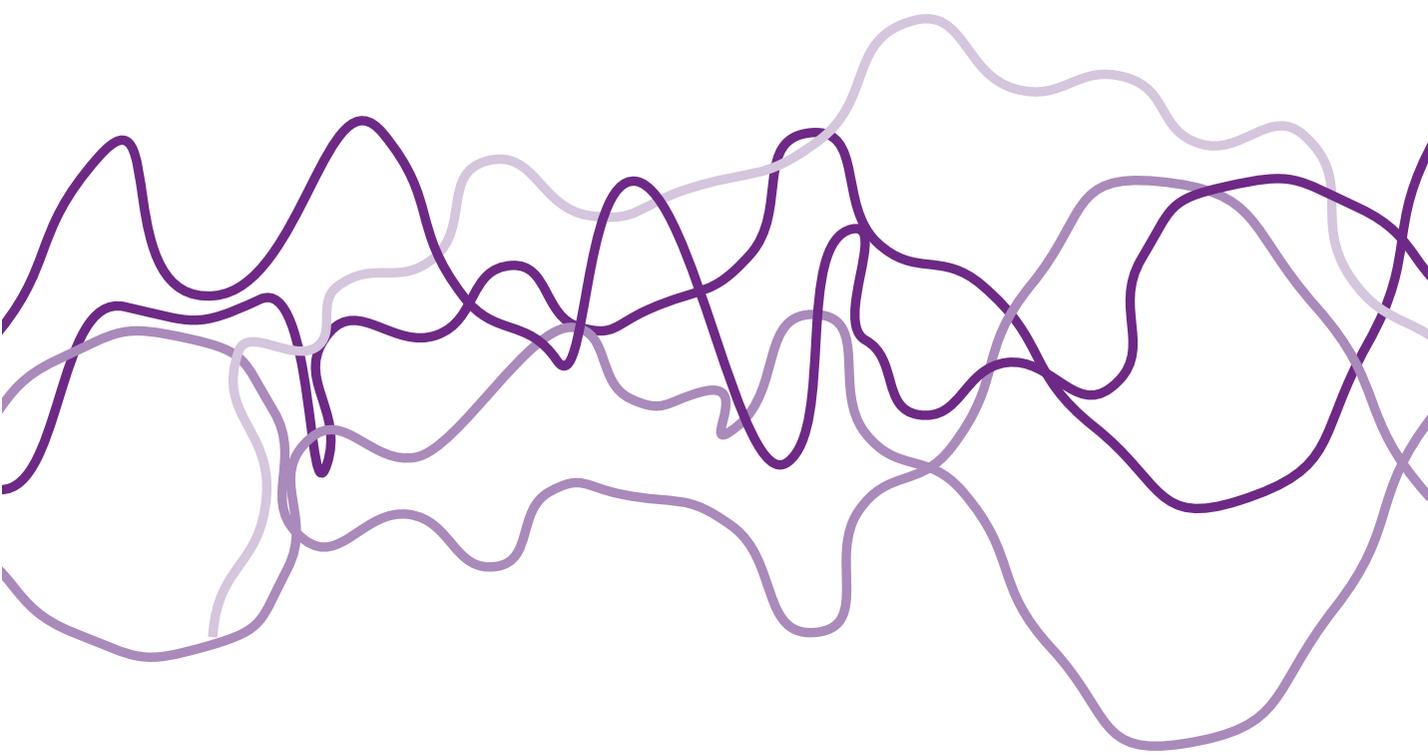
What comes through strongly from the families interviewed is the degree of commitment from parents to their children. In no way had they given up on their teenage children despite, in some cases, considerable provocation. Their commitment and concern enabled them to overcome the considerable hurdles to asking for and obtaining help. Unfortunately for some, help had come too late, or at least too late to prevent significant negative consequences such as loss of education.

Given the correlation between parents struggling to parent their teenage children and the incidence of undesirable behaviour such as truancy, exclusion, drug taking, involvement in youth crime and running away from home, it is clearly vital that some of the hurdles to accessing timely support are removed. Furthermore, given the poor outcomes of children leaving public care it is essential that adolescents are not inappropriately accommodated. In one county council the numbers being accommodated have increased by a third over the past two years; this is linked, by staff, simply to levels of vacancies amongst the social service staff team and a concomitant inability to respond to requests for preventative work with families.

¹⁰ Coleman, J. (1999) *Key Data on Adolescence*. Brighton: Trust for the Study of Adolescence.

¹¹ Uitterdijk, D. and Pitt, J. (2001) 'Setting up a Parenting Teenagers Group', In Coleman, J. and Roker, D. (Eds) *Supporting Parents of Teenagers, A handbook for professionals*. London: Jessica Kingsley.

¹² Biehal, N., Clayden, J. and Byford, S. (2000) *Home or Away? Supporting young people and families*. London: National Children's Bureau.



Research design

Eight NCH projects engaged in providing different models of adolescent support were involved in the research. Projects were based in England and Scotland. Four projects were based in predominantly rural areas, two in large towns and two in metropolitan boroughs.

Three of the projects involved in the research operated a particular model of family support. One utilised brief family therapy, another the 'Families First' model and the third offered a mediation service.¹³ Another project offered a youth counselling service and the remaining four offered generic family support utilising a range of different approaches.

A total of 74 interviews were undertaken

- 33 staff members were interviewed
- 27 parents (22 women and 5 men)
- 14 young people were interviewed (4 young women and 10 young men)

A single researcher carried out all interviews. Ideally, the young person, both their parents (where applicable) or carers, and the staff member carrying out the work with the family were interviewed so that different perspectives on the nature of the initial problem and the effectiveness of the intervention could be compared.

Twenty-one families were involved in the research. Six of the families were one-parent families and that single parent was interviewed (5 women and 1 man); the absent parent had not been involved in the family support intervention. Six of the families were stepfamilies; although both partners had been involved in the intervention only two of the step-partners were available for interview. In the remaining 9 families, 2 of which were foster families, it was possible to interview both partners in 4 instances. In most cases unavailability was due to work, although there was 1 case of sickness. In 2 instances step-parents were in the vicinity but chose not to include themselves in the interview.

In these 21 families it proved possible to interview the young people on whose behalf help had been sought in 8 instances. In the remaining 13 families, 9 young people were not available or chose not to be interviewed, despite the researcher endeavouring to arrange times to suit the entire family. Parents generally reported that young people did not want to be interviewed because they had put the past behind them and did not want to go over old ground. Four young people were unavailable due to circumstances beyond their control. Two were in care placements, 1 was in prison and 1 was estranged from his mother. In order to augment the data concerning young people's perspectives on the support provided, interviews were conducted with 4 young men who attended a support group for young people whose families were or had been receiving family support.

Although the majority of projects worked with families with children aged 10–16, project workers reported that the peak referral age for young people was between 13 and 15.

The vast majority of projects were working with families who would describe themselves as white British. In many projects this was also the make up of the local community, particularly for projects serving predominantly rural areas. However, even where projects were working in culturally diverse communities they were not receiving referrals from social services of many families from minority ethnic communities.

Participants' confidentiality was assured to encourage active participation, and the names of all young people and parents have been changed in order to protect anonymity. In addition, because a number of parents reported such a high degree of dissatisfaction with their local social service department, the areas involved have been anonymised in order to try and ensure that departments are not put off future involvement in research.

¹³ It should be noted that although the project use the term mediation, for many professionals the term has a distinctive meaning that does not encompass the type of service offered by this project, which some would argue would more correctly be termed counselling/conflict resolution.



Why families ask for help

Many parents find bringing up adolescents extremely challenging. Furthermore the nature of the challenges can make parents reluctant to seek help. Teenagers may be engaged in behaviour that parents regard as highly problematic, that they find shameful, that is illegal, or all three. This can mean that parents are reluctant to discuss their concerns within their own informal networks or with professionals such as teachers or doctors.¹⁴ As is also very clear from interviews conducted for this report there is a fear that if professional help is sought, the situation will be taken completely out of parents' hands. It is important to understand therefore what outweighs all these obstacles and leads parents to ask for help, and this was one of the key questions addressed in interviews.

The overarching theme that emerged from both parents and projects staff when asked what had led them to ask for help was the feeling that their children were outside of their control.

Being beyond parental control, not doing what they're being asked to do. A lot of issues around not attending school or out of control behaviour in school.

Project worker, Project E

Out of parental control is the most frequent, communication problems, lack of boundaries.

Project worker, Project C

Project manager:

Off the top of my head, it is a combination of young people being beyond parental control, or parents' inability to cope.

Interviewer:

There is no difference?

Project manager:

There is and it is very easy for young people to be labelled, but very often they become out of control because the boundaries are not there, it is not the young person's fault. So it is like a combination.

Project manager, Project D

I think one of the key things that comes up is behavioural problems with young people, and I don't know if anybody else will agree with that, but it seems to be the key problem that parents seem to lack the appropriate response in how to deal with teenagers and their particular problems, often they do not attend the school, being verbally aggressive, physically abusive, perhaps to the parents, carers and also maybe siblings as well. That seems to be the biggest. There's quite a lot of our work that's around stepfamilies and issues between natural parents and step-parents that causes anxiety and behavioural problems.

Project worker, Project D

Under the catch-all heading 'beyond parental control' therefore a number of issues arose. The fact that parents were finding it difficult to exert influence over their children meant that young people were likely to be engaging in a number of activities that were of concern to their parents. Furthermore they might be challenging their parents' authority in very physical ways.

It was unusual for parents and workers to report only one area of concern but the issues that arose have been grouped below according to the key themes that emerged during interviews. The behaviour that seemed of most concern to parents was violence and the way in which young people were endangering themselves. Parents were also concerned about sexual activity, especially by young women.

Non-attendance at school

The majority of the young people who had been referred were truanting or had been excluded from school. This is similar to findings from other research that has shown that problems at school feature heavily in referrals for family support. For instance Biehal et al¹⁵ found that in their interview sample, for all but one of the families referred, problems at home were accompanied by disruptive

¹⁴ Braun, D. (2001) 'Providing support through telephone helplines', In Coleman, J. and Roker, D. (Eds) *Supporting Parents of Teenagers, A handbook for professionals*. London: Jessica Kingsley.

¹⁵ Biehal, N., Clayden, J. and Byford, S. (2000) *Home or Away? Supporting young people and families*. London: National Children's Bureau.

behaviour in school, with over half having been temporarily or permanently excluded at the point of referral and around half being persistent non-attenders.

Well I have three children and they are all diagnosed with Attention Deficit Hyperactivity Disorder [ADHD] but I think it was when I had got to the point where both the boys had not been at school for a long time, Douglas, my oldest one had not been at school for probably four or five months. There were threats of prosecuting me, social services were not being terribly supportive and I was sort of getting on the phone desperately saying 'you have got to do something'. And eventually we got a referral to NCH... the children were so horrendous by then, they were violent, they were rude.

Carolyn, mother, lone-parent family, Project D

He just blatantly refused, he wouldn't go at all.

Moira, mother, stepfamily, Project F

While truanting or poor behaviour in school was often seen as a by-product of the wider problem of being outside parental control, project workers also mentioned that problems at home could lead to young people struggling to cope in school. So poor in-school behaviour or non-attendance was not simply about defiance.

Project worker 1:

By the time they've been referred to us they've not been attending school regularly so that is an extra pressure.

Interviewer:

Have you got an idea of the proportion that might not be in school?

Project worker 1:

Fairly high, isn't it?

Project worker 2:

All the family work I've done, none of them have been in school.

Project worker 3:

I've not got any in school at the moment.

Project worker 4:

I had, but they were struggling at school.

Project worker 3:

It goes hand in hand, if they're not happy at home they're not going to be happy at school. That adds to the pressure.

Project workers, Project F

A lot is linked towards parents separating, family breakdown is quite a big area really. Things are difficult at home and then it becomes difficult to manage within the school.

Project worker, Project H

There was a strong feeling that school sometimes played a causal role in young people's problems.

Daniel has been bullied at school and that is what it was all about.

Sandra, mother, lone-parent family, Project A

With Jason it was, he was having a lot of problems at school with bullying, he was having problems with his school work. We're in the last stages of getting his statement [Statement of Special Educational Need] now. But at the time nothing was being done.

Helen, mother, birth-parent family, Project A

The symptoms that are fairly frequent are low self-esteem and it might be that the young person is being bullied at school or is very withdrawn. Not wanting to go to school. Some of it is bullying and some it's linked to how they are feeling and self-esteem.

Project worker, Project H

Whatever was causing problems at school, young people often missed extensive periods of schooling and parents often felt that the education system's response to their child's non-attendance was unhelpful.

We didn't seem to get anywhere with the education welfare officer [EWO], you could ring her and talk to her but you didn't seem as though you were getting anywhere... He [Daniel] missed a term and a half of school... He got home tuition for three weeks before

he started back to school, after half term. Tracey [NCH project worker] kept saying to the social worker about home tuition and they kept saying yes he would get it but it was difficult because they hadn't got the teachers. Then there was, for pupils who had been expelled or excluded and for pupils playing truant, there was this unit or group and they took these students and they were doing social and practical things but they wouldn't take Daniel because he hadn't been excluded but he wasn't on a school register.

The last meeting I went to at the school was with the head of year, the behaviour support teacher was there but there was no Daniel, it was too late. When I first went to see the head of year about the problems with Daniel, I said isn't there someone I can speak to or who Daniel can talk to. The head of year said 'oh well he's got to go through stage two and stage three and then he'll see the behavioural support teacher'. When the signs are there that Daniel was stealing and lying and skipping school why couldn't someone be there to help Daniel then? The help you get is when everything's gone wrong. Not when it's on its way down. It's when it's rock bottom.

Sandra, mother, lone-parent family, Project A

Project worker 1:

We are quite frequently working with families, aren't we, where the kids have been out of school for a long time and nobody has done anything. So it might be the first time that something is done when we come along.

Project worker 2:

I think it's fair to say in this area the education welfare department are one of the most under active I have ever come across, really. Seriously, you can have children out of school for six months plus and nobody has done anything, they are not doing anything.

Project workers, Project A

There are lots and lots of kids that are two years out of school and excluded, getting absolutely no schooling.

Project worker, Project B

This is of considerable concern given that research has shown persistent non-attendance or long delays in providing alternative education to children who are excluded, can reinforce other behaviour problems such as running away or offending.^{16,17}

Workers saw the implications of exclusion or non-attendance as a significant problem for both young people and their parents. They also felt it had a negative impact on the possibility of holding the family together.

Well if you think about it, when you go to school you're not just learning about education, well it's education in its widest sense, you are learning about how to get on with people, how to give and take and negotiate. Really about making friendships, about the part we all play in relationships with other people and some of these kids haven't been to school for a number of years or they have education at home, so they are not meeting other people in group settings. So we get them together and they were all so keen to meet their own needs in whatever way, so they soon get into head to head confrontation with others.

The knock-on effect of that is that it puts more pressure on the family, more pressure on fostering situations so you get foster placements breaking down. Sometimes the only break a family gets from a difficult teenager is when they're at school so if they're not going it's even worse.

Project manager, Project F

Again this concern is supported by Biehal et al's research¹⁸ in which exclusion or non-attendance was often the last straw for parents who felt they could no longer cope with their child's behaviour.

Unsanctioned absences from home

Commonly reported behaviour was young people staying out overnight or coming in very late without permission.

When he started this truanting and then pinching the money, he started saying that he would go off and he

¹⁶ Wade, J. and Biehal, M. (1998) *Going Missing: Young people absent from care*. Chichester: Wiley.

¹⁷ Audit Commission (1996) *Misspent Youth... Young people and crime*. London: Audit Commission.

¹⁸ Biehal et al (2000) op cit.

would not come back at night.

Sandra, mother, lone-parent family, Project A

That [non-attendance at school] wasn't the real problem, it was bad enough at that, wasn't it, he was going out, he was coming in at all hours, weren't he? Couldn't find him anywhere, he'd come waltzing in at quarter past 12, he'd been in not doing owt, in men's houses, he didn't know what he'd been doing, who he'd been with, he was doing what he wanted, wasn't he, literally doing what he wanted.

Moira, mother, stepfamily, Project F

It was like she would do runners and when she would come back, nobody would dare tell her off. Nobody dare say anything in case she would flare up again and that was our problem. We weren't disciplining her enough. She wasn't suffering the consequences for her actions. So you know when like, we shouldn't have had to barricade ourselves in. Looking back, you know, we would have the settee pushed against that door and me and my husband sat on it and she still opened the door. I don't know from where she gets her strength from, but she still opened the door. I know it sounds so far-fetched a 12-year-old doing this but it did happen. It really did happen.

Sarah, foster parent, Project A

It was drinking, sniffing [glue], encounters with men. Doing things we didn't feel were safe. Wrecking her education, endangering herself with very silly attempts. She would also disappear over night. Wasn't running away, just going off and staying with friends, but not looking after herself and couldn't convince her that what she was doing was stupid... She wouldn't stick to the rules, wouldn't stick to coming home at times set.

Duncan, father, birth-parent family, Project C

But it was basically, she was going out, we didn't know where she was going, what she was doing, who she was with. You'd tell her to be in at a certain time and she'd come in basically when she felt like it. My husband works nights so he was off to work and I was having the police coming round, filling out missing persons reports and then they'd be, you know, 'oh well we'll get somebody when we can'. So they were coming, one or

two o'clock in the morning. I was having to wait up for them and then if they had to come back at all, you know... and then I'd have to go to work as well, so it was just everything, you know, none of us were just functioning as a family in the end.

Eva, mother, birth-parent family, Project D

Clearly, the issue was not simply the fact that young people were failing to comply with their parents' instructions, but that in failing to do so they were causing their parents extreme anxiety. Parents were acutely aware of the possible risks that their children were running and because they found it difficult and sometimes impossible to exert any influence, they felt completely powerless and unskilled as parents. As can be seen in later sections of this report, it was not that they didn't have the ability to turn things around, but that the methods they were using were ineffective and they were unaware of possible alternatives.

Physical aggression and criminal behaviour

Both workers and parents frequently mentioned violence. This ranged from destroying property to self harming, physically assaulting other members of the family and in two extreme cases, a stabbing and brandishing an air rifle. Some young people were stealing from their parents and possibly other people.

She became quite aggressive, she would come home in a very bad state and started smashing things up and self-harming, not really hurting herself very badly but smearing blood all over the place, looking for attention really. She also hit her mother.

Duncan, father, birth-parent family, Project C

He'd borrowed a pellet gun and... what he was going to do with it is nobody's business. So Barbara [NCH worker] very kindly said to him, 'Martin, can I have the gun?' And he went 'no you effing well can't.' So he sort of shot upstairs, Astrid [NCH manager] come up and she said to Barbara, 'you'd better go, I don't really want you to get hurt if anything comes of it'. Astrid sat down and advised

me what my rights were, that I could call the police and so on and so forth. The police came... they had four units up here tooled up. It's not a very nice thing, halfway through the day, at 11 o'clock in the morning like.

Linda, mother, stepfamily, Project D

Some of the more extreme behaviour was linked to young people's involvement with drugs.

The boys had stolen my credit card and taken some money out of the account and there was a whisper that they'd bought some drugs with it.

Helen, mother, birth-parent family, Project A

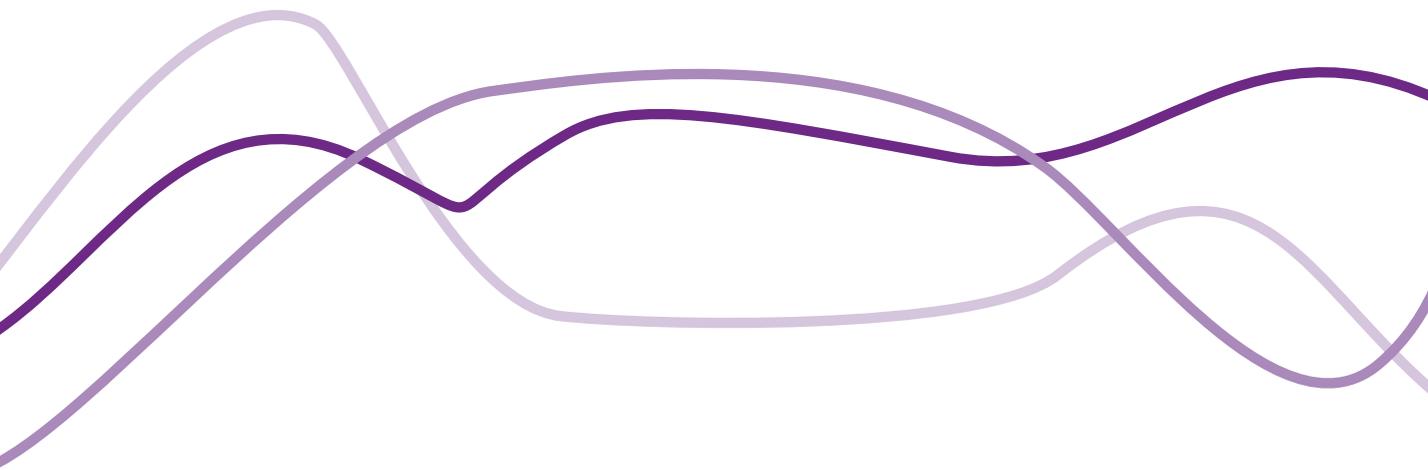
He stabbed me with a screwdriver, attacked me with pokers, frying pans... he came back one night, he had been drinking, on drugs or something and he started. I had to hold him on the floor for half an hour until the police came to arrest him, it took some doing, half an hour.

Peter, father, birth-parent family, Project F

When he got to 14 he got involved with one or two lads that were obviously leading him on, 18-, 19-years-olds... I think initially it was just like getting too much drink down him, that sort of thing, he was coming in drunk, school work was suffering, and just generally seeming to get involved with the wrong crowd. And no matter how you tried to say this is not the proper way forward and it is not going to lead anywhere, it did not seem to make any difference. It sort of just rolled on from there, from the drink into the drugs. Darren was being such a pain at home with stealing and stuff, breaking in, I'd come home and the windows would be smashed, he'd get in with some of his mates and he would make out his mates had done it, he had not, there would be stuff stolen.

Stuart, father, lone-parent family, Project F

Generally parents did not wait until things had reached such an extreme level before asking for help but, as shall be explored later on, it was often difficult for them to persuade agencies that they were not managing until a crisis had occurred.



What causes the problems?

Project staff suggested that there were often complex factors underlying loss of parental control.

What was on the referral form wasn't actually the underlying issues... so you go in and find out actually there's a whole lot more here and it's a whole lot more complicated.

Project worker, Project E

Family breakdown and its impact on parenting

A clear theme that emerged from talking to staff and families was the difficulties around family break up and reconstitution.

When there's been long, long-term problems often the behaviours we are told about are symptoms, they're symptoms of a problem. A common factor is often stepfathers or mothers, in terms of 'you aren't my parent so you can't tell me what to do' or in terms of, I believe, children who have had anger about it being imposed on them when they were much younger, now being old enough to voice an opinion. Still quite angry about the divorce and someone else coming in. Parents often find this quite hard to understand if they've been together for five or ten years and it hasn't been a problem before.

Project manager, Project E

From talking to both project staff and parents there seemed to be two issues underlying the additional struggle for stepfamilies. The first were issues of loss and emotional trauma that young people had experienced as a result of the break up of their parents' marriage, and the second that the vast majority of the families referred had problems with setting boundaries; where parents had separated and were giving contradictory messages to young people, this problem was significantly exacerbated.

Loss and emotional trauma

The ones that get referred to us I would suggest are a greater percentage of reconstituted families than natural families.

Project worker, Project E

He thought 'well I am not going to do as I am told here. I am not going to do what you want me to do. I will go and live with my dad' that wasn't going to work because his dad didn't want him there. That Easter weekend my eldest daughter had left her bike at her dad's and wanted it back, you know... My ex's new wife stood at the end of the drive, waiting for us. She walked over to the car and started swearing at me and hit me. She said 'stop sending your kids down here causing trouble'. She said I was supposed to have told Daniel that if he goes and lives with his dad, then he will have his own space because here he was sharing a room with his two brothers. I mean I have never said nothing of the sort to him. So he had obviously thought or said to his dad, you know, if 'I come and live here I will have my own space'. We were having this argument on their drive and Mike is stood in the garage. This is my ex. Not a word. Not a word. Didn't say a word, not a word, and I am saying 'well if you took him on, you took his kids on as well'. 'Oh no I didn't do that. I have got two of my own. I don't want them' and Daniel is sat there listening to all this.

Sandra, mother, lone-parent family, Project A

If we hadn't split up I think things would have been a lot different, but I think he probably missed his mum's love, you know. I couldn't give that. The mum gives something, the dad gives something and together, you know, the kid gets the whole lot then. So I can't give what she could have given him, and really when she went she sort of let him go, she never kept in touch that much, she used to say 'well I'll pick you on a Saturday' and probably not turn up and I've seen him on a Saturday night waiting for her coming and she's not turned up, and I'd say perhaps she's busy, it's like me making excuses for her, or trying to, if you like, calm the situation a bit, or trying to give a bit of consolation within it all. So whether her not turning up and me always having to say, she's not turned up, whether he turned against me, thinking it was something to do with me or not I don't really know. You don't know what goes through people's minds, do you?

Stuart, father, lone-parent family, Project F

They tried to bring his dad into the picture as well because I'd left their dad when Andy was only like one year old and he never really gave much attention to them. I think in a way he missed his Dad which I didn't realise myself, you know, that he was kind of missing his dad and I think NCH brought up that issue, which was a good thing because I didn't really expect any of that to come out of that either. I actually found out quite a lot of things that I didn't know. I mean, Andy was very angry, he would lash out at anything in anger so he was angry with Mike [mother's partner] and Mike's got a son [John]. He felt that Mike and I had started seeing each other without Andy being consulted, if you like. He felt that John knew, that Mike's son knew that we were going out together but, which wasn't true because we were only friends at the time, but John had obviously foreseen this and had said things to Andy and all this sort of stuff came out that I didn't even have a clue about really. I didn't know a thing about this, that he felt that.

Jacqui, mother, stepfamily, Project C

Parents have split up. Teenagers living with one parent having contact with the other. Parents not communicating to each other, child wants them to all get back together again, mum blames it on dad, and dad blames it on mum, child not doing as they are told. I know that is stereotyping but that is a real generalisation that I think you could pick up most cases and somewhere along the line you will find something like that... Most of the reconstituted family's problems with relationships with younger siblings, with step-parents, mixed messages coming from adults around them.

Project manager, Project B

Although in the majority of family breakdowns parents only partially disappear from the child's daily life, uncertainty around contact can be devastating for children in the short term.¹⁹ In addition to loss in terms of contact and possibly quality of relationship with the absent parent,

19 Walker, J. (1999) 'Families and society: change and continuity', In S. Wolfendale and H. Einzig (eds) *Parenting Education and Support – New opportunities*. London: David Fulton.

20 McCarthy, P., Simpson, R., Walker, J. and Corlyon, J. (1991) 'Longitudinal study of the different dispute resolution processes on post-divorce relationships between parents and children'. *Report to the Fund for Research in Dispute Resolution*. Newcastle upon Tyne: University of Newcastle.

divorce and separation also lead to other very tangible losses for young people. The increase in child poverty is linked to the increase in single parent families. Divorce and separation undoubtedly result in financial hardship for many families. Financial hardship can in turn aggravate resentment and conflict.²⁰

Setting boundaries

Many divorces are acrimonious and conflict may well be a feature of the relationship for some time before separation occurs. Research has found a consistent link between the quality of a marriage and the quality of parenting within it.²¹ It seems likely therefore that divorce exacerbates differences over parenting because in addition to the incompatibility that led to the breakdown of the relationship in the first place, resentment and bitterness are likely to be added.²² Bringing stepmothers or fathers into this often already charged dynamic can cause further problems in terms of clarity around roles and responsibilities. A new relationship has to be grafted on and assimilated, possibly at the same time as children and young people are still struggling to come to terms with the new forms of old relationships.²³

Challenging behaviour, I mean that's a huge label, isn't it? It can mean all kinds of things but the common thing is about the young person exhibiting behaviour that the parents do not feel is containable or acceptable within the family environment. And very often this happens in stepfamilies so the boundaries are not clear, the situations and environment is not clear.

Project worker, Project A

Paul:

And he went to his dad's and he was there 18 months, wasn't it?

Moira:

And as far as we know, he never went to school all the while he was there... we sat here one night

21 Erel, O. and Burman, B. (1995) 'Interrelatedness of marital relations and parent-child relations: a meta-analytic review', *Psychological Bulletin* 118, 108-32.

22 Walker, J. (1999) *op cit*.

23 Simpson, B. (1994) 'Bringing the unclear family into focus: divorce and remarriage in contemporary Britain', *Man* (n.s.) 29, 831-51.

watching telly, me, him [Paul] and Dominic and I said 'someone's in kitchen'. I went in kitchen and there Dave stood with all his bags round him. I said, 'what on earth's going off', 'Dad's dropped me off'. He'd not come to the door, no explanation or nothing, he had just dropped him off. He wouldn't go back to school so the education officer got him some out-of-school sessions. All he'd got to do were three two-hour sessions a week, he went a fortnight didn't he, he was perfect. Excellent, got good reports, went to his dad's at the weekend, once he'd come back from his dad's, no school, not going and then it just went from bad to worse, no school, not coming in when he was told, stopping out late at night, it just went from bad to worse and the things he said to me were unbelievable, you know. And he was violent, weren't he? His dad would tell you himself, 'there's no restrictions at my house'. I mean when he used to come here, at weekends when he was living with his dad, I didn't believe the lad, the things he used to come out with. He'd go, 'I was out until 1am the other night Mam'. He used to go out and leave em, didn't he?

Paul:

Left em on their own, fend for the sen.

Moira:

Yes, he used to get on the phone, 'they can't do this, can they Dad?'

Paul:

'They can't make me go to school, can they Dad', 'No, son, of course they can't', and he took that as gospel.

Moira:

When one person, one parent brings em up one way...

Paul:

It's very very difficult, it's very difficult.

Moira: *You can work together and they can have best of both worlds but when you bring them up properly and he's so...*

Moira and Paul, mother and stepfather, stepfamily, Project F

As Walker²⁴ points out, conflict-ridden families create the most difficult environment for the wellbeing of children. Parents who are in conflict find it difficult to give sufficient attention to their children and therefore do not properly monitor or discipline them,^{25,26} leading to poorer behaviour.²⁷

Conflict can cause children particular problems when they become pawns in a battle, particularly because when it concerns them they are more likely to blame themselves for an argument, feel more ashamed and concerned that they will be caught up in it.²⁸

Nor are these difficulties the exclusive preserve of marital conflict, they can occur regardless of family composition or marital status. As shown in this study, loss and conflicting messages about boundaries were not solely the result of parental separation.

We had an awful lot of hassle, didn't we, from my mum. She thought basically that I should not be able to have a child and live with Lisa as well so we went to court several times over five years... me mother was telling Laura that she could basically do what she wanted if she stopped there, which any child would want to do, so she did. It went to court and they said they would not make any order and said that Laura did not have to stay at my mum's but if she chose to then that was it. So eventually she went to stay at my mother's, which is two years this last February. My mum and dad go out Friday, Saturday, Sunday, Monday nights, bingo on a Wednesday, so Laura was left to her own devices from being 11 years old. And she did what she wanted, my mother did not care, so this is how my mother brought her up, so when the tables turned and she left my mother's and did not come back one night, my mother fetched the police and she was half drunk, wasn't she. And this is when she first had sex, she had a tattoo on her bust, she had been allowed to do what ever she wanted.

Tina, mother, stepfamily, Project F

24 Walker, J. (1999) op cit.

25 Fauber, R.L. and Long, N. (1991) 'Children in Context: the role of the family in child psychotherapy', *Journal of Consulting and Clinical Psychology*, 59, 813-20.

26 Baumrind, D. (1989) 'Reading Competent Children', In W. Damon (ed), *Child Development Today and Tomorrow*. San Francisco, CA: Jossey-Bass.

27 Stroneman, Z., Brody, G.H. and Burke, M. (1989) 'Marital quality, depression and inconsistent parenting: relationship with observed mother-child conflict', *American Journal of Orthopsychiatry*, 59 (1), 105-17.

28 Grych, J.H. and Fincham, F.D. (1990) 'Marital Conflict and Children's Adjustment: a cognitive-contextual framework', *Psychological Bulletin*, 108 (2) 267-90.

Everything went off the lines, Fiona was being led astray by her grandmother, and so we didn't feel as though there was anything we could do about it, we just felt really helpless.

Jean, mother, birth-parent family, Project C

Frank done a lot of things with Martin. I went out to work in the evenings, like a lot of parents do, like a lot of mothers do, so he got him ready for bed, he read to him, he played with him and so, when Dad was gone, Mum couldn't do this because I wasn't, I'm no good at reading as such. I mean if I can't read a word I miss it out, that's me. But Frank was brilliant with reading and he really taught Martin how to read and write and add and take away, that sort of thing, you know, brilliant, Martin was brilliant for his age. But then when Frank died all I got from Martin was it was my fault. It was my fault his dad died and when I tried to explain to him I didn't do nothing out of the ordinary, I didn't go and deliberately do it. I done nothing because Frank died of a sub-cranial brain haemorrhage. Nobody knows it's coming on, it just happens. But up until, oh, about six months, eight months ago he still blamed me for it and that's been at the back of my mind all these years, was it my fault? If so, how do I cope with that?

Linda, mother, stepfamily, Project D

Isolation

Less of an underlying problem and perhaps more of an exacerbating factor is the isolation experienced by many families. While we have discussed the fact that many parents may be reluctant to share problems with friends and families at least for most the option is there. For some of the families who took part in this research there was no one they felt they could call on and so their first port of call was professional help.

When things got really bad we wanted her out of the house, just for a night, someone to give you time out. We've got no family in the area so no one who we can say 'go and stay with your aunt'. My sister offered but she lives too far away.

Duncan, father, birth-parent family, Project C

Once I was in touch with the project I thought no, I've got help, I'm not alone. Because I was so much alone... I realised that I had people to turn to if I needed help, that you know I weren't stuck there, you know I could turn to someone and say look I can't cope, and they were there.

Liz, mother, lone-parent family, Project E

I had not been here long enough before it got to its real pitch. So I did not have any sort of neighbours to come in, my friends, such as they are, live five or six miles away. And I just had no one, no family, Kate [project worker] was my only adult.

Carolyn, mother, lone-parent family, Project D

Because he'd lost his dad, there was nobody else around, to really help us out. I mean there was my parents but they were getting on but, I mean my mum was seriously ill anyway. And then me dad died, 14 months after mum. Frank and my mother died within the same year, within nine months of one another. Then I lost me dad 14 months later.

Linda, mother, stepfamily, Project D

Generally workers felt that service users came from a broad socio-economic background and were not confined to families living on low incomes.

[Background is] fairly mixed, especially in adolescent breakdown, that seems to cross all barriers of class. I think when we do assessment work when children are on CPR [the child protection register] that's often people on benefits but not teenage, that's very broad and we've often had referrals from fellow professionals. We've got a current referral where the parent is a youth worker. Teenagers can be incredibly challenging.

Project manager, Project E

However, not all agreed and some felt that the impact of external factors such as poverty and poor housing aggravated difficult situations in the home and possibly made it more difficult for parents to cope.

Predominately I would say the referrals were from families where they were experiencing a multitude of problems. Poverty, poor housing, separation, benefit issues, struggling.

Project manager, Project D

The issue of drugs and alcohol was raised by a number of parents. Misuse of alcohol and any use of drugs seemed to increase parents' levels of anxiety considerably. In some instances where young people were abusing them it affected parents' ability to get their children to take notice of them.

Differing viewpoints

Although in the majority of cases project workers, parents and even the young people themselves agreed on the reasons underlying family problem, this was not always the case. Project workers and young people sometimes felt that parents were unable to give the space that they needed to grow up. Project workers also felt that sometimes a young person was made the family scapegoat when in fact they were not the source of all family problems.

The change in personality that happens when a teenager hits that time of life, the rebellion, the silence, the need for space and the youngster's conflict of child versus adult. There is a child in an adult body, or there is an adult in a child's body, whichever time of day it is, and that total conflict. It is mainly around that, I am finding I am working with the parents on coping with adolescence.

Project worker, Project E

I felt like I wanted to leave, felt like I'd give anything... they [the project] tried to address the issue of culture difference but it wasn't sorted. But not because they didn't understand but because it was intractable.

Joanna, young person, birth-parent family, Project C

[This young woman, whose mother was Maltese, felt that her mother's boundaries were unduly restrictive]

It's easy to scapegoat one person. I think we all do it in life, if something goes wrong and we always find

someone to blame and I think families work in a very similar way and they will find somebody to blame, so what might be normal challenging adolescent behaviour, in a family in crisis, is seen as something quite extreme.

Project manager, Project B

This lad has been the biggest problem, and it is 'It's him, it's him' and then it popped into the conversation that one of the daughters had taken money out of the parents' account, so it is not just him, is it, but it is going in and challenging that. It is about scapegoating.

Project manager, Project E

Accessing help

With the exception of the school counselling and the mediation service, all referrals to the services in the study were via social services. Referrals usually arose as a result of families making repeated requests for help to social services. They less frequently arose as a result of a child protection allegation or confession.

How can I put it without sort of being mean to her I suppose? A good actress if you like. You know, she'd sort of say, 'well I don't want to go home, my Dad's gonna hit me' and all this sort of thing. Well she actually told the teacher that at school and they actually rung social services and they appeared on the doorstep with a CID officer and, like, a social worker. 'Your Rosie says you've hit her', you know, and she'd gone off to school that morning absolutely fine, no problems, nothing. So that was how it all really started from the beginning.

Eva, mother, birth-parent family, Project D

I was working shifts and because Joanna had been excluded from school she was home all the time and I just got to the end of my tether and hit her a couple of times and really regretted it and phoned the social services. At that point NCH became involved. It worried me that I had hit her, I hadn't thought about it, I just snapped and I thought I couldn't go on like this.

Duncan, father, birth-parent family, Project C

For families where there were no immediate child protection concerns help had often taken a long time to arrive.

We'd been asking social services for months for help with Anna, we both felt she was out of our control and we didn't know how to go about getting help. She hadn't been in trouble with the police so they wouldn't appoint a social worker. They eventually did because we hassled them so much, but it took a long time to get any kind of help. I have no idea how the system works and how people with problems can get help when they feel really desperate. To get a social worker to come here my husband had to be really rude on the phone.

Louise, mother, birth-parent family, Project C

In my view anyway, in my eyes it couldn't have got any worse, just didn't know which way to turn. I saw social services three or four times to ask if they could help, explained everything and I think the reason that it took a long while was because he wasn't in any physical danger or danger from us... I was ringing up from July until I think it was December.

Moira, mother, stepfamily, Project F

I had rung them once before that. I can't remember... I might have even rung them twice. When I got through, whoever picked the phone up and answered, that was the only person I got to speak to and I told them what was happening and all what was happening. She said 'well, you know, I have got to write up this report and they will come back to you' and I didn't hear any more.

Sandra, mother, lone-parent family, Project A

I had rung the emergency social services and had been told off for bothering them.

Carolyn, mother, lone-parent family, Project D

My husband had phoned social services quite some time before that and said look we're in such a state and that he felt that if we didn't get some help he wasn't going to be held responsible for losing his temper with Jason. To which we got a reply about four weeks later, a letter. 'Because you're worried that you're going to hit your son there isn't anything we can do about it.' I phoned a few weeks later... I phoned a few times and then Michelle came down and began working with us, coming up with suggestions and ideas.

Helen, mother, birth-parent family, Project A

Interviews with project staff confirmed that this was an issue.

Social services have high criteria for getting involved. A recent SSI [Social Services Inspectorate] inspection gave this criticism.

Project manager, Project E

Any of the lower type threshold cases... they get fobbed off... until it escalates to such a stage that they are in crisis. They [families] would ring up say last summer...

the mum said, 'Look, I can't carry on, you have to accommodate my kid, put it back in care.' Reception says 'Look, it's just the summertime blues that you've got, sweetheart.' A couple of months later they actually do get to see a social worker, same parent, 'I promise you I will refer you to a group called Rapid Response.' Three months later they go and see the same social worker and they go 'So sorry, I got the particulars but I haven't got time to respond.' So you are looking at six to nine months there anyway just to get to see us.

Project manager, Project B

The thresholds locally are so high, I mean we recently had a family breakdown and the parents requested accommodation, refusing to take the boy back. Social services gave the parents a list of bed and breakfasts, this kid was 14, in an area of... really rough kind of seedy bed and breakfast, I wouldn't want my 18-year-old staying there, never mind a 14-year-old, and social services just gave the family a list of bed and breakfast accommodation.

Project worker, Project A

In the worst cases, even where there were serious child protection issues, help was not immediately assured.

April he started going off for a week at a time, or a day or two at a time, this is when I was ringing social services and they didn't ring me back... beginning of May he went off saying he was going to live with his dad, this was about the time when the social worker phoned me and he said he had spoken to Daniel's dad and Daniel was living with somebody called John Smith [name changed] in a flat down West Street. I didn't agree with... Daniel living with this person, I mean because he was older than Daniel, but his dad did. I mean I didn't understand this at the time, but the social worker said that he can stay with this person who was an adult for 28 days... Then the social worker rang me and spoke to me and said Daniel is not with this John Smith any more... and the social worker had been with the police to this John Smith's place and taken Daniel out. When they first rang me and told me this he said that the police have said that this person is not

a suitable person for Daniel to be living with. He was... what he said to me was that Daniel has assured them that he has never touched him or done anything to him and I thought 'oh God'. [Daniel was 14 at the time.]

Sandra, mother, single-parent family, Project A

Some people felt that they had difficulty getting help because they did not fit what they felt was social services' stereotype of a struggling family.

That is what she said. 'You are doing and saying all the right things. That is all we can do' and that is not what I wanted to hear. That is not what I wanted to hear really. It wasn't.

Sarah, foster mother, Project A

Single parents seem to get help quicker than couples... they don't seem to expect children who live with their biological parents to have any problems, think you should be able to cope.

Louise, mother, birth-parent family, Project C

The length of time that it took families to obtain help needs to be placed in the context of their attitude to asking for it in the first place. Many parents felt deeply ashamed that they required help. They also tended to be deeply suspicious of social services.

It was hard for me to do that, because I think you always think, which I did, I thought social services they come, you know what you usually do, they come and take your kids away from you, if you wrote to social services it's because you neglect your kids. I just didn't know what to do.

Moira, mother, stepfamily, Project F

I think a lot of people are looking for help but don't know the system. We had to really push. And a lot of people don't want social services involved because of the stigma and because they think they'll lose their children. Our GP makes a joke about it being easier to get a stick off a rottweiler than getting your child back from social services. So a lot of people are scared to ask for help. You don't think of social services as being

there to help, you're just scared and suspicious of them. We were scared that Anna would be taken into care.

Louise, mother, birth-parent family, Project C

Ann:

You spend time blaming yourself for what has happened.

Interviewer:

How did you feel about contacting social services?

Ann:

As a parent I felt shocking, a total failure.

Ann, mother, birth-parent family, Project F

This reluctance about approaching social services was not confined to parents. Young people themselves were also very wary.

It didn't feel like a good thing when social services got involved. You have to be careful what you say or you might have to say bye bye.

Tom, young person, lone-parent family, Project E

Coupled with an aversion to social services was a lack of knowledge about possible alternative avenues of assistance. Some parents might have tried other avenues but found them unhelpful or been unable to take advantage of them.

I said to him if you want to talk to somebody, I said, we can get you somebody to talk to who is going to help you. I said, you can't do it on your own. I went through the doctor at the health clinic. She was, I don't know what her title was. She might have been a child psychologist or something like that. But I couldn't get him to go.

Moira, mother, stepfamily, Project F

When Joanna started getting difficult we went to the GP, got tablets to see if it was her hormones because things would get worse around her cycle.

Duncan, father, birth-parent family, Project C

I talked to my GP, he said in five years time you will be wondering what this was all about, that is the sort of negative vibes you got from it.

Stuart, father, lone-parent family, Project F

So for the majority of parents social services was not the first port of call, as parents seemed to feel happier approaching their GP first. In order to approach social services for help parents had to overcome the feeling that this meant they were a failure, that everything would be taken out of their control and they might end up losing their child.

Those young people who had been proactive about seeking help had found the process no easier.

It wasn't necessarily the problems, it was just functioning day-to-day. I couldn't deal properly because I was like... I'd been to my GP lots of times because I felt ill. I couldn't sleep, I felt like I needed sleep all the time and I just couldn't really think very clearly, I just couldn't get to grips with anything and I didn't get very much support from the doctor so it was just going to the school and to talk to the teachers I knew, and that's why I ended up here [youth counselling project].

Jamie, young person, stepfamily, Project H

Young people may have the additional obstacle of not being fully adult and not feeling empowered to take action on their own behalf.

I was a child, not an adult and, you know, I didn't understand that I could actually ask for help. I just thought I was a child, that people, adults, were supposed to help me type of thing and look out for me. I didn't know where to go, I didn't know what to do.

Jamie, young person, stepfamily, Project H

It is possible that these barriers to asking for help are insurmountable for some families, young people and some communities. A number of projects that worked in areas that were ethnically diverse reported that despite the profile of the community, the vast majority of their referrals were white British. This did cause workers and managers concern and a number of reasons were posited for the unrepresentative nature of referrals.

The town centre is very densely populated, it is multicultural. There is a very high proportion of Muslims in the west, who have their own mosque, their own networks. We get very few referrals from social services, if any. Which is interesting because before, when I worked for my previous charity, I had regular meetings at the mosque with the child protection officer about child-parenting skills and that kind of thing. And there was a social worker dedicated to that community, and I did a lot of work, we had not a high but a good percentage of referrals from that community. But they did not like referring, they preferred to go to another district outside because of the embarrassment. They are very reluctant to go to social services.

Project manager, Project D

The service provided by projects

Eight projects were involved in the research. Three operated a particular model of family support. One utilised brief family therapy, another the 'Families First' model and the third offered a mediation service. Another project offered a youth counselling service and the remaining four offered generic family support utilising a range of different approaches. The aim of the six family support projects was to prevent young people being accommodated. For these projects all referrals came via social services. The aim of the mediation project was similar, to enable young people to return home or where this was not possible to enable them to maintain links with their family and community while living independently. The youth counselling service provided emotional support and advice for young people. Although some work was done with families at the request of young people the main focus of the service was on individual or group work sessions with young people. A more detailed description of the work of the projects is contained in the Appendix.

Service type

Only two of the projects used a specific approach to working with families, the brief family therapy service and the mediation service, described in the Appendix. The remainder of the projects adopted what they referred to as a tool box approach.

We have no one model of work. We use lots of different tools, family meeting basis is most common, but sometimes young people might not be willing to engage. We look at one issue a week. We find if you don't plan it then the family focus on difficulties rather than looking at an issue. We use books and worksheets and games, we share skills and bounce ideas off each other. We are trying to find something that will help families keep learning, something they can use themselves.

Project C

There is a lot of therapy in it. You know, if you look at the theoretical background of the model you've got crisis intervention theory, you've got a lot of counselling, very systemic, very therapy orientated,

but with particular emphasis on group therapy techniques. Lots and lots of different techniques, it's just taken bits that it likes from a whole range, and put it together.

Project A

We use a combination, there is the systemic approach and the cognitive behaviour approach. We use a number of different models. In terms of the way you co-ordinate service, the way you look at systems, the way you look at people's behaviour, reward and gain and that kind of thing. I think you actually need to use a number of models instead of being bogged down with saying we use a systemic approach or we use that approach. It could be limiting.

Project D

Setting goals – family choice

While the referral might come from social services and social services might have goals for the work, projects were clear that it was up to the family to choose what was worked on, to set their own goals and priorities, although clearly where social services had child protection concerns these would need to be discussed with the family. This emphasis on the family setting the aims was seen as an important part of the process of empowering the family.

We do an assessment, you do an internal assessment within the family and see what they are prepared to own as well. It is all very well going in there and preaching to them, but they have to own it, which is the most important thing. They have got to accept that there is a problem, change is needed and they are going to be a part of it, so they have to own it, rather than some interfering social worker going in and pointing the finger telling them what the problem is.

Project E

Interviews with families confirmed that this had been their experience of the services.

I had total control, in that sense, of what I thought was right and what I thought was wrong, and what I

wanted them to do and what I didn't want them to do. You know they were really, really good like that. They always asked me first, they didn't just do it.

Liz, mother, lone-parent family, Project E

Projects felt that getting families to focus on one issue at a time and setting achievable goals was crucial to success.

I would look at starting to work within the family to narrow it down, because you would be presented with a multitude of problems. You keep narrowing it down till you get to a small number, hopefully one, but a small number of specific problems that if they were dealt with you would see change. And by seeing change you could feel as though things are moving forward.

Project worker, Project E

I think you have got to focus the parents down to get them to look at one area that you perhaps could work with because you tend to go there and they will give you everything this child has ever done from the day they went to play school or something. You need to be looking at one area, 'if it wasn't hell every morning when you went off to school, could you cope with the rest of the day?' and perhaps you might work on that. Then if that works okay, perhaps we will look at something else.

Project worker, Project F

The family decide what they want to work on and it's very structured, very goal orientated, and it's strengths based and solution focused. So it doesn't focus on the family's weaknesses and difficulties, and in fact sees difficulties as skill deficits.

Project worker, Project A

Projects were clear about the importance of working in partnership with the family not only in terms of setting goals but in their overall approaches.

With the family work, we try and sit down together every four to six weeks, and again that's to try and empower the family so they know what is happening.

Project worker, Project C

They know what we've said we'll do, so if we don't do it then we are accountable for that, as is the social worker. I think in some family situations that has never happened before, they have social workers visit and they are not always clear about why, what is happening.

Project manager, Project F

It was clear from talking to young people that despite the crisis intervention nature of the majority of the services and the fact that it was usually parents who had requested the intervention, their involvement was not coerced.

Interviewer:

Did you feel as though you had a choice about being involved with the project?

Ricky:

Well yes, I didn't see it as like a project, she was more a friend.

Ricky, young person, birth-parent family, Project F

Yes, I felt... I would like to be involved.

Kirsty, young person, foster family, Project F

Responding to need

Other than the projects offering mediation, solution focused brief family therapy and youth counselling, all projects worked in a holistic way even when it was not strictly within their remit.

You see the family when you drop off or pick up the young person and the parents say 'oh, you know, we have still got problems with such and such'. So you can't say, 'well you are going to have to wait until tomorrow to speak to your social worker', it is not that simple, is it?

Project F

So it was not simply family system problems that they would address but also other practical issues or problems with other services that might be having an impact on the family.

You can see the family four or five times in a week and they refer everything to you.

Project worker, Project C

It's like when you as a parent tries, you don't seem to get anywhere, but when someone else puts their bit in they seem to sit up and take notice. The other thing was I put in a grant for my windows and the heating and I applied and I didn't hear anything and then I rang and they said 'Oh no there's this list and that list', and then Tracey said 'Do you want me to phone?' and next week someone comes down and does all this surveying and a report and everything starts happening. But until then nothing happened.

Sandra, mother, lone-parent family, Project A

In terms of their description of the service they had received most families were likely to refer to practical help in sorting things out or giving them a break, or particular tools or methods that the project worker had given them. They also frequently referred to the responsiveness of the service.

Anne [project worker] came in and played games that got us talking. Also the fact that they came out when we phoned. Anne pushed to keep Joanna's education standard up. They only offered her one hour per week and Anne pushed and got two hours a day. The project's involvement meant we could have some time out.

Duncan, father, birth-parent family, Project C

Moira:

They offered to take Dave out if he wanted to go.

Paul:

They didn't force him.

Moira:

Or they could come here and talk to Dave, plus they made a meeting and sort of spoke to us two as well and a social worker. On a regular monthly basis, weren't it? And then Karen kept in regular contact with Dave, took him out on several occasions. They went down to the project once and did some baking with her. You know they were really good, plus they were good to me. I could talk to them.

Paul:

Well Karen was brilliant, wasn't she?

Moira:

They all was, they were all nice.

Moira and Paul, mother and stepfather, stepfamily, Project F

I think the thing really that stuck out from my point of view, was the fact that somebody came here that listened, that seemed as though there might be other avenues that we could follow, that would relieve the pressure off me to help support Darren in a straight forward way, sort of thing. And also giving him help at the same time, so they were looking at different areas that had never been looked at before... Each stage they introduced Darren into he seemed not to respond and basically failed in it for whatever reasons, but there was never the lack of enthusiasm to try something else. So there was always, if this fails we can try that... I know Darren has not turned out too well now, he is in prison, it did not particularly work in his case, but that is not because of the amount of effort and work that they put in. And really I suppose if they did not help him, they certainly helped me, they gave me the break to rebuild and charge up again, to carry on and keep things going... I don't think words can say the help they gave to me. I cannot speak for Darren, I am sure he thought they were helping. He did befriend Pam, who really got stuck in to help him, as did other people who were here at that time. There was the support and it was just fantastic really within it all. It was fantastic.

Stuart, father, lone-parent family, Project F

We do reward schemes for the boys. That was started up by Denise [NCH Worker]. If they behaved, they got a treat. Say, like, on the bus.

If he was naughty on the bus he wouldn't get his sticker so he wouldn't get his treat at the end of the week. So cumulative but short term. But if he did something else totally naughty then he wouldn't get that treat. She really explained it and you thought, yeah that would work like that.

Helen, mother, birth-parent family, Project A

And they all done a life book and I'd go through all the pictures when they were babies up until where they are now. And they all wrote what their best foods are and what age they were, and what they watched, their best program and whatever, and what their favourite game is. And how they feel about the past, and the neighbourhood [kids], things

like that. What upsets them, what doesn't upset them, that type of thing. So it brought them out because from that, they were able to talk to someone.

Liz, mother, lone-parent family, Project E

With the children we played games. Two people stood in a corner and had to say positive things about the opposite person. Take it in turns and you took a step in if you liked it. A small step if it was so-so. If you didn't like it you stopped still. The children absolutely loved that. They thought it was absolutely brilliant and everybody, you know, found something great to say about each other. Another one was statues. One person would put the whole family into a statue of how they saw the family.

Sarah, foster mother, Project A

Projects also felt that getting the basics right was key to any success.

It's not clever stuff, it's as basic as saying 'how awful, how are you coping?', those sorts of things. Normalising it, it's the sort of thing that a lot of people wouldn't talk to their neighbours or their best friend about, because it can be quite embarrassing and it is just putting someone in who can be supportive. But to be honest I think what the families appreciate more than anything is somebody just listening to you and taking it seriously, it's not magic answers.

Project F

Young people tended to refer to the befriending aspect of the work.

It was individual support to me and to the family. It was the first time that work had been focused and for me individually.

Joanna, young person,
birth-parent family, Project C

She'd come and talk to us, and she used to take me out and talk to me on my own.

Ricky, young person, birth-parent family, Project F

Families seemed to find the fact that workers were willing to come and experience for themselves what was happening in the family particularly valuable.

If you've got someone with children who've got behavioural problems you're not going to see them if you bring them along to the office. You need to see them in their own environment.

Helen, mother, birth-parent family, Project A

NCH were dealing with the situation when it arose. There was always someone who would come over, if only to talk to us.

Duncan, father, birth-parent family, Project C

One of the few criticisms made of one of the services was when a parent felt she had not been offered this kind of hands-on support.

They've never actually been out when she's sort of, I mean, that's what I think would have been nice. When I've been reporting her missing and been panicking, where is she, what is she doing and all. I mean Kate has rung up and said how are you, is she back. Give her her due, she has rung me but it would have been nice for someone to actually come and say, you know, are you all right? Has she appeared, you know, or anything like that? You know, it would have been nice to see, to see a face if you like.

Eva, mother, birth-parent family, Project D

What could have been done better?

Parents were asked whether there was any aspect of the services that they had received that they had found unhelpful or that they thought could have been done better. The overwhelming response was no.

Interviewer:

And is there anything that you were unhappy about in terms of the service you received? Do you think there is anything they could improve on?

Moira:

No, honestly I don't, they were really good.

Moira, mother, stepfamily, Project F

Not really. To be honest, because in every way, like I say if I asked and I said look I need this, whatever, they went out of their way to try and help to make it happen.

Liz, mother, lone-parent family, Project E

What most families wanted was more of the same, but for longer or more frequently.

I don't think she should have stopped like she did. She should have gradually wore off. I think if it had sort of gone down to once a week, then once a fortnight, that she was gradually going. I mean all of the kids wanted her to stay.

Vicky, mother, stepfamily, Project A

*In an ideal world it would be the same intense help but over a longer period time. I know that's almost impossible but it would have been nice to have had instead of six weeks, six months. Because everywhere else you go you're probably seeing somebody once a week if you're lucky, once a fortnight or towards the end with Dr ***** it was every three or four months, which was no use whatsoever. If there was someone who could perhaps pop down three times a week over a six-month period. Probably that would be a lot better.*

Helen, mother, birth-parent family, Project A

I mean sometimes the kids wished they could have had more time at the project, they had such fun with them.

Liz, mother, lone-parent family, Project E

Sylvia:

I think maybe, personally, that the one thing that might have helped Emma more would have been to have more appointments with Charlotte closer together, initially, because the relationship took a long time to build up.

Emma:

It was only during the last couple of times that I'd got used to her and then she'd gone again.

Sylvia (mother), Emma (young person), stepfamily, Project H

I reckon that would be very useful to have, more than every three weeks. I didn't.... It was very difficult to remember what you said the last week you saw each other and also because of such a big gap, things were happening which would totally have gone out of my mind but which would disturb me, like, another day. Also one session to talk about three weeks' experience is not a lot.

Jamie, young person, stepfamily, Project H

There were some concerns from parents and from project staff about the impact on siblings of the befriending service offered to young people.

Project worker 1:

One of the things about family work, when there are siblings, is that, I am not quite sure of how to get round this. If one of the children, you know the one that is causing the problem at home, so we get involved. So suddenly – from the siblings' point of view and the parents, – get lots of attention, in the summer we do activities. So it is almost looked on by the siblings 'Oh well if you misbehave you get all these nice people who come and see you and every now and again you might do something nice' and I think that has been commented on by parents, hasn't it?

Project worker 2:

I mean we picked that up quite a few years ago because parents were having those concerns. What we have done in the past is actually, on the day's activities, actually took the siblings with us.

Project workers, Project F

Initially we felt that we weren't being listened to as parents. We felt that Anna was getting rewarded for bad behaviour by being taken out for burgers and to the cinema. Felt she was being alienated more from her family, she was going to things with Youth Action, and seeing Anne [NCH worker] and she was never in for a family meal. We did feel it was more constructive her being out rather than in and rowing with everyone, but it was difficult, and it was hard for Craig, he felt he was behaving OK and she was getting all the treats. But we did find NCH much more approachable. Anne said she could understand

how we felt when we talked to her about it. Any concerns we had, we talked to Anne and she liased with Youth Action. Anne still worked with Anna but didn't take her to Burger King and McDonalds any longer and she rearranged her work with Anna so that she could stay at home and have a meal with the rest of the family.

Louise, mother, birth-parent family, Project C

You can understand that when you have got another one in the house who is not doing anything wrong, and not being treated [taken out] like that. Because if another child in the family does see things, they are getting this, that and the other – why aren't I, and I am not doing anything wrong. I think you do have to watch that sort of thing.

Ann, mother, birth-parent family, Project F

Sometimes parents were worried that workers might not see the whole picture or that they sided with young people against them.

When NCH used to take her out, we found that difficult, that we didn't know what Joanna had said to Anne, felt that she might be misrepresenting things. Joanna does lie.

Maria, mother, birth-parent family, Project C

They all thought it was so minor when she kept smoking in the house, but we had alarms fitted to save her, and we decided we would not smoke upstairs or in the living room, because of fire danger. But they said she could be doing worse things than smoking. It was as though we were saying one thing, like with punishment – they'd say well that's a long time Tina, but if it were left to me she'd never go out. You were in a way fighting sometimes because they were trying to make it out a lot less than what it were.

Tina, mother, stepfamily, Project F

However, workers do see a part of their job as encouraging parents to set realistic boundaries that they can enforce and young people can stick to.

The workers look at the boundaries that the parents, carers, guardians set and see if they are realistic and try and encourage them to perhaps move them

slightly, so that they're more achievable. Sometimes they're so tight that there is no room for manoeuvre, so you have to go right back to basics and say if little Johnny comes in even ten minutes late, instead of saying your pocket money stops for the rest of the week, instead of being that punitive get them to look at the positive change, saying 'well, praise him, at least it wasn't half an hour, it was ten minutes'.

Project manager, Project D

One parent who had used the mediation service felt that the help was directed at her daughter rather than her and she would have liked a service that would have offered her more direct support.

I would really have welcomed more advice about how we could go forward. I also would really have liked something for myself. I felt that the service they were offered was really for Leah, not me, and I could have done with someone to talk to as well.

Deborah, mother, single-parent family, Project G

The most helpful aspect of the service

Both workers and families were asked to identify one element of the service that they thought was most helpful to families they worked with/in their situation.

Staff quality and commitment

The most commonly mentioned aspect was the quality of the staff, their commitment to the job and therefore the supportive relationship that they were able to build with family members.

Because Anna got on so well with Anne, they developed a really trusting relationship, so Anna would listen and take notice of Anne.

Louise, mother, birth-parent family, Project C

It was like a friendship level, as if they really cared. You know, we weren't just another couple, like another family, like we deal with this family – get them off the list. They really cared, you know. Like we said, like when it come to an end, like we've said that we're going to write to them and that, because they were just so great.

Liz, mother, lone-parent family, Project E

I suppose a lot of it is about personality, isn't it, if you feel that there is somebody there who would be approachable. And I think we got that message, 'we are here to support you if you need support'. And I think if you do get a good reception then you will do it again if you need to, if you think somebody has not got time for you, you don't bother because it's more trouble than it's worth.

Angela, foster mother, Project F

You're actually getting people actually devoted to doing the job, not because it's a fantastic wage, not because there's a great deal of kudos out of it all, but just pure and simply because they're interested in people. I think the message comes across stronger and clearer and people probably take more notice because they are prepared to respect that person who's delivering it.

Stuart, father, lone-parent family, Project F

She's sympathetic. She acted like she cared; it seemed like she cared, anyway.

Emma, young person, stepfamily, Project H

It's everything, the way that you can just ring the bell. Mandy, who is on the office, she opens the door and they make you feel so welcome.

Kirsty, young person, foster family, Project F

I think the biggest thing that a social worker can give anyone is just time, space and energy, going in and giving part of themselves.

Project worker, Project E

The way you approach people out there, things that don't get discussed in social work, like compassion, humility, the way you advocate for people and, dare I say it, common sense. I will probably get slated for saying that. But some people have got a lot of skills in working with families, and that is based on their life experience, their personal experiences, as well as their college attainments. Other people they can be the same age and they can have very limited knowledge in terms of their personal ability. I do not think going to college makes a social worker, I think it is a combination of things.

Project manager, Project D

Staff availability and responsiveness

A close second was the availability of the staff and the service. Service users often mentioned the fact that project staff returned their phone calls and chased others who didn't. Often this represented a very real change in experience for families.

She's been absolutely brilliant, if I picked up the phone to speak to her, you know, she'd be there, and if she hasn't been there she's always returned my phone calls. Either that same day or as soon as she possibly can, and I mean the other week I actually rang her and I said to her 'I'm trying to get hold of my social worker, I cannot physically get hold of him. Do you think you'd be able to see if you can get hold of him for me?' She said, yes, fine, that's no problem and she rang him and said 'look, I've had Eva on the phone... can you ring her as soon as possible. She needs to talk to you.' He rang me back that same day.

Eva, mother, birth-parent family, Project D

Astrid came out to see us at the drop of a hat, which somebody else wouldn't have done. 'I'm sorry, I can't

do that, I've got to see a client or I've got an appointment'.

Linda, mother, stepfamily, Project D

One of the things was that 'we cannot do this on our own, will you be there?', and it has been 'yes, we will do what ever we can'. And it's not just lip service.

Doug, foster father, Project F

I've obviously had a lot of dealing with Pam, I can phone her up anytime day or night, at home or whatever and I know I'd always get somebody I can talk to and who understood my problem, you know, and you just, I don't know, you can't put a price on that and you can't praise it too highly quite frankly.

Stuart, father, lone-parent family, Project F

They were available 24 hours a day. When Anna was going through a particularly bad time she had contact with them daily, evenings and weekends. They adjusted the service according to what we needed.

Louise, mother, birth-parent family, Project C

She, like, went when you needed her, she was there. That was a Sunday as well, she just come straight round.

Ricky, young person, birth-parent family, Project F

Just to turn up, and for that person to feel that somebody has actually bothered to go there when they cannot even get through the switchboard at social services. To have a cup of tea, sometimes just to listen and have a cup of tea, and for somebody to off-load for a few sessions can be the answer to a problem.

Project manager, Project D

There was a real sense that it was not only the way in which services were able to respond positively to expressions of need, but the fact that they were reliable and followed through on their commitments that was important to families. This is one of the factors that engenders trust between families and staff and facilitates successful working.

Meeting families on their home ground

The availability of staff and the willingness of some services to come out to families was seen as key to the project being able to see the problems families were experiencing and therefore help them to address them.

It was great because we'd got somebody who was actually, got someone who was working with us but not someone who was stuck in an office and hadn't got a clue what was happening in the house, with the family at the time. There were some instances where the boys were in trouble and Denise was actually here, my husband was working late and I was on my own struggling to cope and she was here to help me. One night she was here until 11 o'clock at night.

Helen, mother, birth-parent family, Project A

None of these people that seemed to think they knew better what my children needed than I did had ever even seen them, never mind seeing how they behaved if they were frustrated or anything. Kate was the only one who knew, she was the one who had genuinely been here and seeing the full range, and at least she believed me.

Carolyn, mother, lone-parent family, Project D

*Nobody sees Martin when he's slamming my doors, nobody sees Martin when he's effing and blinding in the house and screaming and ranting and raving. It's like a fantasy. So Dr ***** doesn't see, when you go down to Dr ***** every week or whatever, he sits there [Martin] as butter wouldn't melt in his mouth. But Astrid has seen him when he's flipped, Barbara saw him when he flipped.*

Linda, mother, stepfamily, Project D

Useful tools and practical help

A number of parents mentioned how helpful they'd found some of the tools that workers had given them for dealing with situations or improving communication.

Sometimes now Conor will sometimes come up with 'I would like it if you didn't do this'... It is sort of like how can I put it, a joke, but it is not a joke

because we did actually get the message through to all of us.

Vicky, mother, stepfamily, Project A

They also mentioned the practical help they had received in sorting out education or home improvement grants.

Team work

Families, and in particular young people, appreciated the team approach of some services, often because it extended the availability of the service.

They work closely together and I feel good when I go to the office, I feel welcome, safe, secure, everybody knows everybody else and you get to have close relationships with all of them, it's a really friendly environment.

Kirsty, young person, foster family, Project F

It's nice to have someone on the other end of the phone and even if your own worker wasn't there someone else would come.

Joanna, young person, birth-parent family, Project C

If someone phones and asks for one of us who isn't going to be in for a couple of days, you say 'can somebody else help you', and if they're in a state, 'well, shall we come out and see you or should so and so come out and have a chat' and they've got a choice then, and sometimes they might say 'no, I'll wait' or 'yeah'. Because we can respond when it happens, quite often with social workers they're in court for three days or something and they can't do anything about it. There is usually someone here that can respond and if it needs three visits in a week, we might be able to do that.

Project manager, Project F

Project staff felt that working as part of a team improved the quality of the service they were able to offer.

As a team I think we work really well together, we all share problems or good times or whatever and you know I never feel de-skilled.

Project worker, Project F

We all work really closely as a team. The others know if you've got a difficult case and they'll know you could be really tired and someone else would do your on-call. We might all work on a case to get over a very difficult period. Might have everyone called out.

Project worker, Project C

Befriending

Both parents and young people appreciated the befriending work that staff undertook with young people.

Interviewer:

What did you like best about your contact with the project?

Andy:

Going out, and talking.

Andy, young person, stepfamily, Project C

Having someone to talk to Martin. Take him out and talk to him so that he could say what he wanted, and they wouldn't tell me what he had said, obviously, because it was confidential but they would take him out. Oh, they might buy him a burger, or take him for a ride in the car and everything else. But sit and talk to him and try and give him advice on what his best options would be where to go or what to do or to sort that problem.

Linda, mother, stepfamily, Project D

A direct approach

A number of parents mentioned how highly they valued the honesty and directness of workers and workers acknowledged the important role this played in their work.

We are very clear and explicit what's the next step we are trying to achieve and how we are going to achieve it.

Project worker, Project A

Non-statutory, non-judgemental

Project staff felt strongly that the voluntary nature of the service, the fact that families had a choice about their involvement, was very important.

The fact that we're not statutory and they have a choice about whether or not they want to work with us. It's so important because, in a way, I think you're halfway there. They come because they want to, it's not something they feel that they need to do. To me, that's the most important aspect of the work, that they're making a choice.

Project worker, Project G

They also felt that the non-judgemental nature of the service was particularly important.

They don't feel that, for instance, their parenting is being criticised or condoned. They're accepted, including the young person, for who they are, they're not judged. They don't feel judged, which is important for them.

Project worker, Project G

What we try and offer, what we think is most valuable, is probably respecting people, listening to people, taking them seriously, not patronising them. Not even trying to find a 'quick-fix' solution because sometimes there isn't one. It is a time thing, in time things will change.

Project manager, Project F

The danger of leaving a parent feeling as though their views have not been taken on board and that a negative judgement has been made about their parenting is clear.

His dad died... so I was referred to Child and Family. But then that didn't work because I had a doctor, but she was, I don't know, she wasn't listening to what I was saying and it just went to pot so I stopped going. And then later on we went back down and we saw someone else. Well, I had to get up to go to the toilet while I was on one visit down there. When I got back, I sat back down and said can you tell me exactly what's been said while I've been out the room and he said well I don't think Martin's got a problem, I think you have got the problem. So I went sort of ballistic, this doctor said I was the problem, not him. So I stopped going down there again.

Linda, mother, stepfamily, Project D

The solution focused brief therapy approach

Workers at the solution focused brief family therapy project saw that approach as offering distinct benefits.

Other bits that we do as part of the approach is that people come here so problem saturated that when they walk into the room they feel like they are a walking and talking problem and the miracle question just freezes them, you know, and then they laugh a bit about it. Just speaking to clients in the past after the work is finished about what has been useful and what they might like to have seen different and they all just about say 'that miracle question was a real buzz. No one ever suggested to me that I could have a life without all this shit. But when you asked me that, I just had to laugh, I had to think, is it possible for me to have a life without all this crap in my life? And I realised that it was and that I just had to go off and get it. That is when I realised it was possible.'

Exception questions, where we ask them how much of this miracle was already happening and just about all the time there is always an exception. For instance, someone said they had agoraphobia, never ever went out, never the left the house ever and in conversation I realised they had a dog, and they walked this dog, I started thinking about exceptions. 'Who manages to walk the dog? How does it happen?' 'I walk the dog.' 'How do you do that?' and then the answer, if they can do it then that is an exception to the problem so you can build up on that.

Project manager, Project B

Closing the case

With drawing the service to a close, usually the suggestion that this should happen would come from the project rather than the family. Projects saw it as important that either the extent of involvement was clear from the start or if this was flexible that the family should be gaining constant feedback about how the project feels the work is going. Thus the suggestion that the project is planning to withdraw should never come as a surprise. Projects would usually suggest withdrawal when:

When we feel the needs have been met, or met as closely as we can possibly do that.

Project manager, Project D

The only exception to this principle arose as a result of a young person reaching 16.

I don't know what the age group is for not having a social worker at the end of it all. But as I say, since all that's gone, I've got no help at all and I desperately need help. So I mean, I only wish that NCH would um, could carry on until... they were a bit older, after leaving school age... They should do it until they're 20 or whatever, according to the child. Social services are saying they've got nowhere to put him... They're telling me that I can basically put him out on the street. Yet the police said the other night he's my responsibility until he reaches the age of 18. When I told the police that social services turned round and said I can put him out at the age of 16 they didn't agree with me because they said that up to the age of 18 he's your responsibility. The police are saying I can't do nothing, my hands are tied... If social services can't help me then nobody can help me out because the police basically don't want to know.

Linda, mother, stepfamily, Project D

Projects differed with some being able to offer families a self-referral should another crisis occur and some needing the re-referral to come through social services. The feedback from families suggested that while they rarely took up the option of self re-referral, they very much appreciated the fact that it was offered.

Oh they did tell me, more than once, that if ever he slipped back as he was... or any worries, I could get straight back in touch with them.

Moira, mother, stepfamily, Project F

She has said to me, you've got my phone number, she said if you need to contact me at all or if they need to re-open the case for anything. She said, 'you know, I'm willing for it to go ahead.' You know, which is nice to know.

Eva, mother, birth-parent family, Project D

The perspective of the project staff was that simply offering the option gave parents and young people a feeling of safety and security and not being on their own, which actually made them less likely to need to take the option up.

We say 'you can phone me if you need anything'. And often because that offer is made, the families do not need to do it, because they know that they have got that support.

Project manager, Project E



Outcomes

Family support teams do not work in a vacuum. As has been noted in other studies,²⁹ and was the case for some projects in this research, support teams are sometimes developed at the same time as cuts to the number of residential beds and an increased emphasis on the importance of sustaining families. Even if a clear decline in the numbers of young people being accommodated can be traced, it cannot definitively be put down to the input made by family support services.

Furthermore the whole concept of measuring prevention is fraught with difficulties. Experimental studies that have tried to measure success in this area have found it impossible to predict accurately which children might have been placed had they not received a specialist preventative service.^{30,31,32}

So it is generally most helpful to focus on the families themselves and their view of how the service helped them and what difference it made.

The family's perspective

We are able to communicate better. Because we couldn't communicate. Either I was going off at one or they was going off. I mean it weren't just him. It was both of us, like. We was able to talk better. All that time when we was seeing Denise it was better. Most of the time we are now.

Vicky, mother, stepfamily, Project A

The project were really helpful, we wouldn't have managed without them.

Duncan, father, birth-parent family, Project C

If it wasn't for NCH the problem wouldn't have been resolved.

Jean, mother, birth-parent family, Project C

They did help me build up my self-confidence again. They helped the kids build up their self-confidence. We all needed support and help, you know, which they did provide, and they were absolutely excellent about it.

Liz, mother, lone-parent family, Project E

It wasn't actually that the service didn't help, it was basically that I think Rosie wasn't willing to let it help and that's why it all just sort of fell apart really.

Eva, mother, birth-parent family, Project D

Moira:

He improved, he really improved, didn't he?

Paul:

Yes, he improved, oh aye. Yes, he'd come in on time. Come for his meals on time.

Moira:

Still got the school problem, we had a teacher at home. Anyway, that's all sorted out for him. But I mean he's improved no end.

Paul:

He's more polite to us.

Moira:

Yes, no late nights.

Paul:

His friends are alright.

Moira and Paul, mother and stepfather, stepfamily, Project F

The involvement, in actual fact, probably did stop him going off totally, because he must have known that there was something worth fighting for there in him in the end.

Ann, mother, birth-parent family, Project F

I think Donna would've ended up leaving home if we hadn't had their help, things wouldn't have been resolved. Also we feel as though we have more skills should the situation recur.

Jean, mother, birth-parent family, Project C

29 Biehal et al (2000) op cit.

30 Fraser, M., Pecora, P. and Haapala, D. (1991) *Families in Crisis: The impact of intensive family preservation services*. New York: Aldine de Gruyter.

31 Pecora, P., Fraser, M., Nelson, J., McCroskey, J. and Meezan, W. (1995) *Evaluating Family-Based Services*. New York: Aldine de Gruyter.

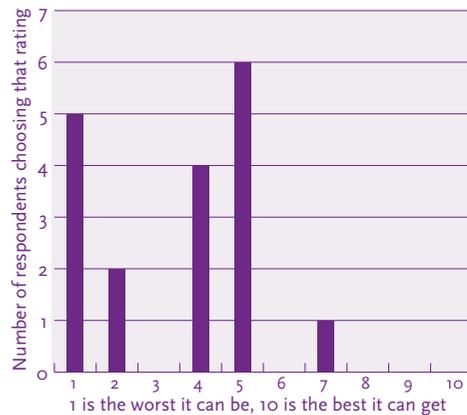
32 Wells, K. and Biegel, D. (1991) *Family Preservation Services*. London: Sage.

Young people’s perspectives

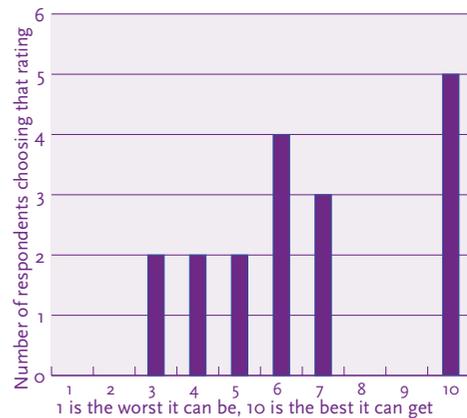
Young people were asked to complete a questionnaire and grade both the help they received from the project, what things were like in their family before the project’s involvement and what they are like now. Eighteen young people took part in this exercise.

Two young people felt that things were worse in the family after the involvement of the project. These young people were at the younger end of the age spectrum and it was difficult to get clarification on why they felt things had deteriorated. However, one young man’s father had left the family home but was now, according to the young man, ‘stalking’ his mother.

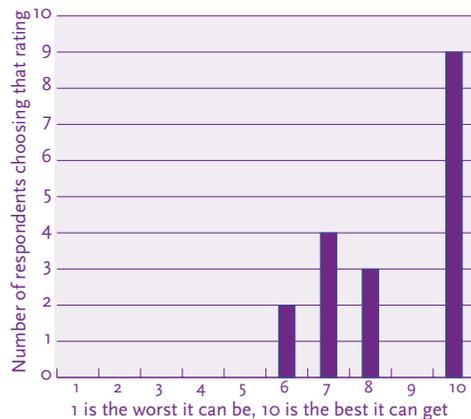
Situation in family before support



Situation in the family after support



Grading of support



Staff perspectives and project statistics

The majority of projects did keep statistics on the number of families that they had seen and on the outcomes in terms of whether or not accommodation had been prevented, since this was one of the aims of the service from the perspectives of the funders.

Looking at these outcomes some projects did achieve outstanding results.

We have seen 150 clients that they themselves have assessed as being at significant risk of accommodation. Of all those 150, 17 are currently in care; of the 17, 9 of them were already in care at the point of referral and some of them had been for a couple of years.

Project manager, Project B

Not all projects routinely followed up cases to track the success of the intervention long term. However, in view of the fact that reoccurring problems would often be referred back to them, they felt they had a good sense of the long-term outcomes and that most were good. It seemed that in most instances the success of the intervention was determined during the lifetime of the projects' involvement.

All of the projects had success in both preventing accommodation and preventing foster placement breakdown. Some projects also noted the importance of their work in terms of holding families together long enough for a planned placement to be made for a young person, pointing out that planned placements were far more likely to succeed. They also saw their role as helping families to some sort of reconciliation even if the young person staying the home did not, in the end, turn out to be possible.

We've got less people going into care; if they are accommodated then it's planned, which works. But young people going into care doesn't necessarily mean it's been a failure.

Project manager, Project C

We did a questionnaire a few months ago and there was some positive comments on it – 'my life has changed since you were involved', things like that... I think we do a lot of good. At first I thought short-term focus work, get in there, get out, what are we going to do? Be all things to all people and do nothing really. But it is proving that the service is helping. The groups are helping these young people a lot, their behaviour is changing, their tolerance levels, their hyperness is changing, their social skills are improving. These young people are being helped to go back to school, liaison with education where there is bullying, so work is successful. On the other hand we are also protecting children by identifying Child Protection issues as well, and calling family network meetings and asking for family network meetings where there are more problems, but it is more serious. So it is monitoring as well as a support service really.

Project manager, Project D

We've certainly kept some kids out of the system and helped some families get through a difficult situation probably a bit easier. We have still got parents and young people who call us five years on because they have a problem and they don't know quite what to do. We get thank you cards from kids and boxes of chocolates and stuff. We have got one young man and we've spent hours a week dealing with some of the problems that he causes, he's quite exhausting, but I had a group of young people in a meeting, I was doing some research for the county council, and a couple of the kids were saying 'well I'd like your job, you don't do anything all day' and this young man, the one that is quite hard to work with, actually turned around and said 'if it wasn't for them I'd be dead now'. And it is that sort of thing that you just know that what you are doing must be pretty OK. Or they'll say 'when things were really difficult at home she was my only friend'.

Project manager, Project F

Projects were asked if they felt that the longevity of problems within a family had an impact on the likelihood of their intervention being successful. The majority of projects felt that problems that

had been longstanding were more intractable. Again, this is in line with findings from previous research,³³ however not all workers agreed and felt given the right approach even entrenched problems could be addressed.

Where I think we are successful, or more successful, is where there is a genuine desire with the family for things to change. They want things to work with the family, they don't want the young person accommodated but they are just worn out with the situation. Where we make little impact is where there are real child protection issues, or where the problems have been around so long that you know, it is a major mind shift to move things on.

Project manager, Project F

My personal view, and I suppose I'm the one that collects the kind of information with the overview, is that we have had some substantial successes with long-term families. I think that sometimes professionals identify problems which are to do with the quality of the relationships, and attachments, and all those kind of things, and actually want people to work on those, without resolving the day to day issues. It's a bit like the hierarchy, you are asking people to jump several steps. I think what this project does is to start at step one, what it's actually like living together, and let's make the experience of waking up in this house and going to bed easier. The second reason is that it is strength focused. So we are drawing on their own strengths to deal with their own problems and finding their own answers. The research shows that it then transfers into other parts of their life as well because of their views of themselves as a strong and capable person.

Project manager, Project A

Project-based evaluation

In terms of getting feedback from families about their experience of the service most of the projects struggled. They recognised that sitting down with families and asking them, or getting them to do an evaluation exercise 'on site', ran the risk of answers being skewed. However, sending questionnaires out to families tended to yield low responses.

If you send out a letter to parents and families they probably won't, or some might return it, others will not. If you put in a stamped addressed envelope, the same, if you sit down and do it with them, you can say 'it is not their views, you are influencing them'. If you go and visit them as a backup, it is time consuming. It is not an easy area, but we do ask them.

Project manager, Project D

Projects did struggle with evaluating their success simply because, as highlighted above, the nature of the work was preventative.

³³ Biehal et al (2000) op cit.

What would make it easier?

Lessons for policy makers and project managers

Interviewees were asked what services they thought needed to be in place to make it easier for families who might be struggling. Staff were also asked what changes would make their jobs easier.

Unsurprisingly given their earlier comments, some families said they would want longer term help than they got.

Making it easier to access support

Much more of an issue, however, was the speed with which they obtained help.

*Get the help quicker. You only really get the help in any situations far too late. Whatever the problem is, whether it's with schooling for instance, the EWO [Education Welfare Officer], she didn't have any ideas that there were any problems because there were such a lack of communication between the school. Well they didn't want to know, they were pleased that Jason didn't want to come no more. Less trouble for them. So it must have been eight months later that the EWO phoned us and that was only because of ***** who works at the family centre and he said well what does the EWO say and I said well I don't even know who it is I've never heard of them. So he said right. And 25 minutes after leaving I got a phone call from her. She apologised and said she was sorry she didn't realise it was such a problem.*

Helen, mother, birth-parent family, Project A

Project staff agreed that this was an issue that should be addressed.

I think for them to be listened to perhaps a bit earlier, because of the lack of money and staff, social services say they have to be at fairly crisis point before they get a look in.

Project manager, Project E

I would really like to see us being able to work more, to expand, to work more with families when they are not at the eleventh hour and 59 minutes and 59 seconds. They have to basically break the door down.

Project manager, Project B

I think in terms of the way they [families] have access to services, social services, I think that needs to be looked at because a lot of parents who are very distraught basically feel that they have had the door slammed in their face. And that is common, they feel that they have to be almost of the point of strangling their child, or so desperate before they actually get support, now that is not good. I would say that is the most serious problem.

Project manager, Project D

Effective non-statutory services with open access

Families also felt that it wasn't simply about the speed but the effectiveness of the response.

I think having input from the project at an earlier stage would have worked better, because the other people were too authoritarian, stigmatised. And people like Ricky do not want anything to do with anybody who is authoritarian or there is a stigma attached to them, it is pointless.

Peter, father, birth-parent family, Project F

Perhaps the publicity of the place should be more so that they know they can come and try and get help here. It is just knowing more where to go, the actual avenues to follow to get to the place, that is probably going to help you the best. As I said previously, as much as they tried, the agencies out there did not provide me with any hope really, it were all built up and you got there and it was a let down when you got there, and you walked away and thought 'well, it has not done anything, we still have the problems at the end of the day'. It is the isolation, the bit that you feel, you get your hopes built up and think you are going somewhere and you just seem to be let down. And it is an even worse problem than I think, you feel, where do you go? If you knew that something like this was available at that stage you could get in there.

Stuart, father, lone-parent family, Project F

Many families also stated that they felt that projects should advertise their services and that it should be possible for families to self-refer to them.

Well it is like the service isn't very well known. I could think of a family that could do with help myself and I could refer them, I would refer them just to keep the family together... But I think these agencies should be known to families. You know, what is available, because it is only through me being a foster carer that I know of these agencies.

Sarah, foster parent, Project A

Moira:

I mean we've never heard of that, I'd never heard of it, had you?

Paul:

Never.

Moira:

Now if we'd have know about that, and you could just sort of get in contact with them yourself...

Paul:

It was on the doorstep.

Moira:

Well yes, there should be more information, it should be advertised more, shouldn't it?

Paul:

Yes, because if we hadn't got in touch with social services we wouldn't have known anything about.

Moira:

All you ever hear, ever to do with children, is Childline and things like that isn't it?

Moira and Paul, mother and stepfather, stepfamily, Project F

A number of people suggested that GPs should be able to refer families to support services.

And perhaps for us to be able to accept referrals from other agencies like GPs because people often talk to their doctor before they will go and see a social worker.

Project manager, Project E

Given the number of families in this study who did approach their GP first this would certainly increase access.

Families were keen that more should be done to reduce the stigma that they felt in asking for help.

I think parents or carers need to know. Because they are asking for help, it doesn't mean they are a failure. Because you ask for help, it doesn't mean you don't know what you are doing. You are not a bad person.

Sarah, foster mother, Project A

Again, given the number of comments made by families about their fear in approaching social services, providing a self-referral route to services might go some way in helping address this issue.

Better signposting of all available services

There was a general point made by families that all those services available to help should be clearly identified.

It is like even at the schools, school could give a letter out saying, you know, we are attached to this school psychologist. And for you to be able to refer yourself or get people to do it. I spoke to the school and they said yes that is a really good idea. We will do that ourselves. So it was like why didn't you do it in the first place then? Why did it take me? Because her behaviour is not just at home. It was in the school as well. Why has it taken me to say that? Why did it take me to say that to social services? Why didn't they suggest, you know, suggest these things?

Sarah, foster parent, Project A

The issue of resources and being able to advertise services were, of course, closely allied. One of the services had initially looked at taking self-referrals from families but had felt that with the small staff team they had, they would be completely overwhelmed if they did so.

The youth counselling service, while taking self-referrals, was clear that it didn't really advertise the service extensively because it was worried about being swamped.

I only work on Wednesdays and Thursdays so there is a limit to what I can do. We've been very careful not to over advertise or to seek work. If we had more hours

available we could do a better job and go into schools and talk about the work.

Project worker, Project H

Increased resources, particularly for adolescents

There was a feeling from staff that even if their own service was not under-resourced, there was generally a lack of resources, especially for the adolescent age group.

I've always worked with under-12. And there's always things at hand for under-12, but when you reach 12, I don't know what it is about the wonderful figure of 12, but after that there is nothing and it's like family life doesn't exist and I think that's a shame.

Project worker, Project G

*When I first came to ***** there were four social work areas, and in each area there was a duty team, two patch teams and a long-term team, sometimes more than one long term. You would have a team manager and six social workers, and a family support worker in each. Now, there is three locality offices, each one with an access team of three workers and a senior, there are two long-term teams in each of those areas, each with a team manager and five, six social workers covering the same that we covered 12 years ago. Now it is easy to say well that was in the past, but it worked, there were less looked after kids, the results of the looked after kids were better, there were more family placements and there was much more preventative stuff because you have the staff to do it. They are now trying to run the same service using a third of their original staff, a lot of whom are agency staff, a lot of whom are newly qualified staff, don't have the same range of experience and they ask 'why is it that we've got such a high number of looked after kids?'*

Project manager, Project B

The issue about resources extended to the availability of respite and foster placements for young people.

Project worker 1:

I think that's one of the big frustrations about being here. When we started six years ago the main problem we came across was finding suitable accommodation for teenagers, whether it be for a respite from the family or whether it be for permanent accommodation, and six years on we are really no better off than we were.

Project worker 2:

Local authorities put more kids into placements than they ought to, so you get multiple placements because they are so short of fostering placements. Instead of just having one teenager they've got three and then two of their own, so of course there are going to be problems. They are not doing that with any ill intention, it is desperate measures sometimes. But then you get into breakdown and the kids go somewhere else, and somewhere else, and somewhere else and it's just an absolute disaster.

Staff team, Project F

Parents were keen that more should be available for young people to do. This was particularly an issue in rural areas. There was a strong feeling that young people would engage with more constructive activities if they were given the opportunity.

There should be more things for young people to do.

Jean, mother, birth-parent family, Project C

Half of them in this village, they only want one thing at the moment and that's the drinking on street corners. It's that wacky backy stuff, we've had youth clubs, they smashed them up. But they could do with getting an old hut or something, what we've got up in the old pit, and say right, here's a hut, let's get it ship shape and I reckon they'd look after it more. If they involved the young people.

Heather, foster mother, Project F

I've got a project on the go at the moment, we're trying to improve the subway by painting murals on boardings and things, it's going to cost us about £5,000 to do it. I'm hitting brick walls with funding at moment. We had an open thing for people to come and put their ideas and things together for that.

And there were children who came to that, and they actually stayed for the whole thing, I didn't expect anybody to come, I thought they'll not come, but there was children come to that and they stayed for 4 hours and came back the day after, and it was a nice sunny day, you know, they didn't have to be there. And they could see something for them to do.

Angela, mother, birth-parent family, Project F

Additional preventative services, particularly peer support

A number of suggestions were made that focused on additional preventative support for parents, particularly peer support from parents in similar positions to themselves. Parents themselves identified this as one way of lessening the stigma they felt about having failed as parents, if they could see that they were by no means the only ones struggling.

Should be a phone line for parents that you can call any time at the time you are worried or experiencing problems. This could be run by non-professionals. Someone like you who has been through it. A group to support parents, peer support.

Deborah, mother, single-parent family, Project G

It would have been nice just to pick up the phone to somebody, so that really there were adults with kids in this same position because when it happened to me I thought, 'Am I the only one?', you know, you do, you think are you the only person that's going through this problem.

Jacqui, mother, stepfamily, Project C

It would have been nice to see somebody else that's going through what you're going through... so you can sort of say 'we know what you're going through because we are going through the same', because I mean there must be other families out there thinking the same thing.

Eva, mother, birth-parent family, Project D

I think it would be good if we could start running groups for parents so that they can get some sort of support from one another. I think that a lot of the time you see

parents and what they are experiencing and they think they are the only person that is going through that and I think it gets things more in proportion if you realise that most teenage kids are doing these sorts of things. But even with the bad stuff, if you have got children that are using drugs and things like that to know that, you are not the only person that is experiencing that would be helpful. Actually that could key in some of what we call our inappropriate referrals. Things where parents aren't asking kids to be accommodated but they are not coping terribly well with them either. We could perhaps use that as preventative.

Project manager, Project F

Phased service withdrawal

Some staff members working at projects offering shorter-term intensive support felt that it might be helpful if, when it ended, there was a lower level service that could be available to parents.

I think another thing that would be helpful is sort of looking at the follow-on in some sort of session/befriending service that could offer ongoing support once our intense work has finished. Almost like a mentoring scheme for adolescence, I think. I think it could work in two ways, because the adolescent knows they have got someone else to turn to and talk to and give them time, they often can hold it at home.

Project manager, Project E

Keeping young people in education

A large number of suggestions focused on improving school support and strategies to keep young people in education.

You need something like the EMA pilots. Because it is a major consideration I think when you are trying to keep somebody in education. For the kids, they might only be able to get £40 on a scheme [training scheme] but that is quite attractive when you have got nothing, for the short term anyway.

Doug, foster father, Project F

If they are having a problem at home it then comes out in school so they then start getting excluded from school or reports going home, which increases the

stress on the family, which then increases the risk of accommodation, and then the family have to shout. And I do think it happens a lot in that direction, but equally the opposite way. I think if schools were able to work with children and provide a much more holistic approach to education provision, it would bring about much more effective changes socially for the kids. I think that, you know, if you are looking at where to put money, there's no point in just putting it into social services frontline, I think it's also got to go into education support as well.

Project manager, Project B

One of the things I don't like is some of the attitudes of teachers in schools. I mean there's so much that goes on in schools and teachers are so un-there. If some of them would actually get involved... There's bullying and some of them just stay passive as if it never exists in their class, in which case, either way, the victim is, like, left with no support, humiliated. I'm not just talking about

personal experience. I'm talking from watching it in classes anyway, with other people. I reckon teachers need to be more aware and look for the signs. Teachers must under go some sort of training to deal with that, to recognise if there are any physical signs or things, you know. It's such a serious matter, bullying, and can have long-lasting effects and they need to be a bit more aware of these types of things.

Jamie, young person, stepfamily, Project H

Education policy around exclusion needs to change. School have excluded one young person because he truants.

Project manager, Project C

The stuff around education needs sorting out because of the knock-on effect and just the destructiveness of kids that are out of education. We've got care leavers who can't read or write and that's an absolute tragedy.

Project manager, Project F

Recommendations

We need to normalise accessing family support

It was clear from many parents interviewed for this research that one of the factors that made it more difficult to ask for help was their own feeling that having to do so meant that they had failed as parents. Coleman and Roker³⁴ have suggested that more needs to be done to 'normalise' parenting support in order that accessing that support is seen as positive and natural rather than being equated with failure.

Family support should be provided up to age 18

Given the extension of the adolescent period, the fact that other services will have to kick in should a young person become homeless, and the mine field that is the benefits system for this age group, the government should consider amending the Children Act guidance to make it clear that family support should be provided up to the age of 18.

Access to family support services needs to be improved, particularly for black and ethnic minority parents

It is clear from those interviewed for this report that many families struggle to access support. Further, that while access is theoretically universal, black and ethnic minority parents seem not to be among those taking up those opportunities that are available.

There needs to be better signposting of existing services

Connexions and GPs could be utilised as a gateway to family support services without parents having to go through social services. This could have a significant impact on those parents who do not seek help because of the stigma of approaching social services and their concern that social services intervention will inevitably lead to their child or children being accommodated.

There should be a clearer idea about the real level of demand for support services so that where increased resources are required these can be made available

It is clear that even where projects offer a rapid response service (within 24 hours) there is an informal waiting list, in that parents may be fobbed off by social services for months before getting a referral for rapid response. Similarly in other areas initial concerns from parents are not logged and only persistence reaps a referral.

Increased resources both in terms of availability of support but also in terms of lower level preventative strategies

McCarragher³⁵ has pointed out that there is a lack not only of services but also lower level educational material such as TV programming and magazines aimed at parents of over-8s. It is also clear from parents and staff interviewed for this research that a big problem in rural areas is felt to be a lack of structured activities for adolescents, which can lead to them hanging around with nothing positive to occupy their time.

Peer education opportunities for parents

Parents are looking for support mechanisms that do not make them feel judged or stigmatised. Many identified a desire to talk to other parents who had 'been there'.

Keeping young people in education

In a number of families interviewed for this study young people had withdrawn themselves from school for some time before any action was taken. A more rapid and holistic response is required with education and social services working together looking at the school and family environment in order to identify the issues and address them.

34 Roker, D. and Coleman J. (2001) 'The Parenting of Teenagers, present and future', In Coleman, J. and Roker, D. (Eds) *Supporting Parents of Teenagers, A handbook for professionals*. London: Jessica Kingsley.

35 McCarragher, L. (1999) 'Being a parent: influences and effects upon parenting from the media.', In S. Wolfendale and H. Einzig (eds) *Parenting Education and Support – New opportunities*. London: David Fulton.

Universally available parenting programmes should be targeted around the major transitions in family life such as the birth of a child or divorce³⁶

Given the significance of divorce as a factor in the lives of many of the families interviewed here, particularly problems over consistency, and the analysis of staff that a time lag that can occur before problems become apparent, this would seem a helpful strategy. Perhaps stepfamilies could also be targeted. Mandatory programmes are being extended across the United States and in Canada. Evaluations are just beginning to emerge and parents indicate they appreciated the opportunity to attend and that they believe that as a result they are being more co-operative as parents and relating more effectively with their children.³⁷

³⁶ Einzig, H. (1998) 'The promotion of successful parenting: an agenda for action', In Utting, D. (ed) *Children's Services: now and in the future*. London: National Children's Bureau.

³⁷ McKenzie, B. and Guberman, I. (1996) *For the Sake of the Children: a parent education program for separating and divorcing parents*. Winnipeg: University of Manitoba Child and Family Services Research Group.

Appendix – The projects involved in the research

Project A offers intensive work with families with staff operating on a six-week cycle. In week one a worker begins work with a family, in week two they pick up another case. At the end of week four they end their input with family one and similarly at the end of week five cease working with family two. In week six they write up the work and carry out admin but are not on call. Four weeks is not an absolute cut-off point and with some families, where there are small pieces of work that need finishing off, then an extension may be agreed. During the period with which they work with a family, although they work 37 hours, workers plan those hours over seven days, 24 hours. Work usually takes place in the family home.

Project B offers a ‘rapid response service’. Once families are referred the project responds within 24 hours. If they receive a referral on a Friday afternoon they contact the family there and then arrange to see them on Monday but may do some support work over the phone if need be, in order to hold the family together until they are able to see them.

Solution focused brief family therapy is an approach that sees the family as the experts.

It is more about sitting back and saying, ‘well, you are the expert here, I don’t even know you, I don’t know your child either, so who knows them better than anyone in the world?’ And they say ‘I do’. ‘Right, so you are the expert here. So what can you do and what ideas have you got to sort this out? What have you done in the past to be able to sort this out?’

Project manager, Project B

Family members are asked to grade the situation in the family on a scale of one to ten. Often at the beginning of the sessions their reply is ‘one’. Even if it is clear to the therapist that some things are going well within the family, they are careful to empathise with the family’s perspective.

If you find something positive when they are telling you how tough it is, that is just a recipe for an argument. ‘No, you didn’t hear me, we are really, really struggling here. That might be one positive bit but I don’t want to talk about that. I’m really at the end of my tether with this kid, I’m going to kill them, do you understand that?’ So we don’t really go down that line, it is more about ‘How haven’t you killed them? What stops you from doing that when they are really winding you up? How do you stop yourself from lashing out?’ And that will then build strength, that they will see and be able to use more. You try and draw out what really does help this person to tick, what are their strengths. So sometimes people can walk out and they feel like ten foot taller but we haven’t given them any of the answers.

Project manager, Project B

There are usually two workers in the initial session, the therapist and an observer, who gives feedback to the therapist. At the first meeting with the family the scope of the input is made clear. A minimum number of meetings is agreed and the maximum input (12 weeks) is explained. During the period of input the service responds flexibly to the family’s needs, so meetings may take place less than once a week or the therapist may meet with the whole family, then the parents, and then the children in the same week.

The sessions take place at the project, an environment that workers feel is more conducive to therapy.

Project C is on call 24 hours a day and provides support to both families and foster placements. During the involvement a worker will see the whole family at least once a week and will also have at least one contact with the young person. Often this involves taking the young person out. The service ideal is to work with families for a period of 12 weeks. However, the average period of involvement is closer to 16 or 17. The project is flexible, they review their involvement every six weeks and if it still seems to be helpful to the

family and there is no danger of the worker becoming part of the 'family system', they will continue to offer help. Although the service is about preventing admission to care, it also has a remit to ensure that entries are planned and appropriate. It also facilitates returns home after a period of accommodation.

Project D runs along similar lines to Project C. There is an initial assessment visit made to the family on referral. The project like to assess the situation themselves and see if it has changed since the family initially approached social services for help. They also need to check the family's perception of the problem, and what they want help with. Workers will do individual work, usually with the young person's mother since fathers are more often at work or unwilling to engage. They will also do individual work with the young person, as well as family work. The input usually lasts between three and six months. The work is reviewed on a monthly basis.

The project also runs groups for both parents and young people who may be struggling but not in sufficient crisis to warrant a referral for direct one-to-one work.

Project E provides a service similar to that offered by projects C and D, providing support for children in need, aged 10–18, and their families. The project works with young people individually, with the whole family and sibling groups, and with groups of parents and young people as part of a network of flexible, innovative and responsive community-based support services.

The service aims to support families in difficulty, respond to the needs of families in crisis, prevent family breakdown, and to divert young people from local authority accommodation. Where young people have been accommodated they try and help them to return to their families or communities and to reduce the amount of time they spend in accommodation.

Project F offers support to families whose children are in danger of being accommodated and to foster placements that would otherwise be in danger of breaking down. The work begins with a written agreement meeting when project staff discuss with parents and the young person what changes they would like, what the issue is and what they would like to see it change to. The project is clear that they are not offering any miracles and that for things to improve both young people and families are likely to have to make changes and compromise. The project input is mainly directed at the young person, with the social worker carrying out the family work. However, in practice the worker will engage with the whole family.

The project worker will spend time with the young person discovering what their perspective on the situation is and trying to help them to see what part they might play in the situation. Alongside the individual work, the project offers group work including activities in the school holidays, which can be a particularly stressful time for parents.

Again the aim is to keep input time limited and workers aim for involvement of three months, working on the theory that people are more willing to change during times of crisis and lengthy involvement can create dependency. However, the project is flexible and in fact the longest case was four years. One of the advantages of the service is that because it offers fostering support and also a leaving care service, even if the initial work with the family is unsuccessful in preventing accommodation, support can continue to be offered to the young person, and a relationship has already been formed.

Project G will work with families for three months. The team come from different professional social work, counselling and family therapy backgrounds. The model they operate is a mediation service. Work usually starts with individual sessions. The individual session is designed to prepare the

young person for mediation, acknowledging that sometimes it is difficult for young people to meet with their families. During this session the aims and objectives of mediation are discussed. Once the young person feels prepared, the mediation proper starts. Once mediation has started families have sessions weekly or fortnightly.

Although the project presently operate a mediation service they are planning to change the model and move to solution focused brief family therapy.

Project H has three counsellors each working 15 hours per week working from different bases. The service is flexible as to exact length and input. However, the vast majority of work with young people is short term with counsellors offering between six and eight sessions. There is no set format to sessions with workers responding flexibly to young people, utilising whichever methods best suit them. A session might therefore involve talking, role play, clay work or mask making.

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