

Research



An evaluation of the Flexible Response Team - Does the service provide an integrated approach to family support work?



Sharing our experience

Practitioner-led research 2008-2009

PLR0809/079



This report is part of CWDC's Practitioner-Led Research (PLR) programme. Now in its third year, the programme gives practitioners the opportunity to explore, describe and evaluate ways in which services are currently being delivered within the children's workforce.

Working alongside mentors from Making Research Count (MRC), practitioners design and conduct their own small-scale research and then produce a report which is centred around the delivery of Integrated Working.

The reports are used to improve ways of working, recognise success and provide examples of good practice.

This year, 41 teams of practitioners completed projects in a number of areas including:

- Adoption
- Bullying
- CAF
- Child trafficking
- Disability
- Early Years
- Education Support
- Parenting
- Participation
- Social care
- Social work
- Travellers
- Youth

The reports have provided valuable insights into the children and young people's workforce, and the issues and challenges practitioners and service users face when working in an integrated environment. This will help to further inform workforce development throughout England.

This practitioner-led research project builds on the views and experiences of the individual projects and should not be considered the opinions and policies of CWDC.

An evaluation of the Flexible Response Team. Does the service provide an integrated approach to family support work?

Abstract

This research is a small-scale service evaluation, exploring whether the service provides an integrated approach to family support. The research focused on eight professionals from various different professions and two families who are currently receiving support from a Flexible Response Worker. Flexible Response Worker is a role that has been developed so that they are able to offer more intensive practical support work and modelling. This provides the families with more than a theoretical plan to work from.

Quantitative and qualitative questionnaires were used with both professionals and parents of the children/young people the team supports. The interviews carried out with the families had to be done so in a very sensitive manner, ensuring that the family's dignity was maintained. The interviews with the families required the skills and relationship of the Flexible Response Worker.

The findings suggest the service needs more Flexible Response Workers; also that the service needs to advertise what it is able to do more effectively using the internet and literature which clearly presents the service. More money needs to be invested in the service, with a particular focus on the team. The service has provided a unique and integrated approach to supporting vulnerable families with disabled children/young people. Both professionals and parents have reported that the service has helped them in achieving the shared goals. The research also highlighted the complex skills the Flexible Response Worker needs, which has implications for recruitment and training.

Introduction

This study evaluates the Flexible Response service to see if it is providing an integrated approach to family support work. The evaluation also examines how professionals working with the service respond; their expectations; and the expectations of families who receive services.

Children and Family Care Services is a domiciliary social care provider that supports children aged 0 to 18 who have severe learning disabilities, autistic spectrum disorders, and complex medical needs. The Flexible Response Team is one of the specialist teams within the Children and Families Care Services. We provide support 24 hours a day seven days a week via specialist Workers who work across the whole of our county providing support. The service also supports mainstream social worker services with child protection and family support work. The Flexible Response Worker is a role that had been developed so that they are able to offer more intensive practical support work and modelling. This provides the families with more than a theoretical plan to work from.

Aims of the project

To evaluate the Flexible Response service to see if it is providing an integrated approach to family support work.

Context

The Flexible Response service was set up in direct response to *Every Child Matters* (DfES 2003) and *Every Child Matters: Next steps* (DfES 2004a). When services were evaluated, key areas of development were identified. Within the Disability Service there had not been a service which was able to provide intensive support to families and children with complex needs. The service was commissioned so that it would support families and children and also social workers in complex child protection cases. The Flexible Response Workers were commissioned to visit families three to four times a day and were then able to feedback to the social workers. The aim of the service was to improve multi-agency working and thus provide holistic support systems (Hymans 2008).

The key to effective front-line services is excellent communication between professionals, with a shared understanding of language and goals (Batchelor 2008). It is also important that families are able to trust and engage with the services offered to them (Bourassa et al. 2008). In order to support this process there has to be clear communication from all professionals and from the professionals working directly with the family. The most important person within that should be the child/young person, and they should receive good

communication from all parties (Katz and Hetherington 2006). Research has also demonstrated that there is a need for early intervention work aimed at preventing abuse and neglect (Hardy and Street 1989). There is, in addition to this, evidence that supports the view that intensive home support and holistic working can improve both parenting and relationships within the home environment (Elkan et al. 2000).

In order to ensure that each area is covered effectively it is vital that all points of view and research are taken into account when developing services, as services need to meet the needs of all the parties involved. As recently as 20 or so years ago, parents/clients/service users were not often considered to be a resource (Dale 2007). Service users were much less routinely consulted about how they thought services would work best to provide their best outcomes. However, this view has now moved and professionals now more regularly see the true benefits of consulting and working with clients in developing the right model to provide support (Dale 2007). The relationship is still not always balanced, however, with professionals still being the ones who are in the most powerful positions; as they still have to decide how things will work in terms of services and how the support package will work from the point of view of the family (Cunning and Davies 1985:13 cited in Dale 2007).

Professionals' views on services

When professionals are involved in providing families with social and emotional support, to be effective they will inevitably have to work across agencies and across various disciplines. Families who are vulnerable and in need of intensive support will have many professionals involved with them (Katz and Hetherington 2006), and when services are providing specialist provision to families who have disabled children, the professionals involved will have to consider a number of additional issues such as the complex handling of the children/young people who the worker must support, their medical and health needs and their communication needs.

The professionals who are commissioning services, such as social workers and managers, will need front-line services that are highly skilled and experienced in providing appropriate support for disabled children/young people and they will need to be able to provide the right level of professional support to the parents and siblings of the children/young people they are supporting. With children/young people with complex learning and physical disabilities, it is essential that the worker is able to communicate using the correct system such as PECS or sign along. and be able to provide feedback to the social work teams about the views of the child/young person.

The child/young person using our service will also usually not be able to disclose information verbally and therefore the worker must be very skilled at observing subtle differences in the child/young person. They must also be able to report back information regarding the child/young person's

environment. With any integrated service model, it is important to ensure that the needs of the child/young person are taken into account.

Katz and Hetherington (2006) examined integrated services models across Europe and found that those which were the most effective were the ones which were completely integrated and flexible within the service. It was found by Pieck (1993), Hetherington et al. (1997) and Groot (2001) that where systems and intervention were failing the family, it was in situations where there was no co-ordination of services, no development of a shared plan, and therefore no effective communication between the professionals themselves and the families that they were supposed to be supporting. The professionals have also stated that they have not been able to develop cultures of integration and multidisciplinary working as they have not been given adequate time and resources to do so (Katz and Hetherington 2006).

The other issue concerning current service provision is that there is no clear knowledge among professionals about what is available for the families to access and what the services can do. In these instances it is very difficult for a social worker who is the main link for the family to offer concrete options of real support. The relationship between the family and the social worker can also be very difficult when working with families where there are difficult child protection issues to address (Forrester et al. 2008).

The present research provided plenty of evidence to support the view that good approaches to integrated working are through communication and professional understanding. The professionals also require clear working plans and resources in order to support families to achieve their goals.

Families' views on what they want from services

Research has shown that parents of disabled children require specialist support services as they have specific needs (Singer, Ethridge and Aldana 2006), who also argue that any services that should be provided to the families should use the skills that the families have, and support them to strengthen them rather than making them over-reliant on services and thus potentially disabling them as a family.

With any kind of intensive support work, the worker will usually need to be able to go into the family's home and work with them. This is particularly difficult for most families as they do not often have strangers in their homes at very private moments of their life. For example, in the case of parents of disabled children/young people, workers will generally arrive very early in the morning to support them to get up for school and college. They will therefore be there while the rest of the family are also getting ready. This level of work requires someone who is able to deploy a wide range of skills (Knott and Latter 1999). Also, in cases where families need an extra-intensive support package and where there are significant risks to the child/young person, the

families usually want a worker whose behaviour and manner is such that makes the families feel comfortable and confident.

Kirkpatrick et al. (2007) found that all home visitors required certain skills and attributes so as to be able to go into a home and establish a good working relationship. Knott and Latter (1999). Hardy and Darlington (2006) found that the mothers did not want someone who was judgemental, and unkind interested in them and their families. Simms and Smith (1984) found that the mothers did not want someone who was 'bossy', 'nosey' or 'interfering'. What they wanted was someone who was 'friendly', 'approachable', 'who was going to offer long-term support'. The families want a worker to develop a close and trusting relationship with them.

Hardy and Darlington (2006) also found that families responded positively to workers who were clear and honest about why they were there, knew what the goals were and how they were going to assess and feed these back. Families require clarity and transparency from services so that they are able to make informed choices and have clear goals to work too.

It is vital that services have the right approach and balance that take into account the requirements of the professionals and those of the families. That the services are transparent and that they are key in safeguarding children/young people.

Methodology

Sample

We accessed a small sample group for the purpose of this research. Due to the nature of the work that we do, there are two main groups: the families, and the professionals who have commissioned the service and continue to work with the families. Children/young people and their families, of which there were five families, were contacted. Three families agreed to participate. Ten professionals were sent structured questionnaires to complete and return.

Data collection

The data were collected using a variety of methods, qualitative and quantitative. We support children and young people with profound learning disabilities so it was vital that the way in which the questions were asked was simple and jargon-free, and at the right level. This was to enable participation from those who received a service. The interviews for the parents were also designed so that they would not take up too much of their time. They were given the questions beforehand so that they were able to think about them.

Structured questionnaires

These were sent out to all professionals who have used the Flexible Response service. The questionnaires were anonymous, with a number attached so that the participants were able to withdraw if they wished to. All the questionnaires were sent out in the post with self addressed envelopes so that the participant was able to return it at no cost to themselves. The questions were a combination of multiple choice and open-ended questions.

Semi-structured interviews

Members of staff (conducting the delivery of the questionnaires) were working alongside the children/young people and families while they were interviewing the families. They were able to ask questions in the appropriate form of communication and capture this on video film. The questions were mainly semi- structured, with built-in flexibility so that wherever possible none of the views were missed.

The use of video was a very effective method for capturing views without being too intrusive, and this provided more natural and relaxed responses. One family did not wish to be filmed, preferring to record their views in writing.

Ethics

All the questionnaires were anonymous and all the participants were given prior information about the project and about how the information they provided would be used. Those completing questionnaires were also informed that they could opt out at any time, which is why each questionnaire has a number which they will keep, so if they wish it to be removed they only needed to provide the number.

To respect our clients, they were given the same level of information as the professionals. In addition to this, the Flexible Response Worker went through the information with each family to make absolutely sure that they wanted to participate and that they understood what it meant for them as a family.

The families were asked how they wished to participate, either by open-ended questions sent out in the post or whether they wished to be interviewed and then filmed, or be interviewed via a Dictaphone.

Before any interview took place the families completed consent forms. They were informed that they had the right to withdraw their consent at any stage during the research, or after, if they wished.

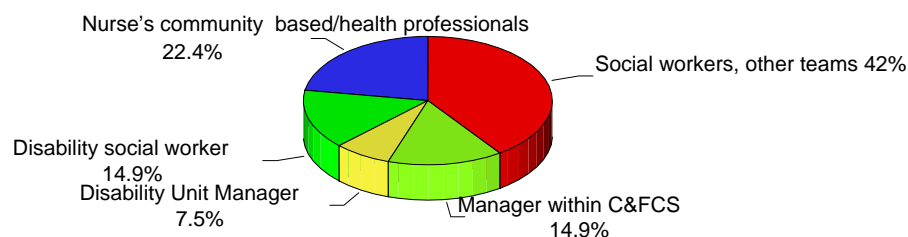
Findings

Out of ten questionnaires sent out, eight were completed and returned and two were not. This provided an 80 per cent response rate. Due to the size of the project and the limited amount of time, this was as large a sample size as could be reached.

Professional response to the Flexible Response service

Diagram 1 shows the type of professionals who commissioned the service, as well as those who were actively involved in working with the Flexible Response Worker. It suggests that there are a number of health professionals involved and social workers who are referring.

Diagram 1



From previous research (Forrester et al. 2008), it has been demonstrated that professionals feel that they need to know that services exist in order to be able to support their clients and other services better. With regard to the Flexible Response service, most of the professionals who knew of its existence were actually based within the Disability Service and therefore knew how to access the service.

As it is vital for all professionals needing experienced workers. Three-quarters of the professionals who responded to the questionnaire felt that the service needed to be more widely advertised.

It was really important to understand why the other professionals required the skills of the Flexible Response Worker. Table 1 shows the various requests that professionals made of the service and the types of work they expected the service to be able to undertake. Sixty-two per cent of the work which had been carried out has been for health, as the child/young person had complex health needs. fifty per cent was as part of a family support package for the family.

Table 1 Why did you need to use the Flexible Response service

| | |
|---|-------|
| To support with access visits and ensure that there was a professional present | 37.5% |
| To cover in emergency | 37.5% |
| To cover for short staffing | 37.5% |
| Due to parent being terminally ill and needed the skill of the Flexible Response Worker | 12.5% |
| To support with access visits and provide feedback about the interaction and the visit | 37.5% |
| Needed the Flexible Response Worker as part of the family support package | 50% |
| To help support parents in improving interaction with children through positive play and positive communication | 37.5% |
| The family needing specialist input due to the child/young person having complex health needs | 62.5% |
| To help model and support parents in parenting | 25% |
| Emergency support being needed in the home due to family crisis/emergency | 50% |

Only 50 per cent of the professionals involved had a multi-agency support meeting to discuss the family and agree what was expected before going in and providing the support. The main reason given for not having a meeting beforehand was because the support package was an emergency measure and the social worker had a discussion over the phone with the worker.

Table 2 What was the reason for not having a meeting before hand

| | |
|---|---|
| No reply | 4 |
| There was no time due to the support being an emergency | 2 |
| There was a child protection conference and the goals were identified beforehand | 1 |
| There was a telephone conversation with the worker before the support started | 1 |
| There was meeting between the FR worker and the family before the support started | 1 |

It was also important to examine whether there were clear joint goals and aims set up for the Flexible Response Worker to work too and also to give the service a clear idea of for how long the service would be required and the length of time to provide effective intervention. In 62 per cent of cases the Flexible Response Worker was involved in there were clear goals and timescales agreed.

The professionals who responded by saying that they had agreed goals were also asked what these goals were. Below are the responses.

‘Ensure that the children were appropriately dressed and fed in the morning.’

‘Monitor standards within the home of cleanliness, amount of food that was bought and the nutritional value of the food.’

- 'To monitor standards of child care.'
- 'To model and educate in good parenting and cognitive stimulation.'
- 'To feed back to social worker.'
- 'To ensure positive contact sessions.'
- 'To provide consistent approaches to parenting and behaviour management.'
- 'To demonstrate and set clear boundaries.'

The professionals were asked if the goals that were agreed were met or not? The accompanying diagram shows their answers. Where some goals were met and some were not, this was mainly due to the engagement level of the family involved. Sometimes the priorities changed during the time the Flexible Response Worker was involved, so the goals were more flexible and moveable, which was led very much by what the families' needs were at that time. Thirty-seven per cent of respondents stated that the Flexible Response Worker was also involved in going to court with them and providing evidence as a witness.

Professionals were also asked if the Flexible Response Worker provided them with feedback on the work that they had carried out. Sixty-two per cent reported that that they had provided feedback; 12.5 per cent said they had not received any feedback; and 25 per cent considered they had received feedback but that this was not in the form of a report, but was verbal and they liked it this way. However, they still would have liked to have something in writing as well during the time the work was being carried out as this would have made it easier for them to make evaluations and see how the family was progressing and if the support was the right support.

All of the professionals felt that the service communicated effectively with them when they were not able to provide their clients with the support that had been requested, and that they were also provided with appropriate feedback as to why it was not provided. However, 12.5 per cent stated that they did not receive feedback from the Flexible Response Worker. As many as 62.5 per cent stated they did receive feedback and 25 per cent stated 'Other', but without specifying.

The participants were also asked how they would rate the support they received from the Flexible Response Worker, 62.4 per cent feeling that the support they had received was excellent.

They were also asked whether the service to the family actually supported the family and the child /young person in the family home. Three-quarters (75 per cent) of the participants stated that the service helped to maintain the child/young person in the family home; 31.7 per cent stating that the service supported moving the child/young person into a more suitable. Three-quarters of professionals felt that there was an insufficient number of Flexible Response Workers in the team. This is important information, as insufficient numbers limit access to the service and also limit the amount of people the service can support. A quarter (25 per cent) stated 'Other', but without specifying.

environment. Half (50 per cent) stated that the service helped the family, while 31.7 per cent stated that it significantly helped the family that they were involved with. Of professionals, 87.5 per cent stated that the team significantly helped them in their roles; 12.5 per cent stating that the team helped them in their role with the family.

In order to develop further the role of the Flexible Response Workers and the service, as well as to ensure that the right service is provided to the professionals as well as the families, participants were asked about how suitably trained they felt the Flexible Response Workers were. Half felt that they had all the training necessary to do the work they needed them to do. However, 50 per cent stated that they felt that some further training was needed to improve the skill base of the Flexible Response Workers. Two examples of these suggestions for further training were 'more training supervised contacts' and 'more training given on providing evidence in court'.

Finally, participants were asked if they felt that the Flexible Response service provided them and their clients with a joint approach. All of the participants felt that the service provided this. They also stated that as practical support was being provided to families, and not just a plan, they needed more workers.

Parents' and children/young people's views on flexible Response Workers

Due to the complex nature of the families that the Flexible Response Worker supports and the time-scale of the project, the range of views recorded by the families was limited, as only three of the five families approached agreed to participate in any way in the feedback. However, one then decided not to participate, due to their particular situation. One of the two families did not wish to be filmed, but they wanted to put their views forward so they completed the questionnaire and returned it by post. The other family participated in a recorded interview. There were some very clear statements about the worker and what it was about her that worked. These are provided below.

'When I was allocated the service I did not know what I was going to get.'

Weren't really sure what we would get. So I didn't have any great expectations.

'What I got from the service was support.'

It's a regular consistent help.

Ruth coming along and taking Ben out.

Because you know it's going to happen every two weeks.

It's a very good thing.

Ruth is a very consistent and good communication person. Who is not only Rita not good with Ben, but listens to me a great deal. So I'm able to offload so to say. She is a very good listener. Ruth is a very special person.

'The service has helped me and made my life easier.'

'I know that my child likes her because I just have to look at his face.'

'I have it on good authority that Ben does like Ruth, this is because Ben is very blunt about the people he does not like.'

'The reason the support works for us is that I know my child is in good hands and happy.'

I suppose again that it's knowing that there is a consistent, ongoing service that is not going to stop.

'She is brilliant.'

She is a wonderful, special person.

What could we do differently/better?

Look at the mileage situation for staff so that they are able to take children/young people out to different places and access more variety.

Discussion

The study demonstrates that for those professionals who are using the service, a very small group, the service does provide an integrated approach to family support work as it is able to give the families the real practical support they need to translate their plans into action. However, there does appear to be some limitations within this, in terms of the true essence of multi-agency working. The service does need to try to ensure that there are formal plans developed and that parents have a clear idea of what to expect from the worker. The service does offer the flexibility that both professionals and parents want from service providers.

For the service to be effective and achieve far better outcomes, the service needs to ensure that within the referral process it clearly states the need for the professionals and families to meet with the worker so that everyone involved is clear about the expectations and what is being offered. The parents who participated stated that they knew they were allocated a service but were really unsure about what to expect.

The parents and professionals stated that they felt the 'communication' played a major role in more integrated working. Parents reported that in general they found workers to be 'good communicators', 'good listeners' and to 'be able to juggle and meet lots of very different needs'. However, other professionals weren't so sure that that this was the case with them. It again demonstrates that when there is a clear plan the worker is able to feed back the information in the correct format; however, when this does not happen, all concerned are left feeling frustrated and thus not providing the right approach.

The study has also highlighted how the service is not well known around the county. There are only a very few specialist disability social workers, nurses, OT, and other related staff who are aware of its existence and what it provides. I would suggest that it is vital for the development of the service that this is addressed positively. Many professionals have stated that they feel there needs to be more Flexible Response staff and that the service needs to be advertised more widely.

The responses from both professionals and parents have been particularly positive as the team is able to provide the specialist support those parents of disabled children/young people need. The team is able to engage with families very quickly and build a relationship that is not judgemental, yet professional.

Implications for practice

This research project has identified areas within the service that need to be addressed in order to improve outcomes for children/young people, for their families and for professionals. Once these have been addressed, the service will be able to develop and expand to support the most vulnerable groups with more practical front-line support. These areas include:

- To ensure that the workers have time built in to their week to write clear reports and attend meetings.

- To ensure that the referral process clearly states that there has to be a multi-agency meeting to set clear goals and thus ensure that everyone leaves understanding the role of the worker and the expectations of themselves and the service.

- To ensure that the service is advertised and promoted to those within the organization and so that families are able to access information easily through the internet, not just to a very small team. This we hope will be achieved by the development of a website, producing leaflets, and through meeting managers and social workers locally.

- To examine how the service attempts to recruit Flexible Response Workers, and ensuring that the qualities that both clients and professionals require are included in the selection criteria and interview questions.

- To discuss with senior managers the mileage and travel situation in the more rural areas to try to more positively address these issues.

Conclusion

The research has demonstrated that even within such a small sample group and with a limited number of staff within the Flexible Response Team, the team have provided a unique and integrated approach to supporting vulnerable families with disabled children/young people. Both professionals and parents have reported that the service has helped them in achieving the shared goals.

The research has also highlighted the complex skills the Flexible Response Worker needs to be able to balance the needs of the family and to enter the families' home with clear time-scales and goals from professionals. This has wider implications on the recruitment and retention of staff. There are implications for the types of training the staff team receive as they need to have such a wide skill base.

How the team's time is spent is also an area that will need to be given significant attention as time must be provided for writing reports, amending plans and communicating with professionals and parents.

Most importantly from the professionals' perspective, was that it is vital that the service advertises what it can offer, how much it would cost and a clear access pathway. This must happen in order for the service to develop. It will enable professionals to feel more empowered when attending case conferences, as they will be able to offer the family a real support service.

References

Barlow, J., Stewart-Brown, S., Callaghan, H., Tucker, J., Brocklehurst, N., Davies, H. and Burns, C. (2003) 'Working in partnership: The development of a home visiting service for vulnerable families', *Child Abuse Review*, **12**, pp. 172–189, (Wiley Interscience).

Batchelor, J. (2008) 'Failure to thrive', *Child Abuse Review*, **17**, pp. 147–159. DOI: 10.1002/car.1018.

Bourassa, C., Laverne, C., Damant, D., Lessard, G. and Turcotte, P. (2008) 'Child welfare workers' practise in case involving domestic violence', *Child Abuse Review*, **17**, pp. 174–190. DI: 10.1002/car.1015.

Cunning and Davies (1985) 13 cited in Dale 2007 *Working with Families of Children with Special Needs: partnership and practice* (pp.1–32).

London and New York: Routledge, [run on]Taylor & Francis Group.

Dagnan, D. (2008) 'Psychology and emotional health and well-being of people with intellectual disabilities', *Learning Disability Reviews*, **13**(1), April, (Pavilion Journals (Brightons) Limited).

Dale (2007) *Working with Families of Children with Special Needs: partnership and practice* (pp. 1–32). London and New York: Routledge, Taylor & Francis Group.

Department of Health, Home Office and Department for Education and Employment (1999) *Working Together to Safeguard Children: A Guide to Inter-Agency Working to Safeguard and Promote the Welfare of Children*. London: The Stationery Office.

DfES (2003) *Every Child Matters* (Cmnd 5860). London: The Stationery Office.

DfES (2004a) *Every Child Matters. Next steps*. Available:

<http://www.everychildmatters.go.uk/files/A39928055378AF27E9122D734BF10F74.pdf> (accessed 29 October 2007).

DfES (2004b) *Every Child Matters: Change for Children*. Available

<http://www.everychildmatters.go.uk/files/F9E3F941DC8D4580539EE4C743E9371D.pdf> (accessed October 2007).

Elkan, R., Kendrick, D., Hewitt, M., Robinson, J. J. A., Tolley, K., Blair, M., Dewey, M., Williams, D. and Brummell, K. (2000) The effectiveness of domiciliary health visiting: a systematic review of international studies and a selective review of the British literature. HTA 4(13).

Forrester, D., McCambridge, J., Waissbein, C. and Rollnick, S. (2008) 'How do Child and Family Social Workers Talk about Child Welfare Concerns', *Child Abuse Review*, **17**, pp. 23–35.

Glenn, S., Cunningham, C., Poole, H., Reeves, D. and Weindling, M. (2008) 'Maternal parenting stress and its correlates in families with a young child with cerebral palsy', *Child: care, health and development*, **35**(1), pp. 71–78.

Hardy, F. and Darlington, Y. (2008) 'What parents value from formal support services in the context of identified child abuse', *Child and Family Social Work*, **13**, pp. 252–261.

Hardy, F. and Street, (1989) 'Family support and parenting education in home: and effective extension of clinic-based preventative health care services for poor children', *Journal of Pediatrics*, **115**, pp. 972–931.

Haymans, M. (2008) 'How personal constructs about "professional identity" might act as barrier to mutli-agency working', *Educational Pyschology in Practice*, **24**(4), December, pp. 279–288.

Heflinger, C. and Christens, B. (2006) 'Rural behavioural services for children and adolescents: An ecological and community psychology analysis', *Journal of Community Psychology*, **34**(4), pp. 379–400.

Hetherington, R., Cooper, A., Smith, P. and Wilford, G. (1997) *Protecting Children: Messages from Europe*. Dover: Russell House Publishing.

James, H. (2004) 'Promoting effective working with parents with learning disabilities', *Child Abuse Review*, **13**, pp. 31–41.

Katz, I. and Hetherington, R. (2006) 'Co-operating and Communicating: a European Perspective on Integrating Services for Children', *Child Abuse Review*, **15**, pp. 429–443.

Kirckpatrick, S., Barlow, J., Stewart-Brown, S. and Davies, H. (2007) 'Working in partnership: Users perception of intensive home visiting', *Child Abuse Review*, **16**, pp. 32–46. DOI: 10.1002/car.972.

Pieck, A. (1993) *Special Youth Assistance in Flanders*. Ministry of the Flemish Community, Family and Youth Assistance Service Administration Special Youth Assistance Section. Belgium: Brussels.

Pinkerton, P. (1970) 'Parental acceptance of the handicapped child', *Developmental Medicine and Neurology*, **12**.

Simms, M. and Smith, C. (1984) 'Teenage mothers: some views on health visitors', *Health Visitor*, **57**, pp. 269–270.

Singer, G., Etheridge, B. and Aldana, S. (2007) 'Primary and secondary effects of parenting and stress management interventions for parents of children with disabilities: A Meta-Analysis', *Mental Retardation and Developmental Disabilities Research Reviews*, **13**, pp. 357–369.

Stanley, N. (2007) 'Exploring the relationship between Children's and Adults Needs', *Child Abuse Review*, **16**, pp. 279–282. DOI:10.1002/car.996.

Stanley, N. and Appleton, J. (2008) 'Using Research to Inform Preventative Interventions', *Child Abuse Review*, **17**, pp. 143–146. DOI:10.1002/car.1027.

Wade, C., Gwynnyth, L. and Mathews, J. (2008) 'Reviews of parent training interventions for parents with intellectual disability', *Journal of Applied Research in Intellectual Disabilities*, **21**, pp. 351–366.

The Children's Workforce Development Council leads change so that the thousands of people and volunteers working with children and young people across England are able to do the best job they possibly can.

We want England's children and young people's workforce to be respected by peers and valued for the positive difference it makes to children, young people and their families.

We advise and work in partnership with lots of different organisations and people who want the lives of all children and young people to be healthy, happy and fulfilling.

For more information please call **0113 244 6311**
or visit **www.cwdcouncil.org.uk**

Or write to CWDC, 2nd Floor, City Exchange
11 Albion Street, Leeds LS1 5ES
email info@cwdcouncil.org.uk
or fax us on 0113 390 7744

© This publication is the copyright of the Children's Workforce Development Council 2009.
We like our communications to have an impact on you – but not on the environment –
which is why this document is printed on 100% recycled paper.