



Evaluation of Rochdale Families Project

Surveys of Rochdale Family Project Workers and Families

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1. Introduction

In December 2010 postal questionnaires were sent to project workers and an adult family member in each of the 14 case study families. Completed surveys were received from the project manager and two project workers and eight of the families (A, B, C, F, H, J, L and M).

2. Project Workers

Processes

The survey asked a series of questions about the processes of the Rochdale Families Project (RFP) and how successful these had been. The responses suggested that the strongest element of success in RFP processes had been those related to building up family engagement and assessing family needs. The manager and workers believed that the following had been successful in most cases:

- Building up trust and rapport with the families
- Ensuring family engagement with the project
- Being able to assess and establish family needs

A range of other process issues were viewed positively, but not as universally successful. These mostly related to multi-agency working or the time to provide direct support to families. The project manager and workers indicated that the following had been successful in most or some cases:

- Ensuring family engagement with other services
- Spending the required time with families

- Providing effective direct support to families
- Coordinating case management and interventions with other agencies
- Being able to access and refer families to other relevant services
- Increasing and/or adapting other agencies' support to families

Hard Outcomes

The RFP manager and workers agreed that the following two hard outcomes had been achieved by the RFP in most cases:

- Prevention of eviction
- Prevention of children being taken into care

The RFP manager and workers believed that the following hard outcomes had been achieved in either most or some cases:

- Improved education (attendance and attainment)
- Reduction or cessation of risky behaviour
- Reduction or cessation of anti-social or criminal behaviour
- Prevention of entry to the criminal justice system

Two of the respondents indicated that entry to training or employment had been achieved in some cases and one respondent indicated that this outcome had not been achieved in most cases.

Soft Outcomes

The RFP manager and workers differed in their assessment of the extent to which six soft outcomes had been achieved. One respondent indicated that all of these outcomes had been achieved in most cases whilst another respondent believed that each of these outcomes had been achieved in *some* cases. The third respondent believed that improvements in *self-confidence and self esteem; domestic environment and management; social and personal skills* and *raised aspiration* had been achieved in most cases, whilst improved *mental and physical health* and *inter-family relationships and dynamics* had been achieved in some cases.

All three respondents described the RFP as including *crisis management* and *bringing about positive and sustainable change* and two respondents additionally described it as *stabilising situations*.

Skills, Knowledge and Training

The respondents indicated that either they had the required skills or knowledge required, or where this was not the case, they were able to utilise the support of colleagues. One respondent indicated that they had the skills and knowledge to offer families support, to build rapport with families and become someone the families could rely upon and trust. Another respondent emphasised an understanding of substance misuse and mental health issues and how these may impact on parenting and managing a tenancy.

Both of the RFP workers identified solution-focused and mental health awareness training provided by Mind as being extremely helpful and useful in refreshing or providing insights into mental health issues and offering methods and strategies for working with families. One worker also reported the graded care profile assessment to be excellent.

The project workers identified three areas for further training: solution focused strategies were regarded as excellent and workers suggested that more in-depth knowledge of these strategies would be beneficial. Complementing the 'excellent' mental health awareness training with more practical strategies for working with families with mental health issues was requested. Finally, it was suggested that training on Common Assessment Frameworks would improve workers' confidence in conducting these assessments.

Key Factors in Achieving Positive Change

The RFP workers identified four key factors in achieving positive change for the families. Firstly, the flexible timescales for intervention, having the time to visit families and to work with them for a long period of time was identified as enabling a good relationship with the families to be established and maintained. Secondly partnership working, including the link between family workers and the adult care social worker and utilising counselling services, was identified as having a significant impact on positive change. Thirdly, the use of personalised budgets had enabled families to access items or activities that it was difficult to live without but that they were unable to afford, and this was reported to have had a 'great effect.' Finally, the experience and attitudes of the RFP staff was identified as a key factor in achieving positive change.

Main Barriers to Achieving Positive Change

The RFP workers identified three main barriers to achieving positive change for the families. Firstly, it was acknowledged that the extent of inter-generational problems and issues presented a significant barrier to be overcome. Secondly, the attitude of some family

members towards change was also a barrier. A third identified barrier was the time that families had to wait to access other services, for example CAMHS.

Key Lessons

The RFP workers identified two key lessons arising from the project. Firstly, enabling sufficient time to be spent with families (facilitated through small case loads and open-ended intervention delivery periods) was essential. This included being able to visit the families, to spend time building up a rapport with them and getting to know them as individuals and then knowing their individual needs, which could be linked to appropriate interventions and support. Being able to offer emotional support and encouragement to parents and being able to 'stay with' families over a period of time was also very important. Secondly, joint working was crucial to the successes of the project, for example the links between family workers and an adult care worker who could focus on parents' issues and provide practical support such as lifts to appointments.

3. Families

Provision of Support

The survey asked the adult family members about the extent to which the RFP had helped them with a range of issues around relationships within families and with neighbours and agencies and household management. Tables 1 presents the responses and shows that family members were generally positive about the RFP intervention. However, these overall figures mask considerable diversity and polarisation within the responses. Five respondents indicated that the RFP had 'helped a lot' with almost all issues, whilst one respondent indicated that the RFP had 'helped a bit' with each issue and two respondents suggested that the RFP had not helped with several issues. Significant help with getting on as a family was the most strongly identified issue, followed by parenting support and getting involved in leisure activities. Some family members were less likely to report that the RFP had assisted them to get along with neighbours, to ensure attendance at appointments and to look after their homes.

Table 1: RFP Support with Issues

Issue	Did Not Help	Helped a Bit	Helped a Lot
How we get on as a family	-	1	7
Looking after my children/being a parent	1	2	5
Looking after my home	2	1	5
Paying bills and looking after money issues	1	3	4
Making sure my children attend school/nursery/college	1	2	5
Making sure we attend appointments (e.g. doctor or school)*	2	1	4
Getting involved in leisure activities	1	2	5
How we get along with our neighbours	3	2	3

*One respondent indicated that their family did not need help with this issue.

The family members were also asked about the impact of the RFP on a number of psychological and health issues. The responses are presented in Table 2 and again indicate positive responses, particularly in relation to being settled as a family, individuals feeling good about themselves and being able to resolve problems. Having a healthy lifestyle appeared to be a less significant impact arising from the project.

Table 2: RFP Support with Psychological Issues

Issue	Did Not Help	Helped a Bit	Helped a Lot
My confidence and self-belief	1	3	4
Feeling good about myself	1	2	5
Being able to sort problems out	1	2	5
Having a healthy lifestyle	1	4	3
Being more settled as a family	1	1	6

Family members were asked to identify the most important issues that they had wanted the RFP to assist them with. Two family members indicated that they wished to be supported in addressing debt and finance management issues and also ensuring that their child attended school. One family member indicated a desire for support in changing their child's peer group and two family members stated a need for support in parenting and addressing issues for their children. One family member additionally hoped that the RFP would assist in addressing bereavement issues and facilitating attendance at appointments. Three family members identified particular skills or approaches that they wanted to see in the RFP intervention, including: project workers being there for them as a friend; getting on with the project workers and being supported in discussions' and the project workers being 'down to

earth' and having the necessary skills and contacts with other agencies. All of the family members indicated that the RFP helped them with each of these identified needs.

Outcomes

Family members were asked about the extent to which the RFP had assisted more quantifiable outcomes, including education, training and employment, use of alcohol and drugs and contact with the police. These are presented in Table 3, which indicates diversity in family members' responses, but in general more ambiguity about the extent to which the RFP had been significant in achieving these outcomes. Improving children's attendance and attainment at school, and keeping out of trouble with the police were the outcomes where RFP interventions were viewed as having the most significant outcome. The RFP was less likely to be perceived to have impacted significantly on qualifications, training and employment outcomes, perhaps reflecting the focus of the work with each family.

The family members identified a range of most important outcomes that had resulted from changes facilitated by the RFP. These included reassurance about, growing confidence in, and practical support with, parenting skills.

Table 3: Outcomes

Issue	Did Not Help	Helped a Bit	Helped a Lot
Improving children's attendance at school/nursery/college	2	1	5
Children doing better at school/nursery/college	2	2	4
Family members getting qualifications or certificates+	3	1	2
Family members accessing training+	3	2	2
Family members accessing employment+	3	3	-
Reduced use of alcohol and drugs+	2	3	2
Keeping out of trouble with the police*	1	2	4

+ Some respondents did not provide a response for this issue

*One respondent indicated that their family did not need help with this issue

This had resulted in improved and appropriate communication and relationships with children, more confidence to resolve problematic situations and more positive and realistic perspectives on parenting. Other outcomes identified included individuals attending appointments with RFP workers which they would not otherwise have attended, children attending school more regularly and being more settled in school, parents and children having more confidence and attending more constructive activities outside the family home and enhanced financial management. One individual reported that they were no longer

taking drugs as a result of the RFP intervention (and other support interventions) and one parent indicated that the RFP had assisted in decorating a living room and a child's bedroom and had involved the child in these activities.

Forms of Support

Family members were asked about the importance of different types of support provided by the RFP (Table 4). RFP workers spending time with family members (children and parents) was identified as the most important type of support. Accessing counselling was viewed as being important. Families were divided about whether RFP workers facilitating communication with agencies or enabling them to learn new skills had been important.

Table 4: The Importance of Types of Support

Type of Support	Not Important	Quite Important	Very Important
Project workers spending time with parent(s)	-	3	5
Project workers spending time with children	-	2	6
Project workers helping families communicate with agencies	3	-	5
Project workers accessing counselling for families	1	2	5
Learning new skills (for example parenting skills)	2	3	3

The family members were asked about the best elements of the RFP and whether any aspect of the RFP could have been improved. The most common response was that the RFP workers and their support had been the most positive element of the intervention. The RFP workers were described as '*brill*', '*extremely helpful*', '*helping a lot*' and '*doing everything I asked for help with*.' This included RFP workers being accessible and there when needed and that they provided someone who could be trusted and confided in. One individual stated that '*the whole package*' of support, rather than some elements had been positive and another individual similarly stated that the RFP workers had helped '*not with one thing but with more or less everything*.' The only issue identified for improvement was RFP workers missing some arranged appointments with families. Two family members in particular provided powerful endorsements of the RFP:

"They have been my saviour with all the help I have had off them and I will be devastated when it's [the RFP] is closed and finished."

"They have helped me and my family so much in working with my children and taking me to hospital appointments and generally being there if we needed them."

4. Conclusions

The limited numbers of survey responses mean that the findings presented here should be treated with caution. However, a number of common themes emerged. Firstly, that the views of RFP workers and families are generally positive. In terms of processes, RFP staff indicated that establishing engagement with families and being able to accurately assess their needs had been a key success. Preventing eviction and children being taken into care were also viewed as successful outcomes in most cases. It was also believed that the RFP had achieved a number of soft outcomes and this appeared to be verified to some extent by families themselves. The solution-focused and Mind mental health awareness training were viewed very positively by RFP staff who suggested further training in this area and also on Common Assessment Frameworks. Key factors in the successful elements of the RFP were identified as being time, partnership working, personalised budget and the approach of RFP staff. Intergenerational issues, the attitudes of some family members and delay in referral processes to other services were identified as the main barriers to achieving change with the RFP families. Facilitating time and joint working were the key lessons arising from the RFP.

Although family members provided diverse and, in some cases polarised, views, they were generally positive about the RFP. Almost all respondents believed that the RFP had helped significantly in improving family relationships and parenting in particular, and also in enhancing psychological wellbeing. Family members were more ambiguous about the extent to which verifiable outcomes had actually been achieved, although children's attendance and attainment at school and keeping out of trouble with the police were identified as significant outcomes from the RFP in most cases. One individual also indicated having ceased to take drugs, partly as a result of the RFP intervention. Families identified RFP workers spending time with them as the most important type of support provided. RFP workers and their approach were most commonly identified as the best aspect of the intervention. Keeping appointments with families was the only criticism voiced of the RFP. Several family members provided powerful positive endorsements of the RFP and its workers.

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