



Centre for Research
on Children & Families



University of East Anglia

'She has got my back': A Review of the
Royal Borough of Kensington and Chelsea
Families Forward Service

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Disclaimer

The views expressed are those of the authors and are not necessarily shared by Families Forward and The Royal Borough of Kensington and Chelsea.

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CHAPTER 1: INTRODUCTION

This study reports on a review of Families Forward, a non-statutory service for families in the Royal Borough of Kensington and Chelsea. The service is a high intensity intervention, supporting families with highly complex issues for an extended period of time. The service is personalised, recognising that different families have different needs and require different kinds of help. The team promotes itself as offering families access to a range of professional skills, experiences and resources including parenting support, strategies to address substance misuse, targeted work to address risks associated with sexual exploitation and diversion from crime and anti-social behaviour. Families are also offered the opportunity to spend enjoyable positive time together doing a range of new and challenging activities from kayaking and climbing to film making and bicycle maintenance. The foundations of the service are grounded in systemic and relationship based practice.

1.1: FAMILIES FORWARD

Families Forward forms tier 3 of the Troubled Families programme in the Tri-borough (highlighted in Figure 1.1 below). The equivalent service in Westminster City Council and the London Borough of Hammersmith and Fulham is the Family Recovery service. Families Forward existed previously as a Family Intervention Project (FIP) which was merged with the Adolescents' Service in September 2013 to become Families Forward. Previously each service had worked with different age groups; the Adolescents' Service with the older age group and FIP with children aged 5-13. Families Forward supports families with children aged between 5 and 18. It supplements and links with existing services to effect change and build resilience, encouraging families to respond differently to problems. The team has worked with 51 cases since being established in September 2013.

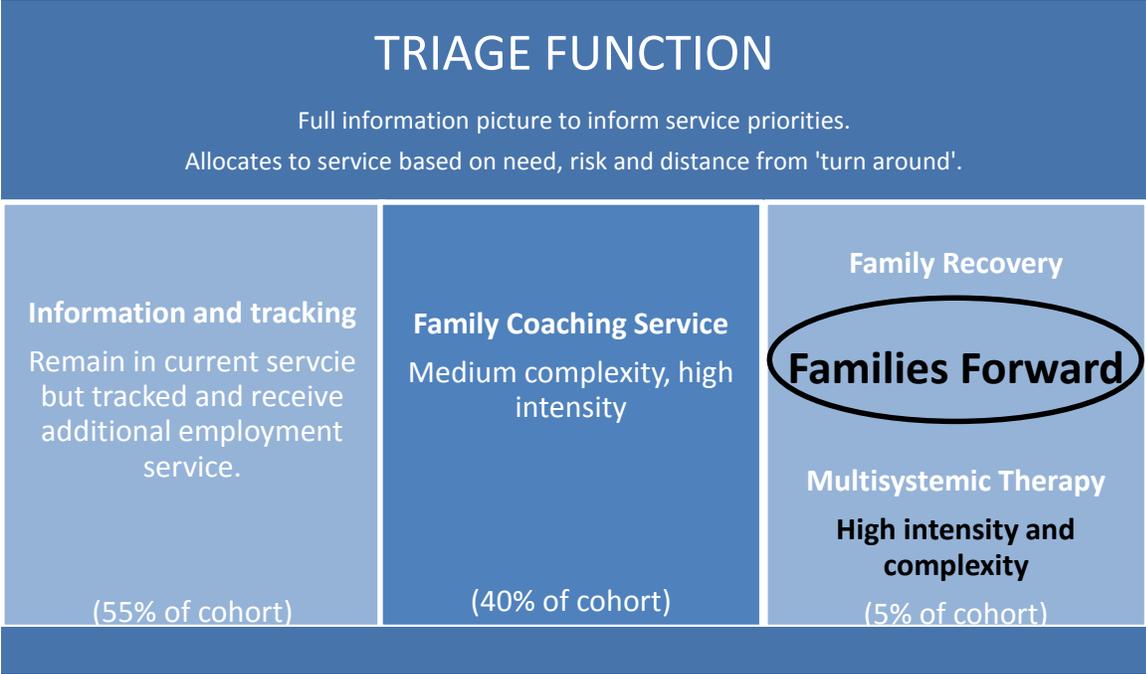
The aim of the service is to keep families together thus reducing the likelihood of children and young people becoming looked after. The main criteria for referral are:

- Imminent risk of family breakdown leading to a young person being on the edge of care
- Prior history of more universal services being unable to engage with the family
- The case is open to a social worker

Referrals are received from social workers across the social work locality teams and cases usually remain open to a social worker throughout the involvement with Families Forward. Most families have been known to Family and Children's Services over a long period of time. At the point of referral, families are often in crisis with presenting issues including substance

misuse, risk of sexual exploitation, involvement in gangs and offending. The work of the team is very intensive with mostly weekly visits to the family home although practitioners may visit more frequently during a crisis or when trying to implement family routines. Practitioners work flexibly to make themselves available out of hours and at weekends if needed. The service usually lasts between 6-18 months depending on the circumstances of the family. The team does not undertake assessments. Practitioners in the team sometimes undertake joint work where two practitioners work together with a family often taking a two-pronged approach with one working with the young person and the other with the parents.

Figure 1.1: The place of Families Forward within the Troubled Families Programme



The vision of the Families Forward team

The driving force of the team is ultimately their ability to build relationships with families which grows from having the required skills to work with a family but also a genuine interest in the family. The interest will stem from individual practitioner’s particular experience, knowledge, training and expertise. The service depends on and heavily encourages practitioners to use all of their skills creatively in their work. The overarching philosophy is based on systemic practice and relational work. The practitioner’s role is to create, foster and develop relationships with families and individuals within families.

Family activities as a way of strengthening families

A distinctive feature of the work is the range of activities offered to families. Over several years, a programme of activities has been built up based on systemic therapeutic practice. The

practice has a focus on addressing the problems children and young people present within the context of their relationships with significant people in their lives and social networks. Moreover, attention is also paid to the impact of wider systems and social contexts on children and young people's lives which includes community, society and the culture to which the family belongs. Activities are seen as a way of allowing families to re-author their personal and family narratives whilst together in a supportive environment, facilitated by experienced sports coaches and systemic practitioners from Families Forward. Every programme is tailored to individual families and may include kayaking, rock climbing, bush craft, survival weekends, comedy workshops or film projects. The diversity of workers within the team further adds to the ability to engage families, who are never seen as homogenous but rather understood through their individual personalities, working styles, experiences and interests. During activities it is possible to spend time with each family or individual as necessary. After completing a project or an activity, the achievement of the family is cemented by giving a family photographs and a certificate of attendance as well as recognised accreditation for some courses.

1.2: THE REVIEW

The review has examined the Families Forward service only. The Troubled Families programme has two other strands as demonstrated above (Figure 1.1). Family Recovery has already been evaluated (Thoburn et al, 2011) as has the Family Coaching Service (Brandon et al, 2014).

The review was qualitative and the research questions included:

- How is the Families Forward team working?
 - What are the team's strengths and what are the areas for development?
- How are practitioners working with families?
 - Who is doing what with whom?
 - What are the practitioners' perceptions of good practice?
 - What are practitioners' support needs?
- Which other practitioners are working with the family?
 - How does co-working and working on the same case operate?
- What are families' perceptions of good practice?
 - What do they like/dislike about the service?
 - How does it compare with other experiences of help?

1.3: METHODOLOGY

The review took place over a period of five months between March and July 2014. The methodology included:

Observation of a team meeting

Researchers attended a weekly team meeting to observe referral discussions and any other team issues.

Developmental workshop with team practitioners

All practitioners were invited but some were unable to attend the half-day developmental workshop due to annual leave. The workshop was attended by seven of the team's nine practitioners. All practitioners presented a case study which provided points for discussion and enabled exploration of the work of the team. The deputy manager attended the start of the workshop and also presented a case. Workshop discussions were audio recorded with the permission of all participants.

Interviews with managers

Both the manager and deputy manager were interviewed via telephone. With their permission, the interviews were audio recorded.

Interviews with families

Families were identified by the team and initially approached by a team member to see if they were willing to participate. If the family agreed, their contact details were given to the researchers who then made contact. Thirteen families indicated that they were willing to participate but three later withdrew. A total of ten families were interviewed face to face in their own homes and wherever possible the families were interviewed as a group.

Table 1.1: Types of family interview

One parent present	2
Other family member in home but did not participate	4
Other family members present, intermittent participation	4

In the majority of cases the interview was with a mother, with or without others present, although in two cases the interview was with a father. In the cases where other family members were present but declined the offer to participate, the reasons were that the young person was too busy, not interested or in one case the family member had little involvement

and felt there was nothing to add. One potential drawback of interviewing family members as a group was that parents would sometimes be reluctant to talk about past or present traumatic events in front of their children or go into much detail about the current behaviour of a child or young person.

Interviews with other professionals

Six professionals who were part of the professional network supporting two of the families were interviewed by telephone. The phone interviews were recorded with their permission.

Data analysis

All transcribed data from the interviews and the workshop were analysed using thematic analysis. The use of a 'bottom-up' approach has allowed themes to emerge from the data and provided new and detailed insight into the lives and experiences of the families as well as the work of the practitioners. Organisation and analysis of data was aided by NVivo 10 software.

Ethical considerations

The study abided by the guidelines for ethical practice from the British Sociological Association (BSA, 2002) and ethical approval was obtained from the School of Social Work, University of East Anglia ethics committee. All names of people and places have been changed. Where case studies have been created some features have been altered to preserve confidentiality of families and professionals. Families were offered a £20 store voucher for taking part in the research in recognition of the time required to participate. All research participants were debriefed and appropriate helplines were provided.

Reporting of the findings

Several steps have been taken in order to preserve the anonymity of the participants:

1. Family members are referred to as 'parent' or 'young person'. To avoid identification as they appear throughout the report, individual families have not been allocated identifiers of any kind. Quotes included in the report come from data from all ten families. At times, distinguishing features of a family have been altered to avoid identification of the family (e.g. number of children, gender of young person).
2. All Families Forward practitioners have been cited as 'practitioner'. At times the gender of the practitioner cited has been changed to further increase anonymity.
3. The professionals from the family networks come from various disciplines including social work, CAMHS and school based education but have all been referred to as 'professional in network' to avoid identification.

1.4: THE FAMILIES FORWARD TEAM

The team is comprised of a manager, a deputy manager and nine practitioners. The practitioners are employed as family practitioners (4), activities and outreach workers (2), systemic practitioner (1), outreach worker (1) and part-time substance misuse worker (1). There is a mix of ethnicities and ages within the team with the mean age being 40.5 years. There are eight females and three males in the team.

Background information was collected from team members and eight completed forms were returned. The information gathered demonstrated that there is diversity within the team both in terms of previous work experience and qualifications. Experiences included working as a nanny, nursery nurse, family centre worker, in homeless shelters, in residential children's homes, with children with disabilities, in the probation service, in youth offending, with asylum seekers, care leavers, street children, sports coaching, hospitality, drug rehabilitation, parenting support, play, art and drama, photography and journalism. Team members are encouraged to use their particular interests, backgrounds and experiences creatively in their work with families and to develop those skills further.

All team members have relevant qualifications and most are qualified to degree or masters level. Qualifications included social work, systemic psychotherapy, psychodynamic therapy, rational emotive behavioural therapy, systemic practice, social care (QCF Level 3), probation officer and mountain leader.

Staff are trained in delivering parenting programmes such as Strengthening Families, Strengthening Communities and Triple P. Some staff are also trained to deliver programmes for children affected by domestic violence and one member of the team has training and experience of leading a whole family programme for young people at risk of or affected by sexual exploitation. The majority of the practitioners have some training in systemic practice but a recent skills gap exercise by managers highlighted the need for everyone to have a shared foundation of systemic practice. Further training over two days has therefore been arranged for the entire Families Forward team.

The case load of each team member depends on the size of the families that they are working with but ranges from 5-12. If a family is large and the practitioner needs to work with family members individually then they will have a reduced case load. Cases are matched to workers according to specific skills although issues of gender and culture are also taken into account wherever possible. During our observation of a team meeting it was clear that the allocation of a new case was a shared process both in terms of considering whether the case was appropriate for the team and also when allocating it to a worker. The varied expertise within

the team meant that some team members were more experienced in some types of work with families, for example, some practitioners had specialist skills in sexual exploitation or drug misuse.

The closeness and cooperation of team members was further brought home to the researchers as the recruitment of families commenced. A researcher would usually travel to London for pre-arranged interviews with families but would invariably find that some families were no longer available at the specified time or date. When contacting the team manager to see if there was a possibility of identifying further families, the team work became obvious. The team worked together to locate potential families and contacted them for consent in a very smooth operation. This level of involvement and support for the review from every team member continued throughout the project.

1.5: THE FAMILIES WHO PARTICIPATED IN INTERVIEWS

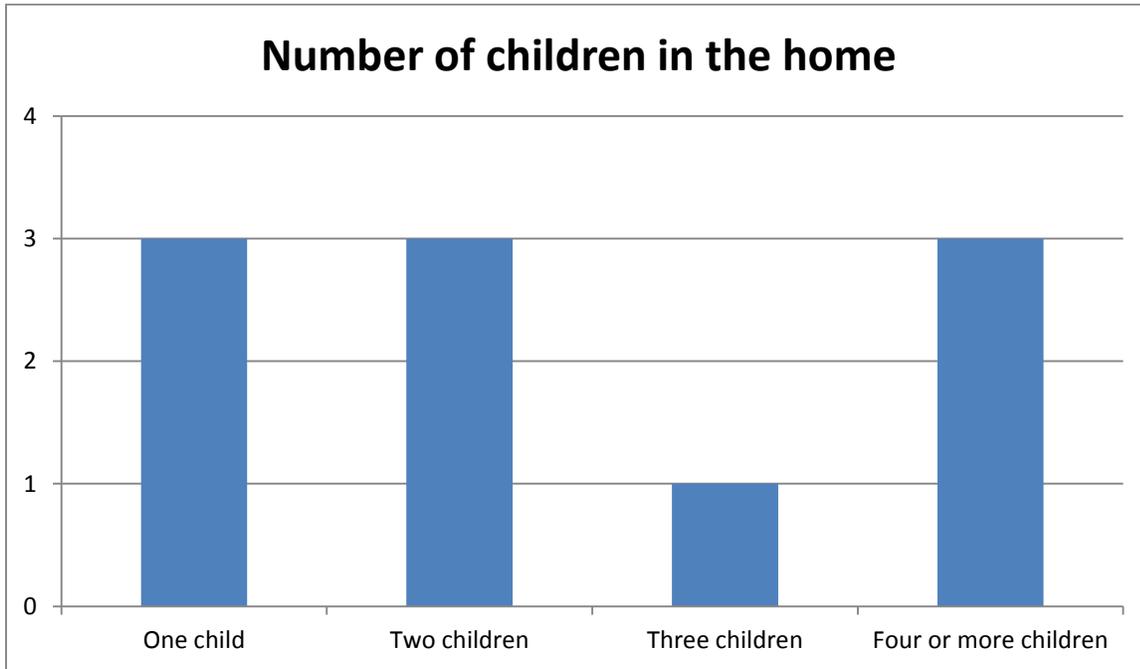
A total of ten families participated in interviews. Demographic information was obtained from family members during the interview and was not cross-checked with case records. In six of the 10 families at least one parent was of minority ethnic origin. The majority of families (8 of the 10) were lone parent families (including one lone father). Six of the families had a working parent.

Families were mostly small with over half of the families having just one or two children living in the home (Figure 1.2 below). Three of the families were large; one had six children, another five children and one had four children living in the home. Four of the families had older children living away from the home. The average number of children in the home in this small sample of ten families was 3 and this is the same as the average size of families in the Family Recovery service (the Westminster equivalent). The number of single parent families appears higher in the Families Forward service than in Westminster's Family Recovery (Thoburn et al, 2011) but we did not have access to a large number of cases and this observation is based on just ten families.

Information provided by Families Forward reported that the families coming into the team had slightly more males who needed the service than females (56% were males). From their information, males tended to be referred when younger than females (aged 11-13 versus 15-16 for females)¹.

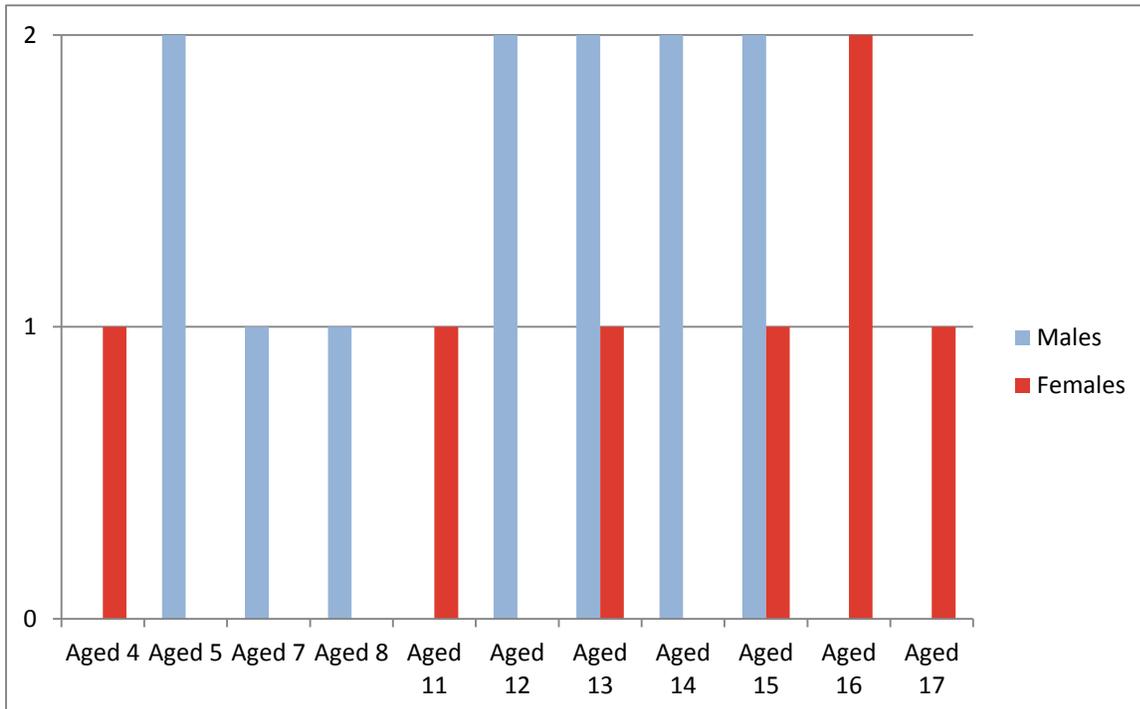
¹ The information provided by Families Forward refers to 68 families worked with from April 2013 which includes a period before the service was established. However, the work undertaken within the Family Recovery Project and the Adolescents' Service was very similar to the work of the current Families Forwards team.

Figure 1.2: Number of children living in the home (excludes children who have left home)



In the ten families that we interviewed there were a total of 19 children and young people who were cause for concern within families. This number excludes siblings who were either very young or were not a cause for concern. The majority of the referrals involved males (12) and the males tended to be younger than the females (Figure 1.3).

Figure 1.3: Gender and age of children and young people in the 10 families interviewed



The average age of males was 11 years and the average age of females was just over 13 years. The younger age of males compared to that of females corresponds with the information from Families Forward's records although the females in our small sample were younger than the pattern recorded by Families Forward. The discrepancy is most likely due to the small number of families involved in this study which does not allow for patterns to emerge.

In comparison with the wider group of families (68) who had received a service from Families Forward since April 2013, the ten families we interviewed appeared, overall, to be largely representative of the families worked with by the team.

1.6: CHAPTER SUMMARY

- This independent review of the Royal Borough of Kensington and Chelsea Families Forward Service was undertaken by the University of East Anglia between March 2014 and July 2014. The Families Forward Service is a high intensity intervention for families with highly complex problems. The aim of this qualitative review was to provide a deeper thematic analysis of how the service is working.
- The Families Forward Service is the highest tier of the Tri-borough Troubled Families programme and is the equivalent of the Family Recovery Service offered in Westminster City Council and Hammersmith & Fulham. The service was established in September 2013 by merging the Family Intervention Project (for families with children aged 5-13) and the Adolescents' Service (for families with adolescents) and now provides a service for families with children aged 5-18. The aim of the service is to prevent family breakdown thus avoiding children and young people becoming looked after.
- A distinctive feature of the work of the team is the range of activities offered to families. An extensive programme has been built up (including rock climbing, bush craft, kayaking, film projects and comedy workshops) based on systemic therapeutic practice.
- The review was qualitative and included: observation of a team meeting; a workshop with seven practitioners from Families Forward; interviews with managers; interviews with 10 families and interviews with six professionals in the network of two families.
- The Families Forward team is comprised of a manager, a deputy manager and nine practitioners. Team members are highly qualified and have a wealth of experiences and skills. Everyone is trained, or in the process of being trained, in systemic practice.
- The families who took part in the review were predominantly single parent families and relatively small with over half of the families having just one or two children living in the home. The majority of the families interviewed had been referred because males were a cause of concern. Males tended to be younger than the females.

CHAPTER 2: FAMILIES WHO BECOME INVOLVED WITH THE SERVICE

We gained an insight into the families who became involved with the service from the case studies presented at the workshop, the interviews with families and the interviews with professionals involved in the family network. A major concern for the parents was the parenting of adolescents.

2.1: PARENTING JOB AS DIFFICULT WORK

Parenting young people was seen as a difficult job by parents. They worried about the influence of peers and the school environment but they also felt that parenting had changed since they were themselves being parented:

When we was children we was allowed to play out everywhere and our parents wouldn't worry about this but a lot has changed, parents have changed a lot, parents are, I wouldn't say bubble wrapping their children but I mean a bit more, I wouldn't say sheltering their children almost, you see things in the paper, articles in the papers about missing children and stuff and that gets parents worried. A lot of parents have the same ideas I think (Parent)

Parents often expressed difficulties in knowing what they could do to discipline their children. One parent had been told to be more authoritative but was not sure how to be so in practice:

I couldn't strike her of course, I couldn't lock her up of course all these things...there is a huge hole in this law of ours...until they are 18 you are obliged to ensure that they do this that and the other and yet you cannot instil this that and the other because they have civil rights...it baffles me...it's like she was getting information from this boy and she knew exactly what she could do and what she was entitled to do...there was nothing I could do (Parent)

Another parent expressed disappointment with the options left for parents:

Then as they get older they think they know better than you, teenagers, and it is very difficult to discipline and they know that they are safeguarded by the Police and Social Services, so if you attempt to discipline them and you go to smack them like, they just look at you and say 'don't touch me, you can't touch me' and things like that and you know they know too much and Social Services and the Police are then kind of quick to

come back and tell you that your child is a problem child but when you try to discipline them and, yes so... (Parent)

There were at times cultural differences between the parents and their children and confusion as to what was acceptable discipline:

I think what it is, my wife she was born [overseas] so she has got different ideals and different ideas so for her to change her ideas and ideals is something that is not going to happen overnight (Parent)

Some parents had themselves experienced particularly disruptive childhoods and harsh upbringing which included little praise and unrealistic, unreasonable expectations:

Mum was brought up in a very authoritarian way [...] and she remembers being so frightened that she used to wet herself (Practitioner in workshop)

That had in turn meant that the mother had parented her own daughter very differently, in opposition to such harshness which she felt had later led to the daughter being disrespectful. Having had experiences of the care system themselves sometimes meant that parents felt that care was the only way to 'sort out' their children:

So her perception is that the care system will sort her out and it is like a punishment so every time something kicks off in the house she threatens to put her in care (Practitioner in workshop)

Previous parental history of substance misuse also influenced the capacity to parent and even if the misuse had stopped, some parents felt that there were lasting effects on the children which became obvious at different times during their development:

At lot of it [young person's behaviour] stems back from me being an addict, a drug user in the past. It has a great impact on children and it can come out later on in life...It is not easy, Penny, being someone who has been on drugs for most of your life, and even though you have got children you don't know how to parent your children, when you are on drugs you are oblivious, you think you are doing everything right (Parent)

However, once clean, this parent had been able to 'enjoy tucking the children into bed, doing activities with them, doing homework with them and so forth'.

Practitioners were sensitive to cultural differences when working with families. This entailed awareness that ‘doing family’ (Finch, 2007; Morgan, 2011) varied within all families in the UK as well as within different cultures and within different relationships and that these factors in turn had an influence on parenting:

She [mother] became a much more strict Muslim when she was with him [partner] and stricter on her daughter (Practitioner in workshop)

Balancing growing autonomy with parental control also posed challenges to parents:

Well I do let him out, if I know where he is going and who he is going with and what time he is back, then I let him out. I mean you don't know what he is doing but I don't like him going out and just wandering (Parent)

Allowing young people the freedom to go out was a particular worry when parents felt that they were not mixing with ‘the right crowd’:

[A]t the time when her behaviour was really concerning was when she was kind of, the group of friends that she was kind of with at the time who live round here (Parent)

As well as parents feeling unsure about their parenting role, young people also had difficulties with their roles and identity. Indeed, many of the issues that the families interviewed raised in relation to their need for support involved issues of identity, low self-esteem and anxiety. The list below sets out the difficulties that families identified as being the reasons why they needed support. Some families identified several of the issues and others were struggling with just one:

- Low school attendance – bullying, poor attainment
- Child’s or young person’s needs not met – missing appointments, poor hygiene
- Violent behaviour – child and/or parents, domestic violence
- Identity – mixed heritage, fractured families
- Mental health – anxiety, depression, low self-esteem, ADHD
- Physical health and chronic illness – asthma
- Family breakdown – separation, bereavement
- Crime – criminal damage, fighting
- Running away from home – risk of sexual exploitation
- Drugs – young people, parents

Issues of identity and the dissonance between the views and experiences of young people born in London compared to those of a parent who emigrated to the UK was identified as a regular difficulty within families. When discussing the circularity of problems within families one practitioner suggested that any parent who had been parented harshly themselves may revert to that if they are struggling:

A theme for second generation immigrants but also mistreated parents who become too soft with their own children but then it gets out of hand because they have no role model for it and when it gets too much they go straight back to the way they themselves were treated and parented as that is all they really know (Practitioner in workshop)

Therefore, young people could be left confused and unclear about their boundaries and identities as they attended school and mixed in a British environment but expectations and boundaries were often different and inconsistent compared to some of their peers. This was identified as a potential problem by parents as well as the practitioners:

Her father is mixed parentage and his other children are, she has got siblings on her dad's side and his other children I guess they are, they are of white and mixed parentage so they are white and then she is like the only black kind of child and I think, and I always felt there was some identity issues around that and also just in general with young black children who face growing up you know in the UK (Parent)

At times, it was hard for any of the parents to identify the cause of a problem and change in behaviour of a young person:

Yes, yes and then teenage puberty comes along and sometimes I am not sure if it is the puberty or it is just the ADHD or what! (Parent)

Practitioners were aware that young people's behaviour was in part due to the behaviour and circumstances of their parents but it was not always easy to convey that to parents:

We are always trying to connect parents to their children's behaviour (Practitioner in workshop)

We had a conversation about whether a child's behaviour is sometimes a reflection of how she [mum] behaves and mum goes 'possibly it could be' (Practitioner in workshop)

2.2: CYCLES OF FAMILY LIFE

Families recognised the cyclical nature of family life. They appreciated the good times and worried about the bad times when they needed support. There was a sense that issues were never really resolved but rather things were thought to be 'quiet'. This meant that even during a good time, there was the worry that things might get bad again:

It varies, it is funny because it goes up and down so it is like there is a massive improvement and then all of a sudden it's just at that stage like always, literally it just all really falls apart (Parent)

Things started to settle and then as things started to settle then they [children] find the opportunity to push you again and then they start pushing you again and things start going out of control again (Parent)

There have been periods of time where it has smoothed out and been quite calm and everything in the house and then there have been explosions again and so it has been an ongoing thing. It has never...it has not been quite resolved as such (Parent)

You have different chapters, so they are now teenagers so they have changed from when they were a lot younger so you have to think about all the changes they are going to have because they have mood swings... (Parent)

Practitioners also experienced the cycles of calm followed by the need for even more intensive work:

You can always calm her down from the focus of getting the child into care, calm her down for a few days – sometimes weeks – and then it kicks off again (Practitioner in workshop)

Within families and generations there were also cyclical patterns observed. Those patterns were often related to behaviour such as violence and abuse but also included attitudes to work and health as demonstrated by the following case study:

Entrenched intergenerational family issues

A large Muslim family whose case has been open to social services for many years. All the children have at some point had child protection plans. Family issues were complex and entrenched and included domestic violence, verbal abuse, financial abuse, mental health problems, chronic illness, poor housing, drug dealing, unemployment and debt. The older children, now in their twenties were exhibiting similar behaviours to their parents both towards the parents and the younger siblings.

The initial approach was intended to be two-pronged with one FF practitioner working with the family on practical matters including cleanliness and parenting whilst the other FF practitioner worked one to one with the young person. However, the family did not engage and work was undertaken by one practitioner only.

The practitioner worked with the youngest child in the family who was aged 15. The young person had poor school attendance and was already copying her mother's health behaviour (they had poorly managed diabetes). The daughter did not have her own bedroom or spend any time outside the home with friends and peers. The work has been going on for 18 months and has included encouraging the young person to travel to school on her own, increasing self-esteem and friendships, help with homework, decorating a new bedroom and generally spending time with the FF practitioner.

The practitioner has worked alongside a very supportive school and social worker. The young person, social worker and practitioner often went out together to see a film or have a meal. Work is ongoing as there are new issues of violence within the home.

One aim of the FF practitioners is to increase resilience of families and young people so that they may break this cycle of entrenched behaviour and view the world in a different way. In talking about her work with the young person above, the practitioner said, *'She had a very fearful outlook on her local area and the world, everything was scary, people were scary'*.

By walking around the local area, the practitioner was able to demonstrate to the young person that she could be safe, she could be independent from her family and she could form positive relationships with others. She learnt to travel by herself and to form new friendships independently of her family. Her confidence was increased and she started to enjoy her life. She also took more control of her chronic illness. By engaging her, the practitioner was perhaps able to make the initial break in the cycle of behaviour within her family environment.

2.3: CHAPTER SUMMARY

- The parenting of adolescents was a major concern for the participating families. Many parents felt that there were no options left for disciplining their children.
- Issues of identity and the dissonance between the views and experiences of young people born in London compared to those of a parent who emigrated to the UK was identified as a regular difficulty within families.
- Practitioners are experienced in parenting work and always sensitive to any cultural differences as well as the behaviour and circumstances of the parents which in turn impacted on the children's behaviour.
- Practitioners often had to work on changing behaviour in families where behaviour had become entrenched over several generations. This included domestic violence and worklessness.
- Families recognised the cyclical nature of family life. They appreciated the good times and worried about the bad times when they needed support. There was a sense that issues were never really resolved but rather things were thought to be 'quiet'.
- Practitioners also experienced the cycles of calm followed by the need for even more intensive work with families.

CHAPTER 3: WORKING INTENSIVELY WITH FAMILIES

The service provided to families is intense but targeted and involves both practical and emotional support to *all* members of the family during long visits. There is no template to work from or a single model of work other than the aim of preventing the breakup of a family which could lead to a child or young person becoming looked after. The practitioners have to be very creative and innovative as all families are seen as special and different, needing tailored support to their circumstances. In some cases, there was joint working with two practitioners working together with a family often taking a two-pronged approach with one working with the young person and the other with the parents.

This is a well-resourced borough that is still able to offer a range of support services for families, for example, Multisystemic therapy (MST) and other edge of care services. However, MST, although intensive, is time limited to three months and mostly available for young people with delinquent behaviour. Other edge of care services do sometimes offer children weekends away but then they are returned to the same family environment. Families Forward is different in that it is a holistic service which seeks to make changes for the whole family over a longer period of time, often drawing on the extended family network.

3.1: THE IMPORTANCE OF TIME TO BUILD RELATIONSHIPS

Good relationships with families were seen as crucial in engaging parents and young people. Above, it was suggested that even at the referral stage, practitioners would express an interest in working with a particular family depending on their specific specialist skills. Building relationships tended to happen slowly and required a lot of time.

Families appreciated the time that the practitioners were spending with them and were also aware that social workers could rarely spend much time with them:

I mean they [social workers] do provide some support but they haven't got the capacity to provide, to kind of go in and do that intensely, so they kind of co-ordinate the plan and you know implement certain things in that, in order to help the family so yeah I wasn't, because I know how this is going, I wasn't expecting the actual allocated Social Worker to do too much (Parent)

Therefore, the time spent with social workers was often perceived as 'business like' and focused on managing the progress of the plan for the family, sometimes exercising a degree of coercion:

[W]hen we deal with Social Workers it is quite a bit more...they are a bit more forceful
(Parent)

The practitioners from Families Forward were set in contrast to this:

[T]hey are not so harsh as the other Services and then it is helpful as well (Parent)

It seems a bit more relaxed, a bit more easy going (Parent)

It is different from people looking down on you to people saying 'right well this needs, you need some help with this we are going to give you the help' and they did give me the help (Parent)

The Families Forward team also recognised that their ability to work so intensively with families is a luxury not available to social workers who carry more than double the case loads and undertake assessments. There were times when a family or an individual within a family had not been able to establish a close relationship with their social worker. This was mentioned in a few cases by the family and the professional network. For example, in one case it was due to the gender of the social worker and in another case it was because the social worker was perceived as being on the side of one family member only. In such cases the FF practitioners would often decide not to meet the family for the first time with the social worker, as is their usual practice, since their presence could be seen as counterproductive when trying to engage and establish a new relationship with the family. However, once a relationship had been established, FF practitioners would often meet families with another professional, usually the social worker.

Engaging families was of particular importance to the FF practitioners as their service usually signified a last chance to prevent the breakup of a family:

Most of the families have a long history of episodes where they have been open and shut and open and shut and quite a few services have been involved and maybe the service hasn't worked (Practitioner in workshop)

The FF practitioners were seen by families as helpful in many different areas of family life and for all family members, something that families had often not experienced previously:

Before it was...all they [social workers] did was gave me a couple of leaflets and said, you know we will help you with the children but not with myself, they just kind of pushed

me to a Parenting Class and I went once and I didn't find it helpful, maybe I should have gone a bit more, but I didn't find it helpful to be at a Parenting Class (Parent)

During one interview with a family, the FF practitioner was present at the beginning making it possible to observe the way she was chatting and interacting with the family. It was particularly touching when a young child came home from school and immediately and spontaneously gave her a hug to say hello. The whole family was relaxed and her presence was not intrusive as she blended into family life. The fondness for the practitioner was also expressed by older children:

Young person: *I still see [practitioner] sometimes*

Parent: *He [young person] gave her a cuddle the other day*

Young person: *How did you know that?*

Parent: *Because I still speak to her [practitioner], too*

The ability of the practitioners to quietly 'fit in' with the family and be a reassuring, supportive presence was mentioned by many families and much appreciated:

He [practitioner] is such a very placid guy and you know he keeps telling me 'don't worry dear you will be fine, teenagers are all like this' (Parent)

In some cases the practitioner's place in the family and the closeness felt was seen as similar to that of a family member, enabling the family to relax and open up:

Me and [son] felt more closer, he [practitioner] is what like an older brother basically that we can talk to (Parent)

[B]ut it is just nice to have her there, she is like my husband when we are out sometimes you know, in a way - but she has got my back, [practitioner], so... (Parent)

The above quote nicely sums up the feelings of being supported and watched out for in a way that a friend or family member may do. Yet, families were still aware of a clear distinction between family and practitioner and saw the advantages of a more professional helping relationship compared to the often more emotionally fraught relationships with family or friends:

But with [practitioner], that is her job, so she's really, you know she is very genuinely there to help me whereas family and friends you don't like to push right in too much, so it's really good (Parent)

One parent, who had asked for help when she felt she was not coping, spoke highly of her social worker:

I got assistance from Social Services because I didn't feel that I could deal with it on my own. I am not one of them people who are too scared to ask for help so, I have got a fantastic Social Worker (Parent)

However, she saw the FF practitioner as different to the social worker; less of a worker and more as a friend:

He [FF practitioner] is fantastic, really really such a, he is, he comes as part of the family when he comes here, he is not like a worker, he is like a friend, you know, which was great because when you get me as a parent you know, when you get outside people coming in to work with your family it can be quite difficult to build that relationship but with [FF practitioner] we didn't have a problem with that, you know, we didn't have a problem (Parent)

The availability of someone who was prepared to listen in an unhurried fashion was likened to having a friend which was especially valued for those without many friends:

It was like having a friend actually, because I don't have lots of friends but that's just because of the way I was brought up...it was all good, it was a beautiful service for people to have (Parent)

The importance of building relationships over time was recognised by other professionals within the network who saw FF practitioners' ability to gain the trust especially of a young person. In one case the FF practitioner had been working with the family for almost two years and his relationship with the young person was such that he could step in when another professional in the network took leave:

When [young person's] therapist was going on leave for three weeks recently he requested that he had one to one sessions with [FF practitioner] instead during that time and he felt that would hold him while the therapist was away (Professional in network)

3.2: FAMILY ACTIVITIES

The families who had been offered and had participated in activities were extremely positive about their experiences. The activities ranged from trips to the park or organising evening

board games in the home to a full week away on a campsite in another part of the country. In one case the young person did not want to engage in organised activities so vouchers were provided to enable the mother and daughter to spend time together redecorating the daughter's bedroom. Just one family said that they had never been offered any activities but would have liked to have been offered some.

The many difficulties that families talked to us about, explored above in Chapter 2, often had a common thread of lack of confidence and low self-esteem experienced by the young people and overwhelming demands of everyday life and parenting. Time spent together doing activities was seen by families as a useful way to talk together, work together and consequently feel closer as a family. FF practitioners also felt that doing activities together could potentially challenge unhealthy family dynamics and hierarchies. One family enjoyed regular evenings of board games, organised by the FF practitioner, where they all got involved:

The evening bonding time that is really nice because always it is so difficult to do one on ones with the kids and then it is difficult to sit and play because I am running round the house like a crazy lady most of the time, trying to either tidy up or cook or feed the children...so it is nice to just sit and play kind of thing, yes so that is good... sometimes I am so grateful because I sit here and I start playing and then all of a sudden I am nodding off! (Parent)

Another family talked about trips to the park:

We went to the park a couple of times on two occasions, I think we just sat at the café outside and just talking and stuff and then [FF practitioner] arranged for us to go to the park together and she saw us playing in the park having fun and stuff (Parent)

The family had enjoyed getting out of their flat and was now regularly going to the park to spend time together without the practitioner. For some the trip to the park meant an opportunity for different family members to talk with the practitioner:

A lot of the time I like to go to the park when [practitioner] comes, if we are going to do a session and we do it in the park the kids can play and [practitioner] can interact with the kids and me and her get to sit and talk as well about things (Parent)

A problem for many of the families was the cost of going out as a family, particularly if they wanted to see a film or enjoy an activity. Therefore, the opportunity to try new activities for free and to spend time together as a family was valued and enjoyed:

Yes we do a lot of the, like the rock climbing it's all family, it's all family interaction and we went on a camping, a week's camping and that was all the family and we did orienteering and what do they call it, I forget what it's called 'coasteering'. The boys did coasteering, we had all different activities and all as a family. We all had a real good feel, it was lovely, it was a lovely good time and it worked out that it was mainly boys away so they went off and did what they did (Parent)

Although the actual activities were sometimes enjoyed more by the young people than the parents, the sense of togetherness was enjoyed by all and gave families something to look forward to:

I do feel err...you do cope, you know, you just get on with it but I do feel there is things to look forward to. Although I am not keen on climbing up those walls... (Parent)

There were also less strenuous activities on offer which families had enjoyed such as bike workshops, a comedy workshop and photography and film projects. One of those projects involved filming an activity weekend which also included interviewing other families about their experiences and demonstrates how much families appreciated the opportunity to engage with activities with is congruent with our findings from the interviews. The film can be viewed using the link https://www.youtube.com/watch?v=akY_LX_RgOM

Some families said that they would like to be offered more or different activities, for example one young person said that he would have liked to do free running or parkour and a child in a family with several younger children said:

I remember one time my dad took us all bowling and I would like it if they could arrange more family trips to places (Parent)

Another family was not aware that there were activities available and felt that they would have liked to be offered some:

Well I didn't know, like you said about all these activities and this that and the other that would have been quite more useful [for them to say], 'well this is what we can offer you, do you want it?' (Parent)

During activities, practitioners found time to talk to and support individual family members and activity based contact was seen as being a particularly good way to engage men and boys by

offering the opportunity to chat whilst taking part. Families appreciated the way that the workers made time to chat to the young people especially when there had been a crisis:

So then you know you chat at the base [during rock climbing] and the times I just couldn't cope I would text him, you know...and then he will text back and say 'okay I will have a talk with him' and then before another session starts or in-between he will have a talk with him and it felt quite good for me (Parent)

Practitioners also spent time with individual members of families and would often take young people out:

Sometimes they just go for a drink and have a chat, sometimes they go and play basketball. They have been bowling, they have been for a pizza, you know like they go out for lunch (Parent)

Overall, families found that workers involved the whole family and would do one to one sessions with different family members according to need as well as ensure that there were whole family meetings or outings.

Engaging young men through activities

A 14 year old boy in a two parent family suffers from anxiety and angry outbursts. His school attendance was very low and he is currently in a pupil referral unit. The activities and outreach coordinator initially became involved to do some individual work with the young person around self-esteem but whole family therapy was also offered jointly with the family therapist.

The young person was very quiet and reluctant to talk but the male practitioner was able to talk to him about rugby and other activities that he enjoyed and he expressed a desire to try rock climbing. The whole family has become involved and are taking part in a weekend in the peak district. Although quiet and not keen on more talking-based sessions, the young person is enjoying group sessions organised by the practitioner and has had some joint sessions with a friend who is also a school refuser in an attempt to promote peer support.

The sessions have enabled the young person to reflect on his own difficulties. The whole family is also able to re-write their family narrative and have been reminded, through the participation in activities, of the way they used to do things together when they were a younger family. Activities have included kayaking and rock climbing but they have also attended relationship groups.

Gauging the level of activities could be difficult as the older young people sometimes found the activities were not challenging enough:

We encourage him to come to the activities but part of the issue with the courses is that they are below his level really (Practitioner in workshop)

A parent also suggested that the activities should be focused on specific age groups rather than mixing young children with the older children:

But then they mix too younger kids, they are too young with our older kids so it is not always, I feel it doesn't really work (Parent)

3.3: ACTIVITIES AS A SOCIAL CAPITAL RESOURCE

It was clear that all families felt that they were fully supported by the team even if they could not see major improvements. However, there were clearly positive changes for families particularly as a result of the activities with other families. One such change came through families' experiences of supporting other parents and young people in similar difficulties which in turn had the potential to increase the social capital of families. Parents would often talk about the embarrassment and stigma of having children who had difficulties:

It is not a nice thing, you know, I think each mum wants their child to be well behaved and if things are going wrong and there is already a lot of things wrong, things going wrong and like there was one family I kind of took him to, I talked a bit but then they don't understand and every time I meet them I have to kind of explain... I thought we were friends, at a certain stage then they was saying you know to their son, 'don't play with [my son] anymore' (Parent)

Added to that, there was the perceived stigma of being involved with social services:

Oh yes there is always a stigma attached to that side of things yes, there is always stigma attached to, I have always, it is always in the back of my mind as well, like before they would say 'they are going to take your children away from you' and stuff like that (Parent)

I felt the stigma you know the usual what parents experience and having you know the stigma attached to it of having to have someone in (Parent)

I felt quite isolated, I couldn't really, there was this kind of shame (Parent)

The opportunity to meet other parents during the activity sessions (both weekly and residential) was encouraging for parents as they did not feel so alone and were able to share their experiences with others who were going through similar difficult times *'to know that you are not the only one going through troubled times as it were'* (Parent)

One mother felt particularly isolated with her problems but had made some useful contacts which she had followed up outside the sessions:

We met up with other families who have you know issues with kids as well and the good thing is I could kind of share notes with the mums (Parent)

She even felt that if the worker was no longer there she would remain friends with the families and retain their support, indicating the accumulation of social capital for this previously isolated mother. Many of the parents had small networks with few friends and often no extended family support locally and combined with the stigma of their children misbehaving they had often felt very alone. The ability to increase their social networks, even if just symbolically (i.e. creating a sense of belonging), could induce increased feelings of wellbeing and reduce the feelings of loneliness and isolation. The regular presence of a FF practitioner in their network could itself reduce feelings of isolation:

It was nice when [practitioner] came because I had another lady to talk to (Parent)

Young people were also able to make new connections and friendships and were able to create their own feeling of belonging:

Yes I think because he feels like he is the same and yet at school he doesn't want to be different (Parent)

The mother went on to say that at school her son is trying to fit in but he is struggling to do so as he is dealing with some behavioural and anxiety issues. But within the activity group he feels that he is not alone and there are other boys who have similar problems that they are trying to overcome. According to other parents, this was a typical experience of many of the boys:

They can see that the friends that they have made have got issues as well you know with the parents [...] it was quite nice that they could see that (Parent)

These connections extend beyond the activities but can still be tentative. One young person explained that he regularly saw others from a course he attended with his family although he did not always speak to them:

I saw someone on the bus the other day from the course but you know when you don't want to say hello because you are on your own and they are like with other people? And I was about to get off the bus so I thought I would have to stay on the bus to finish the conversation (Young person)

The sense of exclusion that they may feel at school and within their local community is contrasted with the feelings of inclusion, both as an individual and as a family, when participating in the activities. Encouraging the connections between families, parents and young people, is a useful way to increase social capital which the families may be able to draw on once the services from FF have ended.

3.4: IMPACT OF THE WORK ON PRACTITIONERS

Working with families who were often in crisis required a reliable support system for the team. Practitioners said that they felt well supported by peers and managers. There is much daily interaction between the members of the team within the office space. They currently sit together in a fairly private area and are able to talk freely. Managers said that people noticed when others seemed quiet or worried. Some cases could be distressing and involvement could last for a long time which meant that a strong supportive environment was essential:

I don't think without talking to colleagues in this case, and also getting a male perspective, that I would have managed (Practitioner in workshop)

Most of the practitioners had worked with cases which had been emotionally draining:

It was quite intense to hold it [the case] because you would come in...as soon as I saw the number come up on my phone you knew it was something, it was some sort of kick off, it was quite emotionally draining for me (Practitioner in workshop)

Even during the workshop some of the practitioners had to take phone calls from families who had a crisis situation. After the workshop one practitioner had the prospect of a whole evening sorting out a young person who had been thrown out of her home. There was genuine expression of worry about some of the young people:

I think because of her needs and she is quite close...she is almost like my daughter...I hope she is OK, she is in the back of my head...I hope she can sustain it without me, yeah
(Practitioner in workshop)

Weekly team meetings to discuss cases, monthly supervision and clinical support sessions with a visiting family therapist every six weeks were all seen as important. Additionally, a family therapist was available to all teams in Family and Children's services who offered time on a flexible basis. Other support available within the borough included counselling for individuals and occupational therapy. The practitioners and managers all appreciated the offers and encouragement of further training and personal development.

There were protocols and safeguards in place to increase the safety of workers who visited families in their homes. These included the availability of individual diaries to the rest of the team and texting at the end of the day. As workers would often see families in the evening, they were required to send a final text to a manager once they had finished. The manager in turn had to respond to the text to acknowledge that it had been received.

The ability to work jointly with another practitioner from the team was also valued, especially when intensive work was being undertaken with two individuals within a family or if there were safety issues. Referral forms always included a section on any safety issues with the family and in cases where such issues were noted the practitioners would visit in pairs or see the family at their offices.

3.5: CHAPTER SUMMARY

- Families Forward is often the last chance to work with a family to prevent the breakdown of relationships which may then lead to a child or young person becoming looked after. The service has a focus on building relationships with families and recognises that relational work is time consuming.
- Families viewed the FF practitioners as helpful, kind and available. Some families felt a closeness resembling friendship or familial closeness whilst still recognising the distinction between family and practitioner and the advantages of a more professional helping relationship.
- Families valued the activities on offer and saw them as an opportunity to talk together, work together and consequently feel close as a family. FF practitioners felt that doing activities together could potentially challenge unhealthy family dynamics and hierarchies.
- Participating in group activities with other families had the potential to increase social capital as families sometimes kept in contact outside of organised activities. Parents felt they were less isolated and lonely once they knew that other families had similar problems and young people were also able to make connections and create their own feeling of belonging.
- Working with families who were often in crisis was demanding for the practitioners but they all felt well supported. Support included peer support, weekly team meetings, regular supervision and clinical support sessions every six weeks with a visiting family therapist.
- Protocols and safeguards were in place for the practitioners who often visited families alone and outside regular working hours.

CHAPTER 4: TEAM WORKING AND JOINT WORKING

The work of Families Forward practitioners is mostly team work both with other members in the team and other professionals who are engaged with the families. Due to their intensive input and lengthy engagement with families they were often in a good position to feedback information to other professionals within the family network.

4.1: JOINT WORKING WITH OTHER FAMILIES FORWARD PRACTITIONERS

During the workshop, practitioners talked about the usefulness of working with another person within the team and times when perhaps they should have done so but had not. For example, if a family was hard to engage and a trusting relationship was eventually built, then it was difficult to introduce another worker even if it was felt that the support from a colleague was needed:

But thinking of this case it was very hard to think of a time once this relationship and trust had been built up, to introduce another worker. I could be seen as weak in bringing in a male worker (Practitioner in workshop)

There were other practitioners who had been able to draw in another worker half way through their engagement with a family when the power dynamics were not as tricky and had found benefits from doing so although it was also possible for the practitioners to be drawn into the family dynamics:

Then we [practitioners] would be having arguments about it – we got drawn into the dynamics of the whole madness of the situation (Practitioner in workshop)

The times when they felt that joint working could be useful were when there were cultural sensitivities to consider and when it was not possible to work with the whole family or both parents together:

We had to consider the gender of the professionals so the social worker was a male and could not be alone with mum. He had individual sessions with dad and I [female practitioner] had them with mum and then we had joint sessions (Practitioner in workshop)

The case study below demonstrates the ability to work jointly and sensitively with more marginalised communities:

Reaching and working with marginalised communities

A large traveller family who had not engaged with any services. There was concern for all of the children and removal was considered. Unusually, FF was involved in the joint assessment with the hope that a relationship could be established and they could continue to work with the family. There were also issues of domestic violence, neglect, poor hygiene, physical abuse and low school attendance.

The FF practitioner worked jointly with the social worker, partly due to safety concerns but also due to gender norms within the traveller community. The male social worker worked with the father and the female FF practitioner worked with the mother and they also had joint sessions. The father quickly became disengaged but the mother has remained engaged. There was a large team around the family including health visitor, school, dentist, doctor, hospital, gypsy and traveller development officer and traveller teacher.

Parents were anxious about the children attending activities outside their community so games were taken to the family instead. There is on-going work with school attendance. The family feels shame and stigma within the community as they are accepting help from outsiders. To reduce the number of obvious visits to the site where the family lives, meetings are often arranged in the FF offices.

The case will remain open as this is the first service the family has engaged with and the joint work with the social worker is successful.

When both parents were unable to work together and another worker was not introduced, it was necessary to work with first one parent for a period of time and then the other. Although the involvement was prolonged that way, it allowed a single worker to work with each parent in a way that suited that particular parent. One practitioner said that he had to work transparently with the father who was very controlling and had to see all his notes made during sessions whereas the mother needed a more nurturing approach.

Practitioners would draw on the particular skills of other members of the team according to the needs of a family:

I got [other FF practitioner] to do some therapeutic family work and she [young person] engaged with him fine, we had family sessions, we had joint sessions and individual sessions where I could mainly focus on working with the young person and [other practitioner] would mainly focus on working with mum (Practitioner in workshop)

4.2: WORKING WITH OTHER AGENCIES AND PROFESSIONALS

Relationships with other agencies could be successful or not depending on the individuals involved. It was therefore not the agency *per se* that would make a working relationship difficult but the two people attempting to work together. That was an issue encountered

particularly within schools. Practitioners said that it was hard to say if they had a good relationship with a school:

It varies with the case and the same school may be good with one year group and bad with another – it depends who you get (Practitioner in workshop)

There was optimism that relationships and collaboration would improve as the team was forging partnerships with some schools through exchanges of facilities and activities.

Working jointly with the professional network was seen as essential to improve the outcomes for families. Everyone needed to work together, using the same strategies and methods and that became clear when talking to different professionals within a network where a new method of Non Violent Resistance had been introduced:

The therapists are using a new strategy called Non Violent Resistance which we have all been reading up about (Professional in network)

In order for the strategy to work, all professionals had to know what the method involved so that both the parents and the young person could be supported in using the strategy. Where some interventions had been unsuccessful, there had been talks and meetings within the network to see if alternative ways could be found to achieve a similar outcome. For example, in one case the therapist had been trying for a year to bring the whole family together for sessions but the young person had been resisting. As an alternative, the network decided that the social worker would have fortnightly whole family sessions in the home:

We have actually been able to have some discussions, he still doesn't talk during the sessions but some discussions around their relationship even if he is just listening while we have that discussion and at least he is there (Professional in network)

A professional involved in a case found that the young person had become reluctant to engage with him and found it helpful to do work jointly with the FF practitioner:

*He has a lot of negative feeling towards me at the moment so the plan is that [FF practitioner] will try and join some sessions with me as [young person] sees me as siding with his mum at the moment whereas he sees [FF practitioner] as **his** worker so we think that will be helpful in trying to move the work forward (Professional in network)*

Another professional talked about the value of having the FF practitioner present when he had to deliver some bad news about schooling to a young person. He also stressed the usefulness of the activities that the young person was attending the same evening which meant that he would have an opportunity to discuss the bad news and his feelings with the FF practitioner:

Yesterday we gave [young person] the news that he is not going back to mainstream school and he reacted, so I guess myself and [FF practitioner] tried to meet with him to kind of deliver this news with his mum's support and then as soon as he kind of heard the decision he kind of stormed off but it was quite containing for mum to know that today there is family rock climbing...so he can get some space to talk to [FF practitioner] about his feelings and then can be supported to kind of process that in some way and then join the rest of his family and find a way of being around his family (Professional in network)

The involvement of Families Forward was expressed as being key to the functioning of the network and the activities a way of sustaining engagement with families:

There is something about it if families are finding talking therapies too difficult but still need a space to work through their relationships, they can do it through the activities which is a really clever way of getting them involved in a very supportive way that families are interested in and unique opportunities to get new skills and certificates and feel that they are achieving something. It has been crucial with families where there are concerns but not yet at the level of removing them and they are doing really, really productive work and often we have been stuck on a case and FF have actually helped and moved things forward to a place where the case can eventually close (Professional in network)

Working with FF practitioners could sometimes lead to families becoming more willing to engage with other services:

I was able to have provided them with a positive experience of trusting in professionals which led them onto engaging with psychotherapy (Practitioner in workshop)

Professionals knew that there was a right time to introduce families to the FF service and gave examples of families who they would like to refer but who were not ready or willing to engage. A year later that sometimes changed and the same families were engaging well:

It is about social workers knowing when it is the right time to refer families (Professional in network)

It is also about social workers knowing the remit of Families Forward service well enough to explain to families what it is and therefore judge which families would benefit. FF practitioners would come to team meetings and explain what they offer and professionals felt that the information provided in their leaflets was a true presentation of what they are able to provide. The chance to discuss cases informally with a manager from FF before filling in a referral form was also seen as really useful.

The reasons given for the good working relationship with the practitioners from FF included co-location and a shared recording system. But there was also the ethos of the FF service which was seen as non-judgemental and when referring to the service, professionals did not feel that their own judgements were brought into question:

There is no pressure in a way of 'what are you guys doing? Why haven't you tried this? How is this level of risk at home ok?' It is not a risk averse service so we don't feel intimidated when we refer. Sometimes we refer a complex family to another service and we are of the view that the children shouldn't be removed but there are still concerns and we get back a list of reasons why they can't work with the family and effect any change - it is absolutely different from FF, it is 'what can we do to support you to work with this family?' (Professional in network)

4.3: OTHER PROFESSIONALS' VIEW OF FAMILIES FORWARD

We interviewed six professionals who were engaged with two of the ten families interviewed. As well as being involved with those particular families, most of the professionals had other cases where Families Forward was also involved. The FF practitioners were described by other professionals as 'mediator', 'witness', 'go-between', 'advocate' or 'voice of the parent'. One professional talked about the FF practitioner as helping a mother manage *'the nuts and bolts of coming to school'* which had involved firstly enabling the children to come to school and secondly, mediating between school and the mother to enable them to stay in school.

The professionals we interviewed told us what they felt was needed in order to ensure a good working relationship and that was communication, trust in others' judgments, openness and mutual respect. Communication was never seen as problematic by the professionals we spoke to. Regular network meetings, at least every three months but often more frequently, was seen as essential and helpful for everyone. Some agencies were able to record on a shared IT system and some were able to read the notes recorded by the FF practitioner but unable to add to them. Where a shared system was not available all professionals found that regular emails or

phone calls, depending on the urgency, were used to keep in touch and update the entire network:

We always know what the other is doing...she [FF practitioner] is keeping me informed of her own work and own concerns (Professional in network)

Actively working with a FF practitioner was also seen as helpful when there were complex issues or when families tried to play professionals off against each other as one professional explained when talking about the fortnightly joint visits that she did with a FF practitioner:

Another pair of eyes and you can bounce things off and question things with another worker – I find it very useful and helpful (Professional in network)

Working together when there were many children in a family which was said by a professional in the network to be *'more than difficult to engage'* allowed him to work with one child at a time in the home while the FF practitioner kept the other children busy.

Professionals said that families were very happy to be involved with Families Forward and often spoke highly of practitioners from the team. A professional in one network explained how she felt the mother viewed the FF practitioner:

The FF worker is someone who is supportive for her [mother], someone she can just talk to and bat ideas off (Professional in network)

Chapter 3 introduced the way the FF service works with families and the time that they have to spend with families compared to some other professionals. This was also acknowledged by the professional network and they found it particularly useful that FF practitioners were able to do some of the more time consuming work with families such as taking family members to appointments and provide practical help with parenting:

She [FF practitioner] did some intense work around routines, boundaries and strategies which was very useful early in the morning and evening when the family found it difficult to manage. She was available and able to go in and do that (Professional in network)

The team was seen as always offering a flexible service which they adapted to suit individuals and families.

A potential difficulty expressed by one professional, although it had not been experienced directly, was the duplication of work and the lack of clarification of job roles. It was therefore important to know the exact purpose of the intervention so that overlap of work by different agencies could be avoided:

It is knowing their role so that you don't overstep someone else's job – some people are protective of their role (Professional in network)

The purpose of an intervention could change during the engagement with FF, especially if there was a child in need plan. For example, initial work might involve parenting support but once that is in place work may be directed more towards a parent's self-esteem issues. Regular contact and communication was a way to avoid any misunderstandings.

Another difficulty raised was the way that different services work. Families Forward was seen as 'laid back' by some professionals in that their work schedules were perhaps less rigid than those professionals in other agencies experienced where they were working with short appointments and little room for flexibility:

We have different ideas about organisation – Families Forward is more laid back whereas I am a little more rigid (Professional in network)

However, it was also acknowledged by the same professional that flexibility versus a more rigid structure was often what made the involvement of Families Forward a success. Having a bit of both was seen as the best solution and was more likely to suit everyone when working with whole families. Flexibility was also seen as crucial at crisis points when FF practitioners would make themselves available and of course they worked flexibly to provide evening and weekend activities for families.

The value of the activities was brought home to one professional who was used to seeing a young person in a situation where he was mostly depressed and withdrawn but then did some joint work with a FF practitioner and saw another side of the young person as he was quite jolly and taking on a different role whilst participating in a climbing event. The professional felt that the young person was happier as the climbing session was not all about his problems whereas her sessions were generally focussed on talking about his problems. This ability of the service to engage more externalising young males and often fathers was valued within the network as an alternative or addition to more conventional therapy sessions.

4.4: POSSIBLE CHANGES, RECOMMENDATIONS AND IDEAS

The families' satisfaction with the Families Forward service was extremely high and therefore it was difficult to explore with them any possible downsides of the service or changes that could be made. A couple of parents and young people would have liked to be offered activities or different kind of activities. There was also a suggestion of making the activities more age appropriate and not mixing the young people with the younger children. However, the mixing of ages within activities would appear to be necessary in order to make the activities available to whole families. Parents wondered if there might be a way of making activities available to young people who were no longer in need of the service but still needed to be kept busy, particularly over the summer holidays and at weekends. The issue of cost of activities was raised but also the worry of young people reverting to 'old' habits after a successful intervention:

There is not a lot to do unless I take them out and everything costs money and now they are getting older they don't want to go out with you and I don't want them out on the street just hanging around on the street (Parent)

Parents would therefore like to have a list of potential activities, which were approved in some way by Families Forward.

There were suggestions of making the service available at an earlier stage, i.e. a more preventative rather than reactive service which steps in once things have deteriorated to a critical point:

Yeah I would probably say if there is anything I think should be changed, this should be offered before it gets so bad with families that, because sometimes obviously you get families that can't come back from that, that it has just got so bad (Parent)

It did get quite bad before we were sort of helped...but they [children] have been involved with other services and it was only through me talking to other people and other people listening to me and they have moved it on through there (Parent)

In terms of the Troubled Families agenda, that would more likely be a role for a lower level service such as the Family Coaching Service. Most families understood that there could not be resources for the service to be universally available but they were not really able to specify the families who should be eligible for the service other than families who were in need of support:

I think if everyone had access to it then there wouldn't be enough to go round... I think it should be families that do need it (Parent)

4.5: CHAPTER SUMMARY

- The work of Families Forward practitioners is mostly team work both with other members in the team and other professionals who are engaged with the families. Due to their intensive input and lengthy engagement with families they were often in a good position to feedback information to other professionals within the family network.
- The involvement of Families Forward was expressed as being key to the functioning of the network and the activities a way of sustaining engagement with families.
- A good knowledge of the service was important for social workers so that they were able to explain it to families and also judge which families would benefit. Professionals valued the opportunity to hear about Families Forward when they came to their team meetings to talk about the service. The ability to discuss cases informally with the FF manager was especially valued.
- Other professionals valued working with practitioners from FF. The reasons given for the good working relationship with the practitioners from FF included co-location and a shared recording system. But there was also the ethos of the FF service which was seen as non-judgemental and when referring to the service, professionals did not feel that their own judgements were brought into question.
- Working jointly with other professionals was seen as essential to improve the outcomes for families. This required good communication, trust, openness and mutual respect.
- Possible changes expressed by parents included making the activities more age appropriate, the possibility of having vetted activities to follow on once the service ended and receiving the service earlier.

CHAPTER 5: EXPLORING OUTCOMES

The review did not seek to measure outcomes but we explored with families and practitioners their views of changes that could happen after involvement with this intensive service. Sometimes there was an acceptance that some changes were very hard to make.

5.1: WHAT ARE THE PERCEIVED BENEFITS FOR FAMILIES?

For some families there had been such an improvement that they felt the bad times were almost coming to an end. Parents and practitioners felt that the young people eventually grew out of the problems but along the way they were supported to better deal with their issues and parents were equipped with improved strategies to carry out the parenting role. One parent felt that it had been a combination of maturity and the new strategies that she had learned from engaging with Families Forward:

I think it might be a combination of maturity on my daughter's behalf and, but yeah definitely you know some of the ideas put forward by [practitioner] I would certainly try to implement them (Parent)

Other parents also thought that the children eventually matured and their behaviour improved:

They are not squabbling as much between each other, they are getting on a lot more, I don't know if it is the age or whether it is because they have been made to do things, I don't know but they are not, it is not as bad, there was a time they were just forever killing each other and it was really depressing (Parent)

Benefits extended to other siblings within the family. A professional in a family's network spoke of a case where one young person within the family did not have any problems and was described as an 'A star' student. Naturally, she was affected by the disharmony within the home and found the activity sessions helpful in spending different kind of time with her sibling:

In terms of a sibling's ability to kind of tolerate her brother's behaviour and see some of the positive sides of it, it is a chance for them to get some respite where it is not so negative - away from the home (Professional in network)

Parents felt that their children had gained in confidence and were learning to socialise better as a result of the family activities:

He is more confident and he goes off and does his own thing and he does, he really does enjoy it and they moan about going off to do the activities you know they are at that typical age they don't want to do anything but when they are out there they have great fun. He still has his odd days, you know when you can still see it but not, he comes out of it so much quicker (Parent)

The ability of the young person to manage his episodes of anger and anxiety was important for parental coping. Observing the change in her son made this parent better able to cope with and tolerate the behaviour when it occurred. Increased confidence was also expressed by parents as a consequence of their own engagement with Families Forward, for example:

Taking part in the film project helped me as I am quite a shy person and I don't really talk to people [...] It helped build up my confidence because I don't have a lot of confidence – I absolutely loved that I got the chance to do that (Parent)

The main focus of the work of Families Forward, as stated above, is to work to keep families together. Therefore, a good outcome was enabling families to overcome their differences and for young people to remain in the family home. That was at times difficult when parents felt that Local Authority care for their child would be the best solution:

Mum was still trying to get this foster place sorted but we said that wasn't the answer and we weren't going to promote that (Practitioner in workshop)

The feeling of being unable to parent and to keep her daughter safe due to some serious incidents was expressed by a parent who felt that her daughter could no longer stay in the home:

This time I really was at the end of my tether and I said to social services 'she can't come back here, I can't have her back here, you have to find a place for her [...] she is not safe here' (Father)

The family was supported in their decision by the FF practitioner and the young person was eventually admitted to a rehabilitation clinic for three months.

At times, young people themselves wanted to go into care:

The problem is that there is a children's home next door and she has befriended one of the girls in the home and she wants to go there...she sees that the other girl gets pocket

money, clothing money, comes and goes whenever she wishes, does whatever she wants, nobody challenges her (Practitioner in workshop)

This idealised picture of care was hard for the practitioner to change and at times, as in the above case when a period of residential rehabilitation was required, it could be the right decision. It was also difficult to work to keep families together when it was at times felt that extended family carers who stepped in as respite for parents in times of crisis were not appreciated or rewarded as the following case study demonstrates:

Avoiding care

A young person aged 14. Initial referral came from the young person's school. Parents have so far not been willing to work with social services. There are longstanding problems with drug and alcohol use by the parents as well as parental imprisonment during which time the young person was looked after by an elderly relative. After the parent's release from prison the young person returned home but has recently resumed living with the relative as there is a lot of family disharmony. However, the relative who is caring for the young person can no longer manage her abusive behaviour and the placement has broken down several times and has reached a crisis point.

The family practitioner has contact with the family every day and is working to try and increase communication between the young person, the parents and the relative. This includes a Multisystemic therapy worker engaging with some family members while the family practitioner engages with others in the hope that eventually they can bring everyone together.

The family practitioner feels that the placement has broken down because the elderly relative who is doing a remarkable job with the young person is not being recognised financially for the effort or supported at any other level. If the placement cannot continue then there is a large cost to the authorities as the young person will need to be placed with a foster carer as well as a cost to the young person as she is removed from the care of a very patient and caring relative:

So in some way I feel if there was a plan in place, if we could have and if she could have something, she [relative] is great, she is very, very good and resilient and she is amazing with this young girl (Practitioner)

The lack of financial support for family carers was detrimental as practitioners within the team often found that young people would go and stay with a family member or friend when things got too difficult at home and part of their work often involved streamlining that process:

When she came home her mum still threw her out but we managed to get her into family care when that happened (Practitioner in workshop)

The mum was throwing her daughter out, ring me up and want her in care and that is not part of our agenda to put children in care and then I talked to the aunt and she said that they had been having her for years whenever the relationship has broken down so I

just streamlined that so whenever it broke down she just went to the aunt (Practitioner in workshop)

A positive outcome expressed by parents was that they would not be worried about asking for help again:

I have learnt that there is no harm in asking for help because becoming a parent...you don't have a booklet for being a parent, you have courses to do different jobs but you can't go to college to be a parent, nobody gives you a handbook (Parent)

Some young people had learnt new skills such as climbing and kayaking as well as more unusual skills:

I learnt to use the flint and steel to light a fire (Young person)

Professionals within the family network also saw positive benefits for families, including the acquisition of new practical and emotional skills and recognised that activities were not just that but a focussed therapeutic intervention:

Really positive for the family to have some time where everyone comes together, it is actually one of the only times where the family is able to be together in the same room and doing it as an activity because the family can't come together, despite two years of CAMHS they haven't been able to come together for family therapy. The family won't spend a lot of spontaneous time together at home and yet they will all turn up for rock climbing every week and the kayaking and filming and they are all going away together on a residential trip so it's a way of actually the family spending time together when the focus isn't on therapy but it is still building family relationships because they are run by systemic practitioners then they are able to help the family negotiate those family relationships so the family may come into conflict during the activities and they are supported to work their way through that conflict by a professional not just an activities coordinator so it is a bit different to just arranging and paying for family activities (Professional in network)

...so there is always challenges and something to overcome every day but to have the techniques to deal with, it's a lot easier (Parent)

Some families had not yet experienced a good outcome and were still working on major issues but they felt supported and valued by the continued involvement of a FF practitioner, as one parent commented:

Fantastic! Their intention and involvement I do applaud (Parent)

A particularly good outcome for one mother was the successful return of her children from care after working intensively with a FF practitioner:

Well the big change has been for me that the kids came back because all that, if I didn't do that work and it wasn't up to scratch before the Judge what we had achieved they would never have come back (Parent)

The FF practitioner had worked intensively with the mother over a year to improve her parenting skills which led to the decision to return the children to her care. Families Forward are not usually involved with looked after children but may get involved in cases where there is a clear plan for the young person to be reunified back home within a short time scale (usually 3 months). Most of the reunification cases they work with are where young people are placed in care as an emergency, and the overall aim is to return these young people home, if safe to do so, as soon as possible. Such an emergency placement would trigger a referral to Families Forward if they were not already involved.

5.2: AFTER INVOLVEMENT WITH FAMILIES FORWARD

There were mixed feelings about the end of the Families Forward involvement. Some parents felt that they wanted it to finish so that they could '*Be back to normal!*' others agreed that it was good when it came to an end '*It feels OK, it feels good yes*'. Although the service was appreciated by all the families we interviewed, some families were ready to get on with their lives without professional involvement:

Yes, although it is nice to have advice and insights into your family life, I just find it quite intrusive sometimes in terms of intrusion. Yeah, I mean no one likes to be told about their family life (Parent)

Perhaps this suggests that families have been supported to enable them to manage on their own rather than becoming dependent on the service. Other families felt sad to see the service coming to an end because they had enjoyed their engagement with the team as a whole:

The whole team is really nice and we have met a lot of them and when you are having trouble you need things like that (Parent)

But they appreciated that a time had come when they did not need the support as much as others:

All good! – I miss her and I didn't want her to go but she has other families to do (Parent)

Interestingly, parents would sometimes pass on the knowledge they had gained after working with FF practitioners to their friends and network, another way of accruing social capital as the mother may have the favour returned at a later date:

In fact I have had friends who have got children who, after my appointment with [practitioner] and everything she had sat and done with me, they have come down and I would sit and do it with them after, you know, like pass it on and like the charts and things that she gave me that I didn't need any more I have given to my best friend and my friends are sort of sitting there going 'oh my God I didn't' you know like if you go to a child 'No! No!' they just don't understand that, you have to be on their level and you know 'when and then' instead of 'no you can't have it!' (Parent)

However, some families were anxious about the service finishing and this was especially so for families who had participated in many of the activities. They had gained so much from the activities and they felt that their children would miss the interaction with others as they were unable to afford the continuation of those interests and hobbies:

You know having the options that they organise going out together; I couldn't afford it (Parent)

Although they possibly felt more able to manage the role of parenting and the family had become a calmer and closer environment, they worried about this loss of something useful for their children to do. One parent suggested that Families Forward should produce a list of 'safe' and recommended youth groups and other places for young people to engage with activities. That was seen as potentially taking the pressure off the service but still giving parents peace of mind that their children were in good hands.

Where families were reluctant to end their engagement with Families Forward, practitioners said that it was often difficult to find a suitable service to step them down to. The Tri-borough Family Coaching Service was one option but after working with the FF team, the improvements

families had made meant they did not usually meet the criteria of school absence, out of work benefits and anti-social or criminal behaviour. The Early Help service was sometimes seen as too low a level of intervention and the large gap in level of services available may be a reason that cases remained open for long periods. Some families were thought to benefit from help from voluntary organisations such as Family Friends once they had been stepped down. Family Friends offers a parent and child befriending service in RBKC for a year and visits the family in their home for two hours every week. Families Forward does not have a particular strategy for a follow on service and often cases will be closed to Families Forward and social services at the same time with no requirement for further intervention.

A particular concern for the practitioners was the transition when a young person turned 18. At that point all Children's Service involvement and funding is in most cases immediately cut but in some instances Families Forward have managed to keep families supported for longer, especially if there has been real progress.

Gap in services at 18

A single parent family with concern for a young person aged 17. He is very isolated and inhabits a virtual world. He is nocturnal and spends the nights playing on his computer.

When the FF practitioner met him, he had not left the flat for 3 weeks due to medical issues. Other issues include anxiety and obesity. The FF practitioner engaged the young person by demonstrating an interest in the games he played on his computer. Eventually, after four sessions, he agreed to leave the flat and go for a walk locally. Soon after he agreed to visit his doctor and also told the practitioner that he would like to work on his fitness.

His engagement has continued and they now have sessions in the gym, go out for something to eat and talk about his plans for the future. The young person has opened up and the FF practitioner finds him very interesting and intelligent. However, he is almost 18 at which point the service should end. An extra month has been agreed but the practitioner would still like to work more intensively with the young man for longer as he is worried that it is too soon to stop and the progress may not be sustained if he leaves now, especially as he has never engaged with other services.

5.3: PLANNING FOR ENDINGS

Exit is planned several months ahead. Managers and practitioners suggested that it is obvious when a family is ready to go it alone and they need to exit. The family will want the service to finish and the practitioner will have seen an improvement. The decision to exit is made jointly with the practitioner, the family and other agencies working with the family. A parent who had finished with the service said:

Slowly they told me that it would be coming to an end (Parent)

Her son remembered what they did with the practitioner to mark the end of the service:

She's alright, we sometimes go out. We went for pizza and stuff and on the last day we went to the American Diner (Young person)

It is generally accepted that there will still be problems but the family will be better equipped to manage those. Currently the Family Star system is used to demonstrate the outcomes and achievements of the family. The star has eight points which refer to:

1. Promoting good health
2. Meeting emotional needs
3. Keeping your child safe
4. Social networks
5. Supporting learning
6. Setting boundaries
7. Keeping a family routine
8. Providing home and money

Each item is rated between 1 and 10 with 9 and 10 suggesting effective parenting. The Family Star is thought to provide a useful visual demonstration to families of their achievements. One mother felt that it was a valuable reminder of how far she had come but also of the things she needed to work on:

We did a chart of, it was, I can't remember what is it called [...] and that was quite good because it is almost like you know it but when you actually sit and think about it, you kind of think 'oh yeah I can do that' or 'maybe I might try a bit more in that way' (Parent)

Currently, families are not tracked once the service comes to an end although managers are thinking of ways to introduce tracking and are looking at approaches used by other local boroughs. Managers felt that perhaps families will not want to be reminded of a difficult time so would not value contact again after say three months. During interviews with families where the service had ended, that was at times a reason why the young person did not want to participate in the interview – they had put the episode behind them. However, practitioners sometimes got to hear how a family or young person was getting on:

Geographically this is a small area so once you have been here a little while you meet people as you walk around and at bus stops (Practitioner in workshop)

If the case remained open to a social worker then there was also a window to find out how the family was doing.

Planning for exit is particularly important for the young people who are nearly 18 years old. It is important for the practitioner to promote other services and encourage engagement with adult services. If the young person is unlikely to stay in the family home then practitioners will initiate the application for a hostel place in order to pre-empt a crisis with an acceptance that they have managed to support the young person at home as long as they possibly can.

5.4: CHAPTER SUMMARY

- There were many perceived benefits for families which included increased confidence of parents and children, the ability to socialise, the acquisition of new skills such as parenting and interest in new hobbies and family leisure time.
- The main focus of the work of Families Forward is to work to keep families together. Therefore, a good outcome was enabling families to overcome their differences and for young people to remain in the family home.
- Parents and practitioners felt that the young people eventually grew out of the problems but along the way they were supported to better deal with their issues and parents were equipped with improved strategies to carry out the parenting role.
- After involvement with the service families expressed that their positive experience with Families Forward meant that they would not be worried about asking for help in the future.
- In families where young people were frequently thrown out of their home or chose to leave to stay with extended family or friends, practitioners would streamline the process thereby increasing the safety of the young person.
- Exit is planned several months ahead. Managers and practitioners suggested that it is obvious when a family is ready to go it alone and they need to exit. The family will want the service to finish and the practitioner will have seen an improvement. The decision to exit is made jointly with the practitioner, the family and other agencies working with the family.
- Sometimes the service had to come to an end because the young person had turned 18. Practitioners felt that there was a gap in provision for those still vulnerable young people.
- Currently the families are not tracked after the service ends.

CHAPTER 6: CONCLUSION

There is no doubt from this review that the activity based service offered by FF to parents and young people is hugely appreciated and enjoyed by families. Some parents felt that others may view the activities as a reward for their children's bad behaviour:

It got to the point where School and the Education Welfare and the Social Services actually wanted to stop all their activities. They felt because why should they be rewarded because they don't go to school, they shouldn't have their activities you know and I actually said to them 'well in actual fact although it does look like they are rewarding it, it is more detrimental for [young person] not to do anything than something' and yeah while he was still socialising with other people and there is not many people he socialises with but he will go with that group (Parent)

That kind of judgement was never made by the FF practitioners who continued to work with the families when other agencies were struggling to ensure consistent engagement. Rather than a reward, the activities were seen as necessary to pull families together and thus increase the likelihood of keeping them together. Activities were also part of the relationship based focus of the team as during activities, practitioners were able to interact in a more relaxing manner with families, something which was particularly appreciated by younger people.

There was plenty of evidence of the Families Forward practitioners' ability to form trusting relationships with families as without exception, they were portrayed by families as kind, reliable and non-judgemental. The chance to mix with other families who were experiencing similar troubles further increased families' ability to view themselves positively. Families Forward practitioners themselves clearly had great faith in the ability of families to work hard on their issues and relentlessly supported them in doing so in whichever way suited the family, often bringing in other members of the team in order to draw on their expertise and particular skills. Their efforts were in turn supported by the rest of the professional network who valued the intensive work that the FF practitioners were able to do with families as this meant that other professionals also found families easier to engage, especially if they were able to work jointly with FF practitioners. In a way, it was possible for professionals in their own work with families to draw on the benefits of the good relationship that FF practitioners had built with families.

The availability of time for the practitioners to develop a good relationship and fully engage with whole families, combined with the vast range of expertise and experience of the team, appears to be a real asset of the service. We have not measured the outcomes for families but

the qualitative data has highlighted the many strengths families say they have developed both as a family and as individual members of a family. Some outcomes have been the acquisition of new skills, interests and strategies but other outcomes have been less practical and have included a reduction in parenting anxiety and increased self-esteem for children and parents.

There appears to be the potential for long lasting impact for families. This is despite the remit of the service as a last resort when many other services have been tried but have been unsuccessful which means that the service often comes quite late in the cycle of interventions for families who may have been known to Family and Children's services for many years. One long term impact is the opportunity to accrue social capital and feelings of being less isolated and perhaps that may be the start of building new and stronger social networks with other parents and families in the area. There is also the importance of discovering new talents and interests through the activities offered by Families Forward. Those interests may provide young people access to others with similar interests through sports clubs or other organisations which they can continue to participate in as they become adults. It may be that the skills that young people have learnt through activities such as photography, bicycle maintenance or sport will help them with college or work applications as they have developed the confidence to try new things and often find that they are proficient at those. Unfortunately we do not have a picture of the journeys of the young people after the completion of the intervention.

Currently, there do not appear to be activities available to families once the service from Families Forward has ended. There are, of course, activities available for young people in the community but parents are unsure of the quality of such activities and are perhaps wary of letting their still vulnerable children attend, unless they have been vetted in some way. Parents demonstrated great trust in the FF practitioners and therefore a list from Families Forward of 'approved' activities might potentially be a way of keeping young people engaged with new found interests and hobbies.

Overall, the purpose of the team and their vision translates into an excellent and highly valued service for families. This was expressed by professionals in the network and the families. However, it is not clear what happens to families once the service comes to an end and the case is closed to Family and Children's Services. Currently, the team relies on hearsay from other workers who may still have some involvement as to what might be happening in the family. It is a shame that such information is missing as it would provide a valuable opportunity to evaluate the long term impact of the service which, as mentioned above, could potentially be considerable.

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