

# Early Help Evaluation

## Report 4

### Multi-Agency and other Asset Based Strengths

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## Early Help Evaluation – Final Report

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## Background

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There are seven reports making up the evaluation of Early Help case work. This is report 4 – Multi agency and other asset based strengths. The collection of reports are detailed below.

**Table 1 – Early Help Evaluation Reports**

Report Title	Description of Report Contents	Pages
<b>Report 1 – Summary report</b>	A summary of the key findings	48
<b>Report 2 – What Families Say</b>	Families perspective of Leicestershire County Council's Early Help service – in-depth insight into what families value and what could be different	122
<b>Report 3 – Early Help key worker confidence survey</b>	Leicestershire County Council's caseworkers-level of confidence against a number of key requirements of their role in supporting families <sup>1</sup>	17
<b>Report 4 – Multi agency and other asset based strengths</b>	A multi-agency perspective of Leicestershire County Council's Early Help service and further in-depth insight from families into multi-agencies as well as other asset-based strengths and deficiencies within families and communities	191
<b>Report 5 – Understanding demand better</b>	In-depth analysis of nine different groups of Early Help families - Understanding how their needs interrelate and which families make the most and least progress	113
<b>Report 6 – Theory of change and theory of action</b>	Provides information on the theory of change and theory of action underpinning the Early Help evaluation and some further detailed findings around families progress around key domains where change is measured	150
<b>Report 7 – Technical report</b>	Background and technical details of the scope and methods used to inform the evaluation	37

## Methodologies Used in this Report

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### Most Significant Change<sup>2</sup> (Partners)

Between June and August 2017, all identified partners where we had an email address at that time were invited to complete a survey identifying where they had seen Most Significant Change (MSC) generically as a result of the Early Help service or specifically for a family or family member they also worked with. This change could be positive, negative or both. This exercise aimed to identify what partners saw as most significant, what the barriers to change were, what activities and approaches the Early Help service had taken which enabled change to happen, what other enablers of change existed and what the impact was.

Partners were also asked questions around their expectation and perception of the Early Help service and what could be done to better meet their expectations.

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<sup>1</sup> Additional worker feedback can be found in report 2 & 4

<sup>2</sup> Davies R and Dart J (2005) The 'Most Significant Change' (MSC) Technique: A Guide to Its Use. Available at: <http://mande.co.uk/wp-content/uploads/2018/01/MSCGuide.pdf>

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In total, over 100 partner organisations were identified and 300 individuals were sent an email with a link to the survey. A follow-up email was sent to non-responders before the deadline. The Early Help partnership (governance group) were made aware of the request.

### **More Information**

for further details on the methodology see

#### **REPORT 7 – TECHNICAL REPORT**

## **Theory of Change and Theory of Action**

A key methodology incorporated in this evaluation is the use of Theory of Change (TOC) and Theory of Action (TOA).

### **More Information**

For more information around Theory of Change and Theory of Action see

#### **REPORT 6 – THEORY OF CHANGE AND THEORY OF ACTION**

#### **REPORT 7 – TECHNICAL REPORT**

## **Parent Voice**

An important approach for gathering insight on families experience was through in-depth semi-structured interviews with parents. These interviews were translated into journey maps to understand the most important experiences and dependencies from the families' perspective and as well as testing the findings against the Theory of Action and Theory Of Change to understand what was working well and what could be improved.

In addition, parent voice was captured from adults who attended a 'pop up' event at Twycross Zoo and from adults who participated in some younger children's voice work for Children's Centres (see below).

### **More Information**

For more information around the journey maps and parent voice see

#### **REPORT 2 – WHAT FAMILIES SAY**

#### **REPORT 5 – UNDERSTANDING DEMAND BETTER**

#### **REPORT 7 – TECHNICAL REPORT**

## **Child/Young Person Voice**

A 'pop up' event was held at Twycross Zoo. This was a whole-day event and children and young people were invited to leave their views using a range of techniques.

It was important to recognise that this event wasn't as suitable for capturing the voice of much younger children, so during February and July 2017, for those families being worked with as part of case work at Children's Centre's, workers collected child voice through observation and recordings at families regular settings.

#### More Information

For more information around child and young people's voice see

**REPORT 2 – WHAT FAMILIES SAY**

**REPORT 7 – TECHNICAL REPORT**

### **Most Significant Change (Front Line Workers)**

From November 2016 to August 2017, every quarter, all frontline staff were invited to complete a survey identifying a family or an individual person in a family that they had been working with where they felt they had seen the Most Significant Change (MSC). This change could be positive, negative or both. This exercise aimed to identify where key change was happening, what the barriers to change were, which activities and approaches the Early Help Service had within its gift which enabled change to happen, what other enablers of change existed such as contributions from wider partners and family resources, and what the overall impact was.

#### More Information

For more information around Most Significant Change see

**REPORT 2 – WHAT FAMILIES SAY**

**REPORT 3 – KEY WORKER CONFIDENCE SURVEY**

**REPORT 6 – THEORY OF CHANGE AND THEORY OF ACTION**

**REPORT 7 – TECHNICAL REPORT**

### **Additional Case Studies and Insight**

The Early Help service regularly collect case studies for various purposes. Where case studies could be assigned to a cluster they have also been included in this evaluation.

#### More Information

For more information on case studies see

**APPENDIX 4A to 4R**

Where quotes in this report are assigned with a name, these verbatim quotes have been taken from journey maps following the in-depth interviews with fourteen families. The wider context of these quotes can be made available on request. Quotes from families can feature across multiple themes but have only been stated once.

#### More Information

For more information on voice from journey maps see

**APPENDIX 1C – MANDY'S JOURNEY MAP**

**REPORT 2 – WHAT FAMILIES SAY**

**REPORT 5 – UNDERSTANDING DEMAND BETTER**

## Introduction

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The evaluation findings in Reports 1 to 3 reinforced the importance of multi-agency working to the success of Early Help for families. This report looks in more detail at that multi-agency working and wider support (including within families themselves and families communities).

The report covers the following chapters:

<b>Chapter description</b>	<b>Page</b>
Identification of all known agencies supporting change with families	8
Partner feedback – expectations, perceptions and outcomes, barriers to change, Early Help service and worker issues, other multi-agency issues and suggestions for improvements	11
Families and communities	36
Social care	73
Health, mental health and wellbeing	88
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Housing	165
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Other Third Sector services	186

## **Agencies Supporting Change with Families**

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The following agencies were identified by partners, families or workers as providing support to help change with families. Charities and other third sector services may be included under a specific themed area if relevant.

### **Carers**

Barnardo's (*young carer's group*). See also social care and other Leicestershire County Council 'care' based people based services below

### **Child Sex Exploitation**

Child Sex Exploitation (CSE) team – *work around keeping safe, self-esteem, risk taking, drugs and alcohol, healthy relationships, domestic abuse, grooming and e-safety*, and Safer sex project.

### **Criminal Justice System**

CAFCASS, Child Support Agency (CSA) Courts, Community Safety – *Leicestershire County Council and districts*, District councils – *anti social behaviour officers*, International Child Protection Committee (ICPC), Jenkins perpetrator programme, Legal Aid, Police, Probation, Prison, and Youth offending team/service.

### **Domestic Abuse**

Domestic abuse outreach workers, Domestic abuse workers (including young people workers) – District Councils, Freedom programme, Homeless charity, Jasmine House – *Independent Sexual Violence Advisor*, Refuges, RTK programme, United Against Violence and Abuse (UAVA), Victim support, and Women's Aid.

### **Education**

Access Education Solutions, Adult learning, Colleges, First Class Alternative Education, Home schooling tutors, Inclusion partnerships, Mainstream primary and secondary schools – specific references to Emotional Literacy Support Assistants (ELSAs), family support workers, heads, principals, deputy heads, vice principals, assistant principals, school nurses (also in health and wellbeing), SENCOs, children's mentors, transitions mentors, education welfare officers, attendance officers, behaviour support, student support managers, counsellors, learning support assistants, pastoral, autism outreach service teacher head/lead/officer/worker/teams, home liaison officers, specialist sleep worker, teaching assistants, head of year 8/10, Nurseries, Pre-schools, REAL (alternative education), School behaviour partnerships, School tutoring service, Shepshed Learning, and Willowbank hospital school (also in education).

### **Employment/Finances**

Bus Companies (Concessionary bus passes), Buttletrust, Denise Wall, Department for Work and Pensions (DWP) – *back to work programme, job club, better off calculations*, DWP benefits – *PIP, DLA, ESA, carers allowance*, Enquire, Foodbanks, Job fairs, Jobs – *kitchen assistant, part time (with local retailer), traineeship*, Local debt management company, Me and My learning (Melton), PACE, Prospects, STABLE (Solutions To A Better In Employment) Sports Centres (gym vouchers), Storehouse, The GREAT project, Troubled Families Employment Advisor (TFEA), and Voluntary work.

### **Fire**

Fire Service – *Fire Care*

### **Health and Wellbeing**

Accident and Emergency (A&E), ADHD Solutions, Autism nurse, Autism outreach, Ambulance service, Brolay Care Farm, CAMHS, Care navigator, Children with medical needs co-ordinator/department (Leicestershire County Council), Community family therapist, Community mental health team, Community nursery nurse, Community nurse, Counselling – *including Let's Talk Wellbeing Service, New Dawn New Day, Quetzal project, Relate, Think Family, Dietician, Dentist, Doctors – referrals, diagnosis, medication, stop smoking service, home visit, practice managers*, Emotional health and wellbeing nurse, Families in Mind (FIMS) group, Francis Dixon Lodge, Inclusion Health, Health & Wellbeing advisor, Health Visitors, Healthy Together, Hospital – *specialist eye checks, schools*, MADMAC (Children's hospital), Mental Health Co-ordinator – Districts, Midwives, NHS and children's commissioner (referral), NHS Smokefree helpline, Occupational Therapy, Opticians, Physiotherapy, Princes Trust – *course for young person aimed at improving confidence and social skills*, Psychiatrist, Richmond Fellowship, School nurses (also in education), Speech and language therapy, Weight management group, and Willowbank hospital school (also in education).

### **Housing**

District councils – *housing benefits, house moves and improvements (including domestic abuse and health related)*, Environmental Health, Falcon centre, HomeStart – *including FIMs group*, Housing Associations, Placement for young homeless people, and The Bridge.

### **Parenting**

Local BME parenting group

### **SEND**

ADHD Solutions, Autism Outreach, Educational Psychologists – Leicestershire County Council, Epic (independent education psychologists), FRCD – Family Resource Centre on Disabilities, Menphys – *including outreach and nursery*, SENDIASS, SEND transport – Leicestershire County Council, SIBs – Siblings with Autism, SPAR, Specialist teaching service - *including early years teacher, Special needs schools, and Toy library*.

### **Social care and other Leicestershire County Council ‘care’ based people based services**

Adoption support, Adult disability team, Adult care services, Adult social care, Carer service, Child protection (including reference to team manager), Children disability team, Early responder, First Response, Initial Child Protection Conference (ICPC), Inclusion Support Service, Residential care (child), Support and assessment worker, and Strengthening Families.

### **Substance Misuse**

Swanswell<sup>3</sup>, Turning Point

### **Other Third Sector (not identified under a specific theme<sup>4</sup>)**

Citizens Advice Bureau (CAB), Community transport, Family Action, National Society for the Protection of Children (NSPCC) – *referrals, therapy support*, Rape crisis charity, and Twenty Twenty.

### **Other/Local Community**

Church groups (including a Mormon church group), Climbing, Cubs, Driving lessons, Fire cadets, Everyone Active, Flower arranging, Football, Kick boxing, Local Area Co-ordinator, Police cadets, Rugby, Scouts, and Swimming.

### **Other Early Help Courses, Groups and Activities**

ADHD toolkit, Baby/toddler groups (including ‘Babble Back’ and baby massage), Back to work sessions, BME groups, Carers groups, Children’s Centre pathway, Coffee mornings (including bingo), Cooking groups, Craft groups, Creating confidence, Emotional health and wellbeing, Employability, Family days, Family focus mornings, Feeling Safe group, Fun and families parenting (Living with teenagers), Girls groups, Grounded, Horizons, Motivational interviewing, Practical Parenting, Solution Focussed approaches, Swimming and swimming events, Theraplay approaches, Wellbeing groups, Young carers groups, and Youth groups.

### **Multi agency sanctions supporting change with families**

Through staff Most Significant Change cases and case studies, workers also identified partner sanctions supporting change include housing sanctions, permanent and temporary removal of children, non-molestation and prohibited steps order, debt relief order, legal proceedings, prisons and remand, restraining orders, drops of or reductions in prosecution in connection with school attendance, rent arrears and evictions.

#### **Workers also identified the multi-agency approach in cases of most significant change**

- “*It was necessary for all agencies working with the family to offer a consistent approach to all members and give the same clear messages so they could not be misinterpreted*”
- “*Working with other agencies, not judging dad, meeting him with no agenda*”
- “*Education liaised with each other and CAMHS*”

<sup>3</sup> Turning Point took over the substance misuse contract from Swanswell

<sup>4</sup> Many charities provide cross cutting support

## Partner Feedback

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### Summary of Partner Feedback

Partners expected families to be provided with support and for their outcomes to be improved. They expected a range of activities and approaches from workers including multi-agency working.

On the whole, partners were positive about the Early Help Service however some were unable to give specific positive feedback as they were unsure which families had been worked with. Partners perceived the Early Help service to be:

- A multi-agency approach (including signs of safety and risk assessments)
- A workforce with positive qualities (including good relationships with families and partners)
- Providing whole family working
- Offering flexible, practical and proportionate support which included visits to families homes

Partners also perceived other enablers of change for families, including within families' gift themselves, courses and groups and support from multi-agencies. Partners saw key barriers to change located within the families themselves including poor mental health and health and issues with housing.

Partners identified a number of issues with workers and the service mostly relating to communication. Partners also identified other multi-agency barriers to change including social care thresholds, families not being provided with help at an earlier opportunity and other service gaps and issues within the wider system.

Partners' main suggestions for improving Early Help were:

- Improving communication
- Looking at case needs more closely
- Development of multi-agency working
- Quicker response times when families require Early Help (including thresholds and expanding the service to take in more families)

## Partner Expectations

### Dashboard 4a: An extract from the partner feedback dashboard

Multi agency working/communication/referrals (in general)	18 (51%)
Providing families with support across range of needs	18 (51%)
Improving outcomes for families	7 (20%)
Supporting vulnerable families/families with multiple needs	7 (20%)
Supporting whole family	7 (20%)
Providing intensive/proportionate support	4 (11%)
Addressing family needs/risks	3 (9%)
Ensuring safety of family	3 (9%)
Development of a flexible plan/prompt support	2 (6%)
Early Help take on cases that are referred from partner agency	2 (6%)
Quick/timely support	2 (6%)
Respect multi-agency professional judgements and opinions	2 (6%)
Ensure family wants to make change	1 (3%)
Evidence-informed casework	1 (3%)
Positive, professional and other positive quality worker behavi..	1 (3%)
Providing partners with advice on cases needing additional sup..	1 (3%)
Step up when no/slow progress	1 (3%)
Workers go to courses with families	1 (3%)

### Providing Families With Support and Improving Outcomes

The majority of partners (51%) expected families to be supported by the Early Help Service across a range of needs. This was the joint highest expectation of the service. Partners also expected there to be support for whole families, vulnerable families/ families with multiple needs, outcomes for families to be improved (20%). Three partners also expected family needs and risks to be addressed and ensuring the safety of families.

### Multi Agency Working

The majority of partners (51%) expected the Early Help service to have multi-agency working, communication and referrals. This was the joint highest expectation of the service. Two partners specifically reported that they expected the Early Help service to take on cases that were referred by partner agencies and two expected that the service respected multi-agency professional judgements and opinions. One partner expected to be provided with advice on cases they were working on that needed additional support.

## Activities and Approaches

Four partners expected the Early Help service to provide intensive and/or proportionate support. Two partners expected the development of flexible plans/prompt support and quick and timely support. One partner expected the service ensured the family wanted to make change, another expected evidence informed casework, and one partner expected positive and professional worker behaviours. One partner expected cases to be stepped up when no or slow progress was made with families and another partner expected Early Help workers went on courses with families.

## Partner Perception of Early Help Activities and Approaches

### Dashboard 4b: An extract from the partner feedback dashboard

#### Doing

Effective and regular communication/working with multi-agency	17 (49%)
Multi agency working/plans/goals e.g SOS, risk assessment	11 (31%)
Positive worker behaviour e.g. being persistent, positive, encouraging	9 (26%)
Relationship and communication between key worker and family	7 (20%)
Family voice	5 (14%)
Whole family working/support	5 (14%)
Workers providing practical support	5 (14%)
Intensive/proportionate support	4 (11%)
Development of a plan	3 (9%)
Early Help course	3 (9%)
Visit families at home	3 (9%)
Quick/timely response	2 (6%)
Mental health assessments	1 (3%)
Providing an accessible non-statutory service	1 (3%)
Providing creche facilities	1 (3%)
Step up neglect	1 (3%)

#### Helping

Encourage families to take responsibility	2 (6%)
Positive social networks	1 (3%)

### **Multi-Agency Working**

Partners recognised multi-agency working with 49% of responders stating there was effective and regular communication/working with multi-agencies and a further 31% recognising multi-agency working, plans and goals such as signs of safety meetings and risk assessments.

*“Family had a range of issues which were worsening when the worker was first in contact with them. Mum’s mental and physical health problems increased her vulnerability and her difficulty recognising her situation of domestic abuse. The result of the worker input, which was tenacious especially around helping mum to recognise the abuse of her partner, was multiple services supporting the family to come out of crisis into a more stable situation which could be sustained...due to the communication skills of the worker we were kept fully informed of the progress of the family which helped us to gauge the support needed when mum and younger children attended our group support...the relationship built with the worker meant that mum was willing to work with her and take up the services offered”*

*“Communication and partnership working with other agencies concerned was also a necessary part of the success (HomeStart, Health visitor, Community mental health team (central) and adult and children’s social care (on the periphery)”*

*“Our relationship with Early Help is excellent. There have been very few lapses in communication”*

*HomeStart*

*“Since Early Help were involved with the family I had dealings with there has been a positive impact on the family’s engagement with services as previously they would not engage well. However, since then they have engaged much better and taken on board the tasks given. Early Help has worked hard to break down the barriers of multi-agency working and have engaged external partners in the process”*

*“I am interested in the overall strategy and delivery model. If this remains a partnership approach then it will provide good value and solve additional issues...meeting together with professionals with purpose is important and can increase outcomes when carefully tasked”*

*District councils*

*“Early Help has been proactive in its approach, facilitating multi-agency meetings and ensuring that information is communicated effectively across systems (for example holding school based meetings)”*

*“Early Help workers are very easy to communicate with when required”*

*Leicestershire Partnership NHS Trust*

*"Overall the involvement from Early Help has had a positive impact on the children and families of our school. School feel supported by the involvement of case workers"*

*"Good communication from the caseworker and SENCO also meant that any new arising issues were sorted"*

*"I know one of the workers very well and she is incredibly supportive and phones to let me know who she is working with"*

*Primary schools*

*"We receive referrals from Early Help which is excellent and enables the employment navigators to work directly with family members"*

*GREAT project partner*

*"Good working relationship with caseworker, developed over a number of years"*

*Nursery*

*"Troubled Families Employment Advisors (TFEA's) have worked with Early Help support workers to upskill them on the welfare reform, work conversations, delivering bespoke job clubs etc. They have also worked with families either on a one to one basis or group sessions to help them move into work"*

*Department for Work and Pensions (DWP)*

One partner recognised cases of neglect being stepped up to social care.

### **Positive Worker Qualities**

26% of partners who responded referenced positive worker behaviours such as persistency, being positive and being encouraging.

*"Persistence, calm approach, realistic targets and firm but fair with young person"*

*Secondary school*

*"The worker took charge and acted as a positive role model for the parent"*

*Primary school*

*"Staff are always very positive. Always had very positive experience when working with Early Help"*

*Pupil Referral Unit (PRU)*

A further 20% of respondents recognised good relationships and communication between the worker and the family. Two partners also recognised the Early Help service helping encourage families to take responsibility for themselves.

### **Whole Family Working and Family Voice**

Partners also recognised Early Help workers undertaking whole family working and undertaking family voice with 14% of responders recognising these approaches and activities.

*"Caseworker to be able to talk to the family and assess their needs"*

*Primary school*

### **Flexible, Practical and Proportionate Support Including Visits to Families Homes**

Flexible, practical support and intensive and or proportionate support was also recognised by partners with five respondents recognising these attributes of the Early Help service. Three partners also recognised visits to families in their own homes:

*"I have been impressed by the level of support available through Early Help in involvement and the degree of flexibility shown by managers in helping decide how long an intervention should be...I have been impressed by the way Early Help is able to tailor its interventions to the needs of families rather than impose a strict model of intervention (for example spreading out intervention so it costs the same, but is less intense when this is felt to help, for example in cases where bonding and attachment are key...a secure base, predictable contact over 18 months, with low level involvement focused on the needs of all family members using a neutral position in the family so far as is possible)"*

*"Consistent, intensive support from case worker"*

*"The intensity of home visiting was crucial as it takes a long time to engage with these families and workers need the opportunity to be doggedly determined"*

*Leicestershire Partnership NHS Trust*

*"Several one to one with parents in home environment...parents will require support for some time to enable them to fully support their child's development"*

*Nursery*

Early Help courses were identified by three responders and support with the provision of crèche facilities by another:

*"We have offered courses to groups of parents identified by Early Help as requiring input due to poor mental health, often but not entirely suffering from post-natal depression. These courses have been based around crafts and time for themselves, always with a crèche. The crèche used to be provided by Adult Learning but more recently due to budget cuts, by the Children's Centre programme. All learners have benefitted from increased confidence both in their ability to learn a new craft but also in their ability as parents and most learners have moved into further learning both family and wider"*

*Adult Learning Service (Leicestershire County Council)*

One partner recognised the Early Help service helping families develop positive social networks, one the service undertaking mental health assessments and another perceiving the service to be accessible and non-statutory:

*"The families I have seen use Early Help have found it very positive. They are guided through a process and instead of the state taking on the responsibility it puts it back on the family but helps them achieve this through proven methods. Other agencies often manage whereas Early Help support the family managing. They have various other partners and options open to them which reduces the risk of further issues to my organisation"*

*Leicestershire Partnership NHS Trust*

### Service of High Value

Five respondents specifically said they highly valued the Early Help Service:

*"I think very highly of the service on offer. Recently I referred a female and within two weeks had a full on signs of safety meeting. This is exactly what is required"*

*Leicestershire Police*

### Partners Perception of Other Enablers of Change for Families

Outside of Early Help support, partners also identified other enablers of change for families.

#### Dashboard 4c: An extract from the partner feedback dashboard

Want to change/accept advice/make changes	10 (29%)
Improved behaviour	9 (26%)
Improved family relationships	5 (14%)
Family being secure/settled	4 (11%)
Families more organised	3 (9%)
Individual's independent/empowered	3 (9%)
Non Early Help courses	2 (6%)
School support	2 (6%)
Family being honest	1 (3%)
Improved English-speaking/understanding	1 (3%)
Improved home life	1 (3%)
Reduced violence/aggression	1 (3%)
School feel supported by Early Help case workers	1 (3%)
Suitable group/course environments	1 (3%)

### **Within Families Themselves**

Partners recognised that it was important that in order to make change happen, families themselves needed to want change, accept change and make changes (29%).

*"Mum needed guidance and received this. Mum had to be willing to accept the help"*

*Primary school*

They also acknowledged that improved behaviour (26%), improved family relationships, families being secure/settled, more organised and individuals being independent or empowered were also important enablers of change. One partner identified a reduction in violence/aggression and another identified an improved home life which also contributed to wider changes. One partner also recognised it was important for the family to be honest for change to happen.

### **Courses/ Groups**

Two partners referenced courses as being an important enabler of change and one respondent specifically referenced the importance of having a suitable environment for groups/courses.

*"When parent first attended she had very little understanding of English. This has improved by joining a family English for Speakers of other Languages (ESOL) course which then led her to join an ESOL class. When she later joined a Storysack course her understanding had improved greatly and her speaking to some degree. The Storysack course also highlighted her improved parenting skills, she was much more involved with what the children were doing and seemed to be enjoying her role more. Encouragement from Early Help to attend and feeling welcome and comfortable in the group"*

*Adult Learning Service (Leicestershire County Council)*

### **Schools and Support for Schools**

Two partners specifically recognised support from school as being an important enabler of change and one felt for change to happen it was important that the school felt supported by Early Help case workers.

## Family Outcomes Recognised by Partners

### Dashboard 4d: An extract from the partner feedback dashboard

Improved mental health and wellbeing	8 (23%)
Improved education/learning	5 (14%)
Improved future outlook	3 (9%)
Improved housing	3 (9%)
Improved employment	2 (6%)
Improved general health	2 (6%)
Reduced offending	2 (6%)
Improved finances	1 (3%)
Improved isolation	1 (3%)
Improved safety	1 (3%)

Outcomes recognised by partners often covered a range of themes:

*"The worker has worked really hard in building a positive relationship with the young person, liaising with school and grandma to obtain background and share concerns. She has been supported with self-esteem, understanding her own value and who she wants to be. She was supported in getting a part-time job which the family agreed to. The confidence and independence that has come from that are to be commended. Through signs of safety meetings professionals have come together to agree realistic targets. One of the successes that dad now has regular contact with her, he has introduced all her half brothers to her and they have quality time together. Fantastic work, the support has had a huge impact on her wellbeing"*

*Secondary school*

*"My family have learning needs and was living in a flat that was later condemned by the council. The mum had no trust with outside agencies and with a little help from myself we worked together to gain the trust of the Early Help worker. The worker worked tirelessly to ensure the family was moved and living in conditions that were comfortable for herself and her poorly son. Mum was supported by Early Help to also go to the doctors and deal with her medical needs. The young person cried with the amazing results this worker achieved. I worked closely with Early Help to ensure we all achieved the same goal. The worker did not give up and was in constant contact with myself. Thank you for everything, Early Help are truly amazing"*

*Special needs school*

*"Welfare risk assessment completed for the child. Joint partnership with school, Early Help and parent, identifying all concerns and putting together a targeted plan of support. Financial stability, housing secured, adult mental health assessments completed, child health assessments completed, family holiday organised, family no longer feel isolated, family feel supported, child feels supported, clear boundaries of appropriate and acceptable parenting discussed and monitored"*

*"Children happier, improved parenting, better outlook on life, families given hope, families directed to wider services"*

*"When it has worked the family home life has really improved and allowed relationships in the family to grow"*

*Primary schools*

*"The change does appear to be significant with an increase in mothers confidence and elder children attending school"*

*Leicestershire Partnership NHS Trust*

*"The family are tenants of mine and lead a chaotic lifestyle where the female partner works and the male partner is house husband. There are young children in the household. The Early Help worker has encouraged a more organised routine for the family to follow to enable the children and parents to have a better relationship"*

*District council*

*"Although the family continues to present with multiple difficulties, I think the Early Help intervention did reduce the amount of violence and suspicion in the family. Also helped a mother contain herself and not develop significant and costly mental health problems...I feel that it is important to see early intervention as reducing harm as much as promoting positive change"*

*Leicestershire Partnership NHS Trust*

### **Health, Mental Health and Wellbeing**

14% of partners who provided feedback were from the health and wellbeing sector. Across all partners who responded, the biggest area of impact identified as a result of the Early Help service was around families' improved mental health and wellbeing with 23% of respondents citing this as an impact. Two respondents also recognised improvements to families' general health. One respondent also identified improvements around families' isolation.

*"Since the caseworker has been involved the children concerned have been clean, happier and more positive. The case worker has helped mum get help for her own mental health issues and ensure that her children are cared for. The children are now dressed in clean clothes and are bathed. The attendance and health issues have been addressed for the youngest child which has made her much more happy and settled in school. Communication between mum and school has also improved and mum appears more confident. They are a family I have known about for many years and so it has been so good to see the family make such positive progress this year"*

*Primary school*

### **Education and Learning**

58% of partners who provided feedback were from the education and SEND sector. Improved education/learning was the second largest impact identified as a result of the Early Help service from five partners who responded.

*"The student in particular felt very supported during the time Early Help were involved and there was an improvement in attendance"*

*College*

### **Criminal Justice System**

14% of partners who provided feedback were from the criminal justice sector (including anti-social behaviour officers from district councils). Reduced offending was identified by two respondents as a result of the Early Help service.

*"As a whole, Early Help involvement has led to a significant reduction in the child's offending behaviour"*

*District council*

*"My experience on a couple of cases was more a two way disclosure which worked for the police in knowing that the individual/family were engaging and what with and the case worker in knowing what was happening in their community around them. There was no overall complete end to the crime and anti-social behaviour but certainly a reduction was seen and prevention in escalation stopped"*

*Leicestershire Police*

## Housing

Two partners provided feedback from the housing sector. Three partners identified improved housing as an impact as a result of the Early Help service.

*"Young person moved out of the family home which was not a good environment as mum was an alcoholic and moved into a supported young people's hostel and started to make choices for himself. The young person distanced himself from the person who was having a negative impact on his life with Early Help and my support...joint meetings with the young person and giving him all his options in regarding to where he could be housed and what impact this would have on him and support him to make the decision that was right for him"*

*District council*

## Finance/Employment

Two partners provided feedback from the finance/employment sector. Two respondents identified improved employment and one identified improved finances as a result of the Early Help service.

## Third Sector

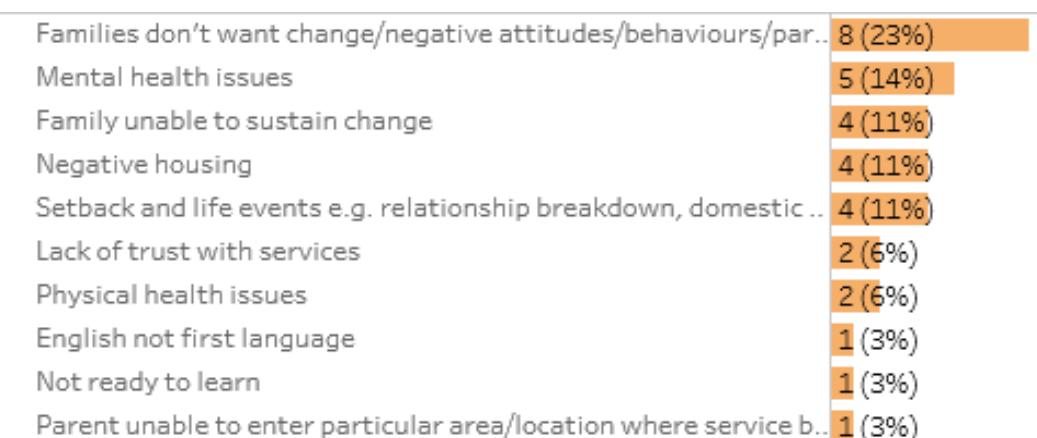
One partner provided feedback from the third sector.

## Other

Three partners identified an improved future outlook for families as a result of the Early Help service. One partner identified an improvement in safety.

## Barriers to Change Recognised by Partners

### Dashboard 4e: An extract from the partner feedback dashboard



### **Within Families Themselves**

The biggest barrier to change identified by partners was within families themselves with 23% citing that where change did not happen it related to families not wanting change, having negative attitudes, behaviours and/or parenting:

*"Early Help staff asked me to contact several people about learning they were supposedly interested in, often beyond the realms of family learning. I contacted the learners where possible. I always texted first to introduce myself and then rang at an appointed time, some did not answer my calls...this led to protracted passing between myself and the Early Help staff. Some arranged to attend courses after speaking to myself and another colleague but then did not turn up for the course or meeting...many people were not learning ready and I spent a great deal of time getting nowhere (however some learners did achieve well)"*

*Adult Learning Service (Leicestershire County Council)*

*"Parents engaged with the child's transition to school but dad was unable to cope as well as caseworker thought he might"*

*Nursery*

*"Home situation seems to undergo changes in composition. Family still unable to maintain regular routines around personal care and school attendance; presence of an adult male in the home seems erratic, an older sibling has moved out of the home"*

*Secondary school*

*"I really hope you read this as intended, not as a criticism of the system or any of your individual workers but the fact that as a society there are so many parenting issues as they all want to be friends rather than a parent who says no and those who are single parents have the added complication of trying to do a near impossible job on their own"*

*College*

Four partners cited barriers to change as a result of set-backs and life events such as relationship breakdowns, domestic abuse, being a young parent and substance misuse:

*"When the family is secure, continual school lateness and inconsistent parenting can change although at present the families circumstances have changed (relationship breakdown) so the family have reverted back to their previous ways"*

*Primary school*

One partner identified English not being the parent's first language as a barrier to change and another, a parent not being ready to learn.

For some families where change had been identified, four partners identified that the families were unable to sustain change.

*"Seen some improvements but complex families unable to sustain over time"*

*"With some families when the support is there it works really well and when it is removed it cannot be sustained. This needs to be tighter as some cases are going on for a very long time before being escalated"*

*Primary schools*

### **Mental Health and Health**

The second biggest barrier to change identified by partners was mental health issues from five participants.

*"Parents poor mental health can be a barrier to proactively making the changes necessary for the child...we have experienced a number of families requiring additional intervention once Early Help have closed their case. Concerns for children's welfare or parents ability to cope usually sees them re-entering the system"*

*Primary school*

Physical health issues were also identified as a barrier to change by two partners.

### **Housing**

Four partners who provided feedback identified negative housing as a barrier to change.

### **Early Help Service Delivery Location**

One partner said that a parent was unable to enter a particular area/location where a service was being delivered which meant they were unable to access that specific support from Early Help.

## Early Help Service Issues Identified by Partners

### Dashboard 4f: An extract from the partner feedback dashboard

Approach/activity didn't work	4 (11%)
Partner don't always know which cases Early Help are working ..	4 (11%)
Early Help threshold	3 (9%)
Structural service changes impacts on communication/service (..	3 (9%)
Delay in delivering service to families	2 (6%)
Early Help workload impacts on communication	2 (6%)
Partners unable to access relevant IT systems e.g. Frameworki	2 (6%)
Accept referrals earlier	1 (3%)
Changes in staff	1 (3%)
Children's Centre pathway referral confusing	1 (3%)
Service provided too late	1 (3%)
SLF withdrawing service and closing case	1 (3%)
Support goes on too long before being stepped up	1 (3%)

## Communication

Whilst there were few issues with the Early Help service raised by partners the main issues partners had related to communication.

*"Over the last year Early Help have been working with two families on my caseload. In the first instance there was never any communication or feedback. We, the health visitor team, had to phone asking the Early Help worker to communicate with us. She seldom did and never returned calls. We had no idea of any change effected and did not know when she finished working with the family. The family themselves eventually told us that Early Help were no longer involved. Communication with the second family was very much better, however I had to initiate it and the Early Help worker did appear very surprised that I had any information to share. Once the surprise was over she communicated well and detailed the changes as they occurred"*

*Leicestershire Partnership NHS Trust*

*"Due to the recent changes in the organisation of Early Help the amount of information and partnership working has reduced in our district. We do work closely as we are located in the same office with community safety and community focus. This negates some of the information loss however we are still losing some support services including the school nurses and that intelligence flow"*

*District council*

## Early Help Evaluation – Final Report

Four partners felt they did not always know which cases Early Help were working on.

*"I know 38 families were supported since April 2016 but I do not know who they were or what the support was"*

*Primary school*

*"Early Help are very busy and this can make communication difficult. Cases have been closed without having been told that work had been allocated"*

*Secondary school*

*"We have so many cases of students having people working with them and if I'm really honest we don't have any cases that we are aware of that have been successful. In the sense that the students are still not conforming to college expectations, or attending or on time or in uniform. Then we felt awful as there are probably cases where there have been successes but we might not be aware of these by the very nature of success"*

*College*

*"We are struggling to complete the surveys we have no links on the system which indicates which of our patients are being supported by Early Help"*

*GP surgery (this was also fed back from a second GP practice)*

Three partners specifically said that structural service changes such as removing hubs and the Common Assessment Framework (CAF) process had impacted on communication and the service.

*"The CAF system is sorely missed: it gave structure, promoted communication and families were able to meet in one place and see different settings working together to support them"*

*Secondary school*

Two partners felt that the Early Help workload impacted on communication and two partners had issues in not being able to access relevant IT systems such as Framework:

*"Very rarely there have been less communication on family changes than would have been helpful. We do often feel here that as we cannot access Framework i we rely very much more on verbal/written updates. We wonder if this isn't always appreciated by statutory organisations who have access to platforms which collect all data on a family from multiple entry points"*

*HomeStart*

### Thresholds and Referrals

Other Early Help service issues identified by partners related to thresholds and referrals. Three partners identified issues with the Early Help threshold.

*"The families can sometimes not hit the trigger points needed for support and earlier intervention strategies could mean they do not need a re-referral when they then deteriorate further. By this point it can be too far gone to then support the young person"*

*Secondary school*

*"Support when needed, when asked for Early Help, family only had a course to go on when they required a family worker"*

*"To discuss cases more before being dismissed"*

*Primary schools*

Two partners specifically referenced a delay in delivering a service to families.

*"Some families it works with school putting a little extra support on top which we are happy to do as long as we can continue to fund this. Resources are stretched and as a school we always do what we can for the children before asking for help. We want to see our families being supported especially when it has been such a huge deal to ask for help. When an Early Help referral is made it can often feel for the family a long wait for them"*

*Primary school*

*"Referrals are received (to the GREAT project) however there is often a delay of up to three weeks between the employment navigator contacting the Early Help worker to set up a first meeting with a family member and the meeting taking place"*

*GREAT Project*

One partner found the Children's Centre pathway referral confusing:

*"I find the whole children's centre pathway confusing and difficult to refer to as no one seems to know if there is anything specific to refer to"*

*Leicestershire Partnership NHS Trust*

One partner felt the Early Help service was provided too late to one particular family. One partner had issues with Early Help withdrawing the service from a family and closing their case:

*"On referral to the Children with Medical Needs team the case was open to a Child Sex Exploitation social worker, Early Help and First Class Tailored Solutions home tutors. The young person had a good relationship with the Early Help worker but did not like the social worker and was not engaging with her. The Early Help worker decided to impose sanctions on the young person (not take her out, not see her) if she refused to see the social worker. This resulted in the young person refusing to see all supportive services. The Early Help worker and social worker both closed the case as soon as I contacted them to say I was involved...refusal to engage with services resulting in their closure of case, lack of trust of services, still not attending school and only accessing one maths lesson a week, is at continued risk of child sex exploitation"*

*"Mum is isolated in the home, has no aspirations for the future, has meltdowns which affect the rest of the family and young person does not have an EHCP (is open again to CAMHS neuro-developmental team). This young person and her family have been in crisis. The young person has engaged with me and options to assist her with further success are limited due to lack of other agency involvement that could potentially provide her with other positive experiences and help her to achieve her aspirations. This would have been more accessible with a wider network of supportive agencies involved"*

*Children with Medical Needs team (Leicestershire County Council)*

One partner felt that support went on too long before cases were stepped up.

### **Approaches and Activities**

Four partners identified that there were occasions when the approach or activity being undertaken by the Early Help service wasn't working:

*"Support provided for one particular family has been consistent, but ultimately has not led to better outcomes. The only change has been at school where the child is now subject to a part-time timetable in an attempt to reduce exclusions (and reduce disruption and acts of violence towards peers and staff). The family saw the worker as a form of home help who could drive them to appointments and help with managing their child. Early Help are now withdrawing from this family which we know (as a school) will have a detrimental effect on the family and consequently the child. I understand that Early Help get to a point where it seems that nothing they can do will further the situation however that just creates problems for schools who are left to pick up the pieces...we do recognise that Early Help support was definitely required and probably still is in some form or another"*

*Primary school*

### **Staff Changes**

One partner had an issue with changes in Early Help staff.

## Early Help Worker Issues Identified By Partners

There were also issues identified by partners that related specifically to workers themselves.

*Dashboard 4g: An extract from the partner feedback dashboard*

Communication issues	6 (17%)
Delays in setting meetings	1 (3%)
Lack of understanding around mental health	1 (3%)
Staff insecure (financial pressures)	1 (3%)

### Communication

Communication was the biggest worker issue identified by partners with 17% of respondents citing this particular issue.

*"One particular Early Help worker has been good at communicating with local officers however this unfortunately not consistent with all cases. There are meetings set up such as Joint Action Groups (JAGS) and other local meetings with partnerships that are initially attended but then are not. The survey was targeted towards specific cases of which I saw no evidence personally of consistent communication to the point of conclusion so it would have been difficult to answer the questions provided"*

*Leicestershire Police*

One partner identified a delay in an Early Help worker setting meetings as an issue.

### Lack of Understanding around Mental Health

One partner identified a lack of understanding of mental health as being an issue with a worker.

### Early Help Staff Insecurity

One partner felt that there was an issue in that financial pressures on the service led to staff feeling insecure.

*"I am concerned that the degree of insecurity put into the system by financial pressures is reducing the effectiveness of the service that can be offered. When staff are feeling insecure the quality of the work they are able to provide is affected...even though job security is affected I have seen the same levels of commitment to working practice. Staff are very resilient but I feel this does not justify the undermining of vital social roles"*

*Leicestershire Partnership NHS Trust*

## Multi-Agency Issues Identified by Partners

Partners also identified multi agency issues

*Dashboard 4h: An extract from the partner feedback dashboard*

Social care threshold	2 (6%)
Duplication of assessments	1 (3%)
Families needs not identified early enough (referred for help)	1 (3%)
Service gaps/issues	1 (3%)

### Social Care Threshold

Two partners identified the social care threshold as being an issue

*“Persistent low level physical and emotional neglect of some children still remain a concern. Quite often these concerns do not meet the threshold to ‘step up’ the case. However, the most significant impact of persistent low level neglect of these children clearly sets them at a disadvantage to the rest of their peers. These children are less likely to achieve their full potential and suffer with low self-esteem and self-worth”*

*“Early Help were unable to support families at the expected level as I believe that this is more child protection than Early Help”*

*Primary schools*

### Duplication of Assessments

One partner identified the duplication of assessments as being an issue.

*“I would like your service and mine to return to patterns of working undertaken in the past where families’ needs were assessed together as part of partnership working. I feel this would reduce, rather than increase costs because families often have both services involved intensively now, without an awareness of previous involvement, learning gained and positive ideas identified. Our services forget that we are all funded from the same source and duplicating services (such as multiple assessments) is often unhelpful”*

*Leicestershire Partnership NHS Trust*

### Earlier Help

One partner identified that the families’ needs and subsequent referral are not identified early enough.

*“I think the issue we all have is identifying young people and families early enough when actions can lead to change before behaviours from parents and children have not become too entrenched”*

*College*

### Service Gaps/Issues

One partner identified wider service gaps/issues.

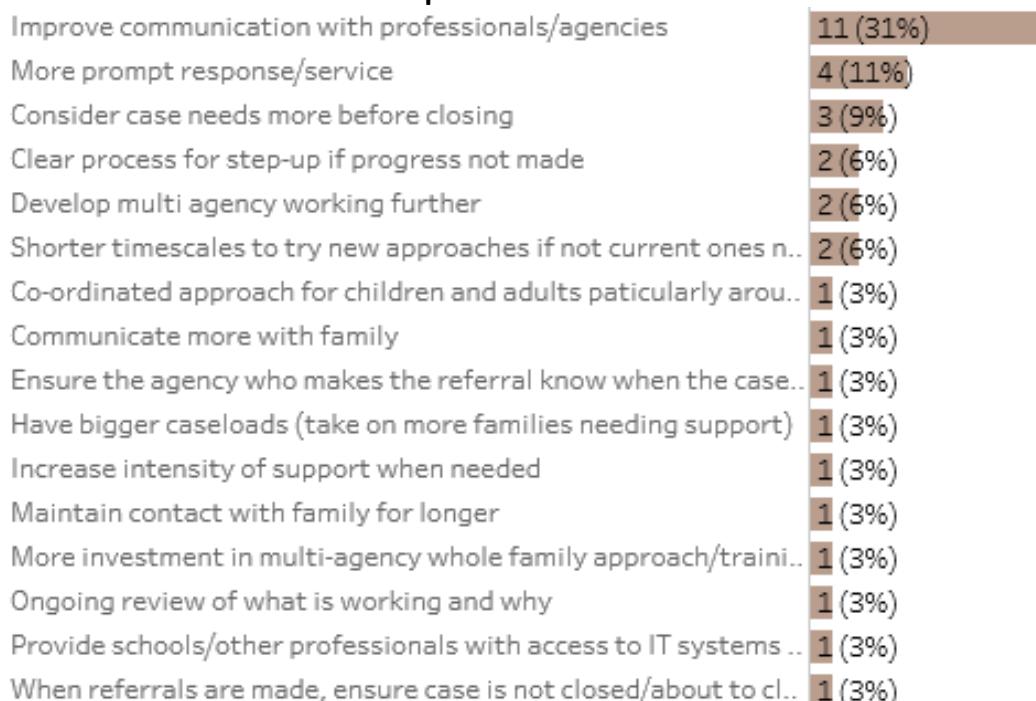
*"Despite best efforts of Early Help worker, unable to access additional educational support because of non-attendance to school"*

*Secondary school*

### Partner Suggestions for Improvements to the Early Help Service

Partners identified a range of areas to focus improvements in the Early Help service.

#### Dashboard 4i: An extract from the partner feedback dashboard



### Communication

The suggestion that received the most responses from partners was around improving communication with multi-agency professionals and agencies:

*"The hub process allowed conversations to be captured as they were local. I understand the change was required however this process is now managed at the centre and the conversations and information is more formal. There is not an easy way for the council staff to communicate and this is further restricted due to the loss of the professional support. Staff are much less likely to share information as you spend time waiting on the phone...I would suggest that information on the casework needs to be disseminated in a document or on an informal basis to better answer the questions as figures from the research is not giving the full picture and culture is not changing...more direct communication of casework. More communication on who can be contacted to enhance partnership working"*

*District council*

*“Because there are often changes of staff or communication is poor, where success is achieved it is often down to the persistence of the case worker, consistency and communication with school on a regular basis”*

*“Communicate with school more effectively”*

*“As we have had no direct contact with the worker we feel we are unable to answer this. (We'd like) to be able to have monthly meetings to be able to discuss complex cases”*

*“A little bit more information when caseworkers start with a family so we can help support. Contact school when you start involvement so that we can fill in any additional information”*

*“A letter of introduction, family worked with, how long for and contact details. We need this as a record. We've only ever had one letter stating working with a family and their contact details which are needed for us to contact Early help professionally...to know the family that they are working with as there could be siblings in school. This also gives us picture for the future so we know what courses, classes they have attended. This will aid us in future if an Early Help referral is needed. It will also help with older siblings if we suddenly notice a change in them we can offer them support in school...with a wish to get Early Help referrals in quickly we can sometimes miss some information off as we are focusing on the here and now. I appreciate you must be inundated with them from Leicestershire as a whole but wondered if there was a way to have a professional discussion as we used to with a CAF”*

*Primary schools*

*“Notify school of allocated worker, provide up to date contact details, and indicate timelines for work. Indicate when work is completed with what progress has been made. Have a plan for when the worker is not available and the family is in crisis”*

*Secondary school*

*“If there is another meeting that Early Help attend and I understand we are all under pressure and cannot attend all then it would be helpful for this to be identified and a better two way communication be established”*

*Leicestershire Police*

One partner suggested there should have been more communication with a specific family. One partner suggested that when a case was being closed that the agency that made the referral should be made aware so they could cross check the outcomes.

*“Overall, if a case is closed on a young person or family, check with the police on whether the crime and anti-social behaviour has reduced/ceased. It is relevant to know whether success has been achieved if the referral is made by the police”*

*Leicestershire Police*

Two partners suggested that other professionals were provided with access to IT systems.

*"Extend access to Framework i to key voluntary sector partners"*

*HomeStart*

Another partner suggested that when additional referrals were made by agencies that Early Help ensured that those specific cases weren't closed or about to close.

*"When referrals are made, ensure that the case is not closed or about to close. Additionally, ensure that the family member wants to progress into work or training and isn't just saying yes to this as it is what they think a worker wants to hear"*

*GREAT project partner*

### **Case Needs**

There were also suggestions made in relation to case needs. Three partners suggested that case needs were considered more before cases were closed.

*"Early Help have closed cases once the Children's Medical Needs (CMN) team have become involved stating that educational needs are being met by the Children's Medical Needs Practitioners as education is often at the top of their list of priorities. Non-attendance at school is not always 'just' school related anxiety; it is often a symptom of much wider and often complex issues and anxieties that the young person has. Often the emotional needs of the young people and their families extend further than lack of access to education or ability to attend. Also Early Help focus is often firstly on behaviour which is often not helpful to the anxious child who is often on a negative continuum of thoughts, feelings, behaviours, thoughts...Consider to not close a case once the CMN team are involved. The aim of the CMN team is to engage young people back into education. Sometimes there are wider issues in the family that are causing the non-attendance that the CMN team can assist with; however the priority for the team is education. The CMN team can work collaboratively with the Early Help team in addressing wider issues"*

*Children's Medical Needs team (Leicestershire County Council)*

Two partners suggested that there was a clear process for step up if progress wasn't being made.

*"Ensure there is a 'next step' for families who are unable/unwilling to ensure 'change' or improvements. Whether this would be passing onto a social services caseworker or something else but knowing there is a further step which could be taken should outcomes be negative"*

*Primary school*

*"Clear steps to social care when progress not being made"*

*Secondary school*

Two partners suggested that shorter timescales were given on approaches that weren't working to try new ones.

*"Shorter deadlines for strategies being tried (things get tried, don't succeed and next steps drift before something else tried)"*

*Secondary school*

One partner suggested that the intensity of support was increased when it was needed. Another partner suggested that contact was maintained with a family for longer.

### **Development of Multi-Agency and Whole Family Working**

Two partners suggested that multi-agency working was developed further.

*"Early Help and its links with other social care interventions are a key contributor to mental health in families in Leicestershire. I regret the changes which have resulted in the reduction in services and also the use of multi-agency rather than competitive approaches. The 'whole family' approach needs further multi-agency investment. Also joint work, shared training, links at every level within organisations"*

*Leicestershire Partnership NHS Trust*

*"Expectations were delivered to a certain extent, however more can be done by working together even more closely with Early Help support workers and job centre work coaches"*

*Department for Work and Pensions*

One partner suggested there needed to be a co-ordinated approach and regular meetings for children and adults in particular around mental health.

*"Co-ordinated approach for children and adults in the family, particularly around mental health regular professional meetings (6 weekly?)"*

*Secondary school*

One partner suggested that there was more investment in the multi-agency whole family approach and training.

### **Response Times**

Four partners who provided feedback suggested that the Early Help response/service was delivered more promptly.

*"The challenge is improving the timings of referrals to move away from referring when a case is closed/closing or when a person isn't ready to engage with the project"*

*GREAT project partner*

*"Support that is identified is not being provided or is later than required. Eviction and benefit provision and keeping the families stable is not as effective. Current working practices are keeping the system going, this is dependent on relationships which could easily be lost"*

*District council*

*"Access to support families as soon as they have been accepted on the programme so that the Troubled Families Employment Advisor (TFEA) can start working with families sooner and in parallel to Early Help support workers"*

*Department for Work and Pensions*

### **Ongoing Monitoring**

One partner suggested that there was an ongoing review of what is working and why.

*"The system is not as effective, I do however understand the system needs change. A review of regular times would be useful...constant communication and a review of what works and why"*

*District council*

### **Expansion of Service**

One partner suggested Early Help had bigger caseloads and took on more families identified as needing support.

*"Have bigger caseloads please to work with more families"*

*Leicestershire Partnership NHS Trust*

## Families and Communities

### Summary of Key Findings

For families and communities, things work well when they acknowledge their issues; accept support and when they have a wider support network which can include family, friends, other community and multi-agency support. Multi-agency understanding and attitudes improve when families are engaged.

Families have general fears and fear around being honest is a key barrier to change. Other key barriers include families own upbringing, significant life events and issues around parenting and family relationships. Often families have been bullied or suffered difficulties as teenagers, have poor mental health, have suffered domestic abuse, have limited support networks and have issues with support from their children's fathers<sup>5</sup> and within their communities.

Families are often in denial, resist advice or support and aren't able to confide to others around significant events which limits opportunities for earlier help.

On the whole, families value support from Early Help which includes support with family relationships and communities, wider support networks and helping them being honest about and deal with their issues.

#### More Information

For more information on specifics of what families' value from the Early Help service see **REPORT 2 – WHAT FAMILIES SAY**

### What Works Well?

#### When Families Acknowledge Issues

Many families feel that they get support when they are honest about and acknowledge their issues.

Jessica feels a lot of support has been put in place because she has made people aware of the post-natal depression with her previous pregnancy

*Jessica, age 23*

At an early intervention meeting one of the exotic pets is brought up as an issue and Joanne and Karl choose to have it rehomed

*Joanne, age 30. Karl, age 37*

<sup>5</sup> Recognising that the majority of in-depth interviews took place with mothers and the issue will also apply to mothers not living in family homes

Five days after having Sebastian, Sofia is back going to the Freedom programme group, "people were quite shocked"

Sofia feels she has always been accepting of help.

*"If you need it at the time there's no shame. I asked for support. I was tired all the time and asked if I could have a bit of help"*

*Sofia, age 28*

Emma feels like she has a bit of postnatal depression and "was really honest with my midwife. I told her I was down and did not feel I was doing things right"

*Emma, age 33*

When Katrina is around 18 she gets "fed up" with the eating disorder. She tells her parents and goes to the doctor.

*Katrina, age 30*

Mosi is diagnosed with autism (and has learning and behaviour difficulties). When Chike is around two years old, Afia starts to notice similarities between Chike's behaviour and Mosi's. Afia isn't surprised by this as she carried out a lot of research into autism following Mosi's diagnosis.

Early Help start to work with Afia and her family and Afia is "very welcoming of the support...any support". Afia feels the only thing that has got in the way of taking other support is in relation to her own community as her address is confidential and "I don't want my ex-husband to find out where I am living"

Afia prepares notes and lists of things she needs help with or things she doesn't understand ready for when her worker come. Afia wants to be able to manage her health effectively.

*Afia, age 40*

*"It's still not sorted and I'm ignoring letters and I cannot afford to pay so many bills and I still need help with that"*

Stacey also feels she needs some help around Millie's behaviour.

*"I have mentioned it...recently Millie's behaviour is bad, she hits me and is answering back...my worker tells me it's structure so it cannot be that...for me the next step is getting routine with behaviour or maybe some strategies I could do with Millie"*

*"We've done the naughty step...I'm learning still. It's my first child and she's getting older. I do pretty much try to follow the advice I'm being given"*

*Stacey, age 24*

Claire feels she has always been very open.

*"The only people I did not really tell were my mum and dad because I felt I had failed as a mum... tick that against the list of all the other things I've failed at"*

Claire feels she is trying her best, that "no service can wave a magic wand...it works for some, not for others and a lot of that is to do with the actual problems"

*Claire, age 43*

Workers also identified the importance of families accepting support in cases of **most significant change**

Accepting support:

- *"Dad is on board with whole family work"*
- *"Young person agreed to one to one support and attend several groups on offer that would increase her knowledge around managing emotions and staying safe"*
- *"Parent needed to be willing to engage"*
- *"The family have engaged well with services they have attended the signs of safety meetings"*
- *"Parent to engage with agencies such as the Police and UAVA"*
- *"The family want to work with Early Help and understand that change needed to happen"*
- *"When mum was getting support, the level of engagement from her and the children improved and they were far more accepting of support being offered"*
- *"Parent needed to be willing to engage"*
- *"Dad is happy to be receiving help for his daughter, to help her integrate into the community and be able to continue with her learning"*
- *"Mum was extremely shy but willing to try new things and take on any advice, putting her children first"*
- *"Accepting all help from a number of different services"*
- *"Mum to want to engage and want to attend the group. To participate"*
- *"Child's parents are able to see that their child is accepting support to enable his future to remain positive"*

Change in attitude to accepting support:

- *"Change was positive change in attitudes and belief of the parents and extended family, which then supported a change in behaviour, which allowed child to attend pre-school using two year funding"*
- *"Child is now willing to work with CAMHS as he wants to feel better"*

Asking for support:

- *"Mother asked for support with behaviour management, feeling that strategies would help"*
- *"I believe there may be some relapses along the way but I am hopeful that mum and other family members will be more able to manage any setbacks and be more*

*confident in asking for support before they reach crisis point”*

Being motivated to make changes:

- “*My role was to support the parents with parenting issues. Things changed quickly as the parents were motivated to change”*
- “*The family being very motivated to want to make changes and wanting the services to support them to make their family work well together”*
- “*Family are keen to access more groups to support their parenting”*
- “*Family felt that they needed to make changes and were in a position where they were ready to accept support”*

Following advice:

- “*With consideration that both mum and dad have learning needs, they have proved their commitment and engagement for making a positive change and wanting the best for their child. They have acted on advice and shown that they can maintain good standards of care”*
- “*She has sought support and has listened to the advice of professionals and acted accordingly”*
- “*Due to mum stopping drinking alcohol on a daily basis she was a lot more focused on being a parent and listening and wanting to change her behaviour and taking on board support offered on putting boundaries and strategies in place for her children”*
- “*The parents now check where their child is and will call the police if she is missing”*
- “*It was necessary for the parent to engage with agencies such as the police and UAVA to keep the mother and children safe. The mother then had the confidence to ask the perpetrator to leave the home”*
- “*Dad engaging positively and making changes which benefited his son such as improving home conditions and widening his social circle. He identified a number of positive activities his son likes and is showing he is committed to involving him in lots of positive activities and tries to find things he likes to do”*
- “*Dad in particular is taking on board advice and suggestions from his Early Help worker”*
- “*Parents continued to stay focused and consistent”*
- “*Takes on board what is being said/requested of her”*
- “*Mum has been co-operating with the police and reporting all the anti-social behaviour that she has received”*
- “*Child now using techniques to acknowledge feelings and is able to self-regulate”*
- “*She has been co-operating with the police”*

Families also recognise when they acknowledge issues and make changes for themselves, such as getting away from domestic abuse situations before Early Help become involved in supporting them around that and wider issues.

Isobel leaves her partner due to the violence and not wanting to expose her baby to the violence.

*Isobel, age 38*

*"I was desperate to a certain degree; still had severe depression but there was nothing there. One day I just said to him why don't you fuck off I'd be better off without you and the next day he did. It was the first time I'd really stood up to him and said enough is enough"*

*"I don't know where my tipping point is...I still don't lose it...many a person would have knocked her head off, given her a good hiding but I don't do that, there's no point smacking a 12 year old, she'll hit back twice as hard and I'm not wanting to condone her hitting me...the only one who did the hitting was her dad"*

*Claire, age 43*

Two years into the relationship, Sofia falls pregnant.

*"I felt stuck...but then I miscarried. I probably put the miscarriage down to him because it was very controlling and stressful and I started to see what he was really like and I was thinking to myself this isn't the life that I want"*

Sofia falls pregnant again. *"I wasn't trying to...I had to come off medication and try to manage the depression again myself"*

Sofia and her partner have an argument when she is eight weeks pregnant.

*"I said I'd had enough...I said to him if I'm going to have to choose I'm going to choose the baby because it's not a life I wanted for a child...I'd had a wake-up call. I thought if he's doing this now what's he going to be like when a baby's crying...you just don't know do you...I wanted to take myself out of the situation...I said that's it...I'm not going to stress and lose another baby"*

Sofia tries a lot of times to get contact between Sebastian and her ex-partners and his family.

*"I got fed up. He'd see him a few weekends then it would stop and Sebastian's behaviour would get worse. I had to pick up the pieces because he got used to seeing them. Sofia feels as if her ex-partner and his family have "had a lot of chances... Sofia wants her ex-partner to take her to court around contact with Sebastian...I don't think he'll go to court. He's too lazy but the court process helps because if he breaks it it's his own fault. When Sebastian is 18 his dad can explain to him why he's not seen him...I want them to write details of the contact and sign it on paper because it's not fair on Sebastian otherwise"*

Looking back, Sofia feels that everything happened for a reason.

*"I would not have Sebastian if I hadn't met his dad but everyone is glad I'm out of that relationship...sometimes you have to go through rubbish. It makes you who you are and you come out the other side a bit stronger. I take it in my stride to be honest. I'm stronger and happier, more outgoing, I go out and nobody tells me I cannot just go and see my friends" Sofia is "just glad Sebastian hasn't seen any of the abuse...I have a happy little chappy"*

*Sofia, age 28*

When she is six weeks pregnant, Jessica's partner throws her against a wall. Jessica decides she "cannot put up with this with a baby" and ends the relationship, moving back in with her mum. Jessica's mum is glad Jessica is back home. When Jessica's baby Euan is a month old, Jessica's ex-partner is arrested for stealing baby milk. Jessica is "abused" for this, "as her fault" which she finds "horrible". Jessica cuts off all contact with him from this point onwards

Jessica, age 23

"*My partner was working that night and that night I went to my mums...I knew it would be time to do things on my own and I went on a waiting list for a council house*"

After a couple of months Stacey finds out her new partner is dealing drugs in the flat and "I kicked him out"

Stacey also finds that it helps that she has to read with Millie to help her progress at school. "*Previously I did not care how Millie was learning...seeing her progress and how great she is compared to last year helps me and I know that it's not her dad doing it, it's me...having that bond back with Millie has helped me so much. I literally hated her and it's horrible to say but it's how I felt*"

Stacey says "*Millie will be going to school tomorrow no matter what...this will be the first week in months she's gone all week and it's a huge step for me and I want it to continue...I hardly had any sleep last night, my head was all over the place but I still got up and did it*"

"*Working will help with bills. Although it's not my fault I cannot afford to pay the £300 a month (CAP) want so I'm trying to find somewhere else to go myself. I will tell my worker*"

Stacey, age 24

With no funding and no diagnosis, Joanne and Karl manage to get James into a school they think will be more supportive half an hour's drive away which is "*supposed to be for two terms*"

Joanne finds her own ways to relax.

"*I have two cupboards full of crafting stuff...we have rabbits, we built their run...we play with them in the garden, it helps me and James. We've got some baby rabbits at the minute so his job is to help look after them, he likes doing that...we've got the garden so he'll do outdoor things on a one to one...he plays in the climbing frame when it's warm, he plays with next doors boy, he's a similar age and they get on so well they are round each other's house all the time*"

Joanne, age 30. Karl, age 37

Claire is worried that Poppy will end up at Claire's age feeling and going through what she is.

"*I cannot protect her from everything but I can try to steer her. I've been honest with her and talked about my childhood*"

Claire feels saddened that "*the years with Poppy that should have been good fun, I won't get back. I'm worried about her and us but I'm also very proud of what she's achieved, her confidence. I love her so very much*"

*Claire, age 43*

Kristy feels things change after she has Carly. "*As soon as she was born. It's horrible to say but because she was a girl. The boys shouldn't have seen anything either but they have seen things but she hasn't. I was like 'bam' I've got a girl...I don't know what it was. I've still kicked off about things but not to go out and cause trouble*"

Carly's dad visits her when she is three months old.

*"It was for 20 minutes and he's never seen her again since. I wouldn't let him around, let him near her. He's violent. She's how she is, polite and well-mannered because I wouldn't let him around her"*

*"Because I'm not kicking off all the time I've changed things for the boys too. Since Nathan has gone to high school we haven't had one issue from the school apart from one detention from a little scuffle. They think if mum can do it so can they and whilst they know I'm a bit nuts and I don't care I won't go out causing trouble"*

*"I'd never let domestic violence happen ever again. I'd never let a man hit me in front of the children"*

*"I'm going on two holidays abroad this year, I sorted the passports all by myself and I'm getting my life sorted. I drive and have a nice car. The kids are nice, we have a nice house and the past is past. My parenting has changed too. I used to get stressed but now I get on with it. I'm having my tubes tied, don't want any more kids, it's time to enjoy my life"*

*Kristy, age 30*

Workers also identified the importance of families making changes themselves in cases of **most significant change**

- “Mum has started to independently aim to put improvements in place such as getting the damp in her flat treated by the council”
- “Parents now check where their child is and will call the police if she is missing”
- “Mum is now following things through. This is something she never used to do”
- “During the course of the year I have been working with mum her confidence has improved with both children, not needing to ask as many questions but relying on her instincts”
- “Mum is always reading books around her wellbeing”
- “Mum has accepted support for herself through First Contact, including smoking cessation, financial checks and home adaptations”
- “As these changes have been instigated by herself they are more likely to be sustainable”
- “Mum is a lot more confident, making phone calls and not waiting for me to do it for her”
- “Reporting the young person missing to the police constantly and working with her boyfriends”

### **Support from Families and Family Members**

Many families cited the support they had from within their own families which mostly helps.

*“Family helps...we still see each other and our kids are close in ages...I’m really close to my cousin too... my mum helps, my dad helped too before he died this year...he was Luke’s favourite person”*

*Natalie, age 31*

Afia decides to reduce the visits to her brother or friends she used to have due to the worry of her ex-husband (threatening to kill him). Afia’s brother who remains very supportive visits Afia in the holidays instead.

During a family visit to Africa, Afia’s sister who is a doctor and her brother who is well studied tell Afia that Mosi is not ok and to go to the doctor when she is back in England.

*Afia, age 40*

Claire gets her main emotional support from an Aunty.

*"We used to go up to my nan and grandads and we'd walk round the village...I'd talk to her...we'd have a few fags together...we still have a good relationship and talking to her helps make sense of things"*

*"In the end my partner said something and my dad had clocked things weren't right. He took me for a walk on the day we went to register Poppy and he asked me who I was breastfeeding for. That if it was for me it wasn't working and if it was for Poppy it wasn't working...he told me I was stressed out and I did not have to do it"*

Claire knows her mum worries about Claire and Poppy.

*"She rang to see how we were and on Monday I told her what happened and she told us to come round the next day...we went round and I thought my dad was going to have a word with Poppy but he did not mention it and I was confused...we were running a bit late...maybe he did not feel it was the right time"*

*Claire, age 43*

Suzanne's grandparents provide Suzanne with a lot of stability as whilst Suzanne lives with her mum she spends time with them every day and often stays overnight.

*Suzanne, age 42*

Emma has support from her husband and family *"they will come over if I'm feeling down or need help with anything they come straight over"*

*Emma, age 33*

Whilst unable to work, Joanne and Karl find things *"not too bad at the time"* as Karl gets incapacity benefit, has assessments and whilst unable to drive, as Karl's mum and dad live locally they help a lot with shopping.

*Karl, age 37*

Stacey feels she gets most of her emotional support growing up from her sister and youngest half-sister.

Stacey begs her mum to let her move back in with her.

*"I was literally begging on my hands and knees".*

Stacey's mum agrees and Stacey moves back in with her. Stacey is very poorly when a second time she returns home to live with her mum.

*"She took on the role of mum to Millie and I let it go and went along with it which did not help our bond. Simple things Millie went to my mum for...I kind of did not notice it because I was so poorly"*

*"Social services had asked my mum if she'd be willing to adopt if needs be, take responsibility for (my sister's) children. My mum said yes, she was doing it for my sister...but my sister did not see it like that and we've had no contact with her since, we don't know where she lives, nothing"*

*Stacey, age 24*

Katrina's partner still has to work (when she is hospitalised for two months) so he spends most of his time living at his mums as she can look after Lily whilst he is at work.

*Katrina, age 30*

*"I was told I lived with my nan a lot from around two years of age until she died... I was looked after a lot by my aunty and uncle".*

Joanne's aunty and uncle stay involved in Joanne's life and she continues to see them during school holidays and family events.

Joanne has a good relationship with her foster parents and they later become godparents to one of her children, continuing to be involved in Joanne and her family's life.

*Joanne, age 30*

*"My parents know everything (about the drugs) and help me clear the 'riff raff' from the house...I was a broken girl"*

*Mandy, age 47*

Other quotes from adults valuing their support network included:

*"My support network is very good so nothing else from Early Help is required"*

Other quotes from children and young people valuing support from family members included:

*"Grandad and grandma. They get me out of the house – time out, fun sessions and having a break from being a carer"*

*"My mum has helped me and my grandma – told me if I get angry told me ways of handling it"*

*"Our aunty helps us in the holidays (they live further away)"*

*"My mum, brothers and brothers girlfriend help me"*

*"Daddy helps too, he cleans the house"*

*"My nan helps. No-one else"*

*"My mum helps me and my dog. My dog is my best friend"*

*"Mama helps me and grandma"*

*"Grandma and grandad have helped with home life"*

*"Mum helps, nanny too"*

*"Family help with my sister. She plays with our aunt and cousins"*

Workers also identified support from families through observations

- *"Baby's needs are being met by father and family members and good support is in place to help mum get better from her post-natal illness"*
- *"Whilst the child may not have had a lot of eye contact and cuddles from her mum she received these from her maternal grandparents and older brothers. Someone always gave her love. Now that mostly comes from mummy"*

## Support from Friends

Families recognise the support they get from friends.

Claire's friends tell her that her partner "*isn't good for me and I can do better*"

Later, Claire's friends "*were peed off that I'd let him back*"

Claire currently has support from a friend "*I met at the local pub that I've got to know over the last 9-10 months...she went through a tough upbringing herself...she was an angry little girl...she can understand Poppy's anger, what it's like to be a kid and angry...albeit for very different reasons...Poppy will spend time talking with her. My friend bought her a loopy thing that clicks together that you can fiddle with, it helps with stress...she's trying to give her different strategies of how she can control her anger. She came clothes shopping with us and it helped every time it looked like it might end in tears...every time Poppy started to go into kicking off mode my friend stepped in and Poppy shut up. She can take it from someone she likes, someone not in authority...she's also helped tell her social services isn't what she thinks it is because she's been there...unless you've gone through it it's hard to give advice...my friend loves us both to bits and what frustrates her is she can see me as a mum so desperately trying to do the right thing for my daughter and getting the shitty end of the stick. She doesn't like seeing her treat me like that and says it straight...she is subtly trying to get Poppy to open up about what is making her so angry because until we know what it is we cannot deal with it*"

Claire's says that all friends all tell her that "*I can say no...but I find it so hard...even if I really, really don't want to do something*"

*Claire, age 43*

Mandy's best friend stays with her over the weekend and makes her go to the doctors on the Monday.

Later, Mandy's friend puts the idea in her head of going to the Citizen's Advice Bureau "*as being one of the responsible adults I should put up a fight to get (my children) moved schools*"

*Mandy, age 47*

Afia has one friend in particular that supports her during this period "*as she is from a similar country and understands the culture of how men 'behave'*". Afia feels able to leave her children with her friend and stay over when she needs to go to appointments.

*Afia, age 40*

*"It's also knowing where to ask for help...I did have one friend who lived quite close and it helped me and the children having an ally there"*

*Suzanne, age 42*

Kristy is supported by her best friend at the birth of her third son, Jamie.

*Kristy, age 30*

Sofia has a friend who supports her during her labour, "*I needed it, I cannot imagine going through something like that by myself*"

*"A friend had used PACE so I found out about it through her because I was telling her I wanted to get back on track, did not want (debt) hanging over me when the baby was born and got older"*

*Sofia, age 28*

Isobel's drug problem becomes much worse. Isobel falls out with her mum and starts to sofa surf at friend's houses with the children.

The friend Isobel is living with "*puts her foot down...says I cannot do this anymore and I need to come off drugs...by that time I had decided I'd had enough but I knew to come off them I'd need to sleep for days and days and did not want to admit to anyone I had a problem...I couldn't leave the kids to roam around the house whilst I was sleeping*"

*Isobel, age 38*

Emma has also made friends in the community through her children being at nursery and school.

*Emma, age 33*

Other quotes from children and young people recognising support from friends included:

*"We have made new friends (they help us)"*

*"Friends help me. When I climb up a tree they help you"*

*"My friends do things better and they help me to earn team points"*

Workers also identified the importance of friends through observations

- "Parent is attending a community group and has made social friends from local neighbours in the new area"*

### Supportive Communities

Families also mentioned support they had within their own communities.

Suzanne has the number of a mum in a similar situation and will get together with her at some point to see how they might be able to help each other.

*Suzanne, age 42*

Afia gets support from Fumnaya's friend's mum who takes Fumnaya to lessons after school and swimming.

*Afia, age 40*

Things are so bad at home that Michelle leaves home and moves into a flat that one of her friends parents has within their property. Michelle carries on with school and 'A' levels and is supported by her friend's parents.

Michelle has friends who are leaders of a church group. Michelle attends the group and gets emotional support from the adult youth workers.

*Michelle, age 53*

Claire feels lucky that she has understanding neighbours.

*"Sometimes in the summer when the windows are open...there's a neighbour across the road who's come over and asked if there's anything she can do to help. It's nice we have a neighbourhood like that...she could have rang the police...it helps and Poppy can go to our next door neighbours anytime"*

*Claire, age 43*

Workers also identified supportive communities in cases of **most significant change**

- *"Members of the neighbourhood making referrals to NSPCC"*

### Multi-Agency Attitudes Resulting from Families Being Better Engaged

Workers also identified the link between multi-agencies attitudes when families were better engaged in cases of **most significant change**

- *"There was a change in the attitude from the pre-school and the health visitor once mum started to engage appropriately"*

## What could be Different?

### Fear of Being Honest/Denial and General Fear (often related to poor mental health)

Many families don't alert services to their needs because of fear.

Katrina has bad anxiety and poor mental health and hides from her worker how ill she feels. She becomes paranoid about her worker, thinking they are "...spies...following me...that someone is going to take my children away from me"

*Katrina, age 30*

Looking back, Afia feels if anything she should have had more confidence to make decisions for herself but she was too scared previously to do that.

*Afia, age 40*

*"I felt guilty where the kids were concerned, always frightened they'd say they did not want to live with me and wanted to live with their dad"*

*"I never got the support I'd needed for a long time before...I found it difficult with strangers, still do, but I'm getting there. I had to hit rock bottom...but I was ready...for twenty years I hadn't been"*

Looking back on what she would have done differently, Mandy would not have left her children behind, *"if I'd known what support was out there, if I'd known about domestic abuse, UAVA, that there was help for me and the children I'd have taken them with me"*

Mandy also did not confide to anyone about the sexual abuse she had experienced until much later in her life.

*Mandy, age 47*

Isobel falls pregnant but is too scared to tell anyone because she is involved with social services.

Isobel feels that *"being on drugs gave me loads of energy at the time, that I could cope with the kids and whilst it felt normal at the time I was very paranoid, very on the edge...I was scared of coming off drugs and not being able to live normally"*

Isobel is coming off drugs when she is visited by her worker *"if I was living at home I'd have ignored her but my friend said there was someone to see me...I couldn't tell her I was coming off drugs...I'd somehow managed to keep my kids when I was on drugs and I did not want to lose them coming off them"*

*Isobel, age 38*

*"My worker knew there were issues between me and my partner and I think that's why she stopped around to make sure nothing happened although I did not tell her enough or any detail as I kept things to myself...I loved him at the time, he had a good side and I kept referring to his good not bad side and I did not want him getting into trouble"*

*Stacey, age 24*

Workers also identified issues around being honest in cases of **most significant change**

- *"Mum wants to make changes but struggles to commit due to fear and anxiety. Mum needs to report when the child's father breaks bail conditions as this puts them all in danger"*
- *"It would be better if mum was more open and honest with professionals when it comes to the children's wellbeing, such as letting us know she has a partner"*
- *"Dad could have made the situation easier and the children would have been safer if he had not kept them in the home or tried to hide the (flea) bites"*

### **In Denial/Resisting Advice and Support**

Many families are in denial about needing advice and support or resist it at the time.

Jessica feels she has "*blocked out most of her childhood*"

Initially Jessica is in denial about needing any help but feels that "*things got so bad she couldn't take it anymore*"

*Jessica, age 23*

Claire felt that her worker tried really hard with Poppy, "*tried to get her to groups...but Poppy wasn't willing to let anyone in...she's a very closed book and only lets you know what she wants...our worker would try things like bribing her with McDonalds but if you cannot bribe Poppy with a McDonalds she really doesn't want to go*"

*Claire, age 43*

## Early Help Evaluation – Final Report

Suzanne's friend is a volunteer at a support group for children with anxiety and ADHD. She tries to get Seb to attend but he won't go.

*Suzanne, age 42*

Things get "so bad" for Isobel that she attempts suicide. "*I did mean to do it but it was a spur of the moment thing and I went oh my god and concerns were raised...I was offered bereavement counselling but buried my head in the sand after that*"

Isobel doesn't want to go for help but looking back doesn't know how her drug use goes undetected and how she manages to keep hold of her children.

Isobel starts to ignore letters coming through the door, filing them away, taking no notice of them. At this time, Isobel felt that "*as long as the kids were spotless and the house was clean that was all I was concentrating on*"

Isobel feels that if she hadn't avoided her worker so much in the beginning she would not be working with her now but also knows the big plan is little steps and taking each day as it comes, "*she asked me if I wanted to go back to basics...my mums not been well, I haven't had the best of weeks*"

*Isobel, age 38*

Stacey's worker suggests she goes on the Freedom course but Stacey "backed out". "*My worker has also suggested the Freedom programme but there was a reason why I couldn't do it this time so it's still something I might do*"

Stacey feels that a lot of her debt came about when she was living with Millie's dad for six years. "*It was mostly rent and council tax and having depression I just did not pay things...I still don't pay everything*"

*Stacey, age 24*

Kristy is offered a domestic abuse worker. "*They used to phone but I didn't want them, they tried for a couple of months but I couldn't be arsed. I'd got out of domestic violence by then, put it to the back of my head*"

Kristy still feels there are issues with her mental health. "*I definitely have ADHD but there's something else but I don't want to go to the doctors and deal with it*"

*Kristy, age 30*

One child or young person felt unsafe when their mum's ex-partner broke bail and their mum did not report it.

Workers also identified families in denial or resisting support in cases of **most significant change**

- *"The family had also been avoiding the health visitor as this is where the concerns were raised from"*
- *"Mum began to engage and follow the strategies given by her worker around firm boundaries and routines in the household however mum tends not to stick to the strategies and ends up giving the children mixed messages"*

### Being Ready and Able to Deal With Significant Life Events

Families were often not ready to deal with significant life events until much later in their lives.

Jessica feels that if she could turn back time she would not have gone through half of what she did however she feels she wasn't strong enough to contemplate walking away and she also wasn't "*bothered about herself back then*"

Jessica feels there could have been more support as a teenage parent but she isn't sure she would have accepted it.

*Jessica, age 23*

When Claire is around 20 she has a miscarriage.

*"I did not get any counselling...at the time I just dealt with it, had a D and C, went home the same day...it came back later to bite me on the bum".*

Two and a half years after her miscarriage, Claire is convinced she is going into labour.

*"I wasn't actually pregnant, I went to a friend's house...it did not matter what anyone else said...nobody would take me seriously...my partner did not know what to do...my mum and dad locked me out because I was freaking out...I went to the local hospital and could hear my dad outside, they were saying that if I did not agree to see anyone they would have to section me...I knew what it meant and played things down and did not get sectioned in the end"*

Claire sees a community psychiatric nurse for "a while" and a counsellor but isn't ready to deal "with it" and brushes everything away, "*it was a really crazy time*"

*Claire, age 43*

The relationship between Craig and Mandy's husband deteriorates as Mandy's son sees the "*estranged relationship*". *"Craig wanted me to leave him for a couple of years but I did not know how to leave him, how to start again, I was getting older...I thought where would I go from here"*

*Mandy, age 47*

*"I'm trying to deal with the sexual assault from when I was younger but I don't think there's enough evidence, it's just flashbacks"*

*Stacey, age 24*

### **Confiding to Others around Significant Life Events and Asking Others for Help**

Families were often reluctant to confide in others or ask for help after they had experienced significant life events.

Claire and a friend "*get into a bit of a pickle...me and my friend went with my 'so called' boyfriend to a house in another part of Leicestershire. My boyfriend had passed out and was technically asleep and his friend tried to rape me...my friend heard me screaming and threatened to hit him over the head with a bottle of wine if he did not get off me...I ran downstairs, got all the knives out of the kitchen, was waving them around anyone who came near me...I had a crazy drive back home with some of the boys we went over with.*"

Claire is unable to tell her parents what had happened as "*I lied about where I was...it was my own stupidity...I have never reported it to this day...me and my friend did not speak about it afterwards...I have a real problem with no meaning no*"

*"I used to get a rage...I had this inner strength...I had to on several occasions...there were people my partner was associated with, not friends, people who used to take advantage of his kindness, they used to come round the house...he'd pass out and they thought they could have a go...because I was loyal I was like, no, fuck off and I stuck up for myself...there were several events like that, I dealt with them, I was fit...I cracked one bloke's head on a window sill...it never happened again after that...people knew not to mess with me"*

*Claire, age 43*

When Stacey is seven or eight she is sexually assaulted by a family friend who was around 20 years old. Stacey said her sister "*kind of knew...she can remember me having love bites on my neck*"

Stacey's school see the love bites and raise it with Stacey's mum. When Stacey's mum speaks to Stacey about it she tells her mum it is someone else. Stacey's mum "*confronts*" the other person, "*it was over and done with and never spoken about again*"

Later, Stacey suffers badly with her mental health. "*I did not confide to anyone how bad I was*"

*Stacey, age 24*

Mandy tries to get support and goes for counselling but is uncomfortable talking about the abuse.

*"I never got the support I'd needed for a long time before...I found it difficult with strangers, still do, but I'm getting there".*

Mandy does not confide in anyone about the abuse she experiences from her brother as he is *"her mother's blue eyed boy"*

*Mandy, age 47*

Since the age of eight or nine, Katrina has an eating disorder. There is no specific trigger for it and she *"either eats nothing or very little"*. She is good at hiding the eating disorder and doesn't confide in anyone.

Looking back Katrina thinks maybe she could have confided more in her parents when she was ill but finds it difficult to say what she'd have done differently *"because they were in Ireland...I was sick"*

*Katrina, age 30*

Whilst Isobel sees her family, she doesn't feel she can ask them for help and just has to *"deal with everything"*

Isobel knows she would not have asked for help, that she would have *"muddled through...still doing the same things...whilst friends do support me, at the same time I don't like to ask as I think they have enough of their own issues without mine on top"*

*Isobel, age 38*

Whilst Suzanne has friends she keeps things to herself.

*"I have all my life, it's the way it's always been"*

Whilst Suzanne has lots of friends she *"doesn't want to burden them...having been brought up to deal with problems and not share them...there have been times when I've been at my lowest point and lost it and cried to someone but it doesn't happen often"*

*Suzanne, age 42*

### Domestic Abuse

Domestic abuse has a significant impact on families.

After three months the relationship starts to become physically and mentally abusive which gets progressively worse over the next 18 months. Jessica and her partner move into their own house. Jessica's partner wants her to have a baby and stops her taking contraception. Jessica tries to take contraception behind her partner's back, however he watches her "every move"

Jessica is repeatedly raped by her partner. Jessica discovers her partner has lied about his age and has a "*criminal record as long as his arm...fraud, theft, burglary, GBH and ABH*"

*Jessica, age 23*

Three months into the relationship, Claire's partner starts to physically abuse her.

*"He'd apologise, say it was his fault, I'd forgive him, and let it go...he said things would change but they never did"*

Claire and her partner both "*drink a lot...he lost his dad and did not handle it very well. I'd wake up to him head butting me and trashing the flat...I used to make excuse after excuse for him...I would not argue back, I used to try and calm the situation down*"

Claire and her partner have an argument where he threatens to set fire to their flat.

*"I bit his finger to get the lighter from him and ended up flying over the coffee table and dislocating my elbow...I went to hospital to get my arm put back in place...because I was having an x-ray I did a pregnancy test and I found out then I was pregnant"*

Claire's dad buys a house with the idea of Claire renting it from him and she moves into it.  
*"Things started to get worse between me and my partner after we moved in...he felt he could never be the man of the house because my dad owned it...used to say he hated the house, wish we'd never moved in"*

Claire's partner regularly hits Claire in front of Poppy. Claire starts to stand up to the domestic abuse which makes "*things worse...much of it was verbal...my partner was constantly putting me down*"

*Claire, age 43*

Isobel starts a relationship. For the first six months things are "ok" however her partner becomes very violent. Isobel cannot pinpoint exactly when it started as "*it was all a bit gradual*"

In a subsequent relationship Isobel splits up with her partner. "*I was understanding about the age gap to a point but he had started to take the 'p' and wasn't coming home at weekends...domestic abuse had crept in...whilst he had hit me once it was more emotional abuse*"

*Isobel, age 38*

If any of Afia's friends visit England from Africa, her husband does not allow her to visit them if they are anywhere other than the City they have moved to. Afia falls pregnant. During this pregnancy, Afia is treated "*very badly*" by her husband and becomes depressed. Afia teaches languages in a school. Afia's husband tells Afia to stop working "*to stay at home and look after the children*". Afia's husband starts to become controlling financially. He bullies Afia and is emotionally abusive.

Afia's husband starts to work "*on and off*" and the family go onto benefits. All money from the benefits goes to Afia's husband and Afia has to ask him for money. Afia's husband starts to go with her to the shop if she wants anything. Afia's husband no longer lets Afia visit her friend alone. Afia tells her husband she would like to take the bus "*like her friend*" but he always goes with her and stops her from learning to drive. Afia's husband doesn't let Afia use her phone. He tells Afia her English isn't good enough. Afia feels her husband is jealous of her, that she is better educated than him and that their community like her more than him.

*Afia, age 40*

When Stacey is 15 she meets a partner who she stays with for the next six years.

*"He was a bit of a bad boy, a chav".*

After having Millie, Stacey's partner starts to become increasingly aggressive.

*"He was quite violent, knocking me around and all sorts"*

Stacey and her partner get a council flat, "*and around the same time, when Millie was around 18 months old everything changed...my partners mum had a brain tumour...I was very close to her too, she was more like a mum than my own*". Just before Millie's 3rd birthday, Stacey's partner's mum becomes very ill and Stacey and her partner "*had a big bust up...it was so bad I couldn't even get Millie to safety. He threatened to burn me alive in the flat, in the house...and that was me done*"

Looking back Stacey would not have moved into the flat with her partner which led to her mental breakdown and wished she'd been able to recognise how bad and abusive Millie's dad was.

Stacey's new partner is evicted and he has nowhere to live. Stacey is offered a property a distance from her family and takes it... "*I wasn't thinking about myself, I took it for him. I knew he was using me but I took it because it was someone with me*"

Stacey's anxiety increases.

*"I have never been a person to be on my own, I cannot cope...even going to the shops is a task. I do it because I have to. I cannot go to the park, you'll never get me on a bus, I find ways to get round it...get my mum to take me places"*

*Stacey, age 24*

Sofia's partner starts to become controlling and she becomes increasingly isolated.

*"I made excuses for him. I couldn't talk to friends because he thought I was talking about him or talking to another guy. In the end I did not talk to anyone to save arguments. It was less stress...in the end I did not go out, stayed at home, isolated myself from everybody and I suppose that's what he wanted...I was home all the time and my depression got worse and worse. I couldn't think about work or anything...he then got a bit violent but I brushed off the abuse"*

One night Sofia's partner returns from his sister's house and *"kicks the door in for no reason after being out drinking. He had a key, opened the door, closed it and kicked it in...when he left he saw a community officer in the street and told him someone had kicked the door in. The community officer came in because I was in a right state. He'd slapped me and had been violent"*

*"Initially we weren't allowed to be around each other but after a month or so we kind of worked it out...he wormed his way back in and it wasn't until afterwards you think to yourself, what was I doing"*

Sofia's partner spends a lot of time at his sisters. Sofia feels her partner's violence is made worse by alcohol.

*"I went down to his sister's house and left a bit later, I'd had enough...he later came up to our house...I did not know he'd been drinking all day, making threats, nobody had given me a heads up...I did not realise he was drunk and that's when he kicked off. Sofia calls the police. "He was pretty much strangling me, he was threatening to kick the baby out of me, stuff like that...it was horrible"*

*Sofia, age 28*

Suzanne finds the next six years living with her partner "horrific". Her partner uses drugs regularly. Suzanne feels she *"lost who I was...like he dragged me to my lowest level"*

Suzanne's partners use of drugs increases; he becomes more depressed, controlling and more volatile, mentally abusing Suzanne regularly. The police are called 29 times in less than a year. Towards the end of the relationship, Suzanne's partner becomes physically violent and Seb witnesses his dad putting a knife to Suzanne's throat and dragging her down the stairs by her hair.

*Suzanne, age 42*

Six months into the marriage, "*that's when the problems started...sex wasn't my way, but it was his and it put me back to square one...he became controlling and emotionally abusive...but because he was my husband I let him get away with it*". Mandy also experiences sexual abuse from her husband, "*he used physical items...it could have been the reason I had to have a hysterectomy*".

In 2012, Mandy tries to get May to sleep in her own bedroom. "*I know it was a bit late as she was two but it wasn't what I wanted. May would not have any of it and I was tired...I lost my temper and shouted at her and she got upset...my husband flew across the room, held me up by my throat...I was in shock, I did not know what to do, he was a big overpowering man...I was scared*"

*Mandy, age 47*

*"On one occasion I bombed my partner on the nose because he was speaking to some girl and we had a little scuffle. I used to be well horrible"*

*"Nathan's dad (a second partner) used to hit me a lot, cheat on me a lot. It was bad domestic violence. My mental health was a nightmare back then. I had ADHD and didn't know, I got arrested every week and didn't care...we didn't live together but we'd beat each other up. There was violence all the time. I didn't care about the kids in that sense. I mean they were always looked after, had a clean home and had what they wanted..."*

*"(With a third partner) it was violence again. He'd spit at me, hit me. I was violent too; if you're hitting me you're getting hit back. He was vile. I never went to court for women, just blokes. I used to go to court for criminal damage, common assault, beating blokes up. That's how I'd been brought up"*

*Kristy, age 30*

### **Upbringing, Other Significant Life Events, Parenting Issues and Negative Support from Partners, Families and Friends**

Many families had difficult and challenging upbringings which often led to gaps in their own parental knowledge. As well as **domestic abuse**, families tended to also have multiple significant life events which impacted on their mental health, parenting and resilience. These included:

- Previous experience of services
- Set-backs and life events
- Relationship difficulties/breakdowns
- Bullying
- Being fostered/adopted
- Teenage pregnancy
- Miscarriage
- Difficulties during pregnancy and labour
- Post-natal depression
- Murder threats
- Changes to benefits
- Debt and unstable/inappropriate housing
- Disability and illness
- Undiagnosed/insufficiently supported children with SEND
- Exclusion from school
- Kidnapping
- Caring responsibilities
- Poor mental health (from anxiety to eating disorders, breakdowns and suicide attempts)
- Poor parenting
- Bereavement
- Child abuse
- Sexual abuse and rape
- Court cases
- Prison and family members imprisoned
- Problems with employers/loss of jobs
- Loss of driving licences
- Getting involved with “wrong crowds”
- Risky behaviours such as substance misuse (and other family members with substance misuse issues such as alcoholism)

*“Our social worker has a book from when we were little and when she gives us it at the end that will be the last time we’ll see her. We do see our real daddy every two weeks and our mum is in hospital with problems. She beat us up and put me in a corner. Mummy needs to get better before we see her. We have a mummy looking after us”*

*Child feedback*

*"My mum used to let me skive off school. I did not know when I was going to get my head kicked in...that was my mums solution to it...it was a different time then, teachers and head teachers did not have the same action as they do now"*

Claire feels her own dad has underlying mental health issues.

*"He has social anxiety...I do too and wonder sometimes if it's hereditary".*

Claire recalls her dad saying *"your friends aren't coming to see you are they"*.

Claire feels her parents were so unapproachable her friends would not have felt able to ask for a lift and there was no other way of them getting to her house.

*Claire, age 43*

Isobel feels because her mum is older, she is brought up *"old fashioned"*.

Isobel feels looking back, she did not have time to grieve the loss of her dad having her boys in quick succession, *"being busy busy...the kids took over"*. Isobel's brother turns to alcohol *"as a way of coping with his dad's death"*. Isobel feels she isn't coping, that her mum is also not coping with her alcoholic brother back home and decides to leave her new property and move back in with her mum. Isobel's brother dies as a result of his alcoholism.

It is planned that Isobel doesn't see her daughter after giving birth as *"the plan is for her to go into temporary foster care until everything is sorted"* but after having her, Isobel feels her maternal instincts *"kicked in and I couldn't part with her"*

Isobel's has a fall out with some friends. Isobel feels she cannot cope with the confrontation with them, particularly as *"I had just started making good friends in the new area I moved to"*

Isobel becomes scared to take the children to school due to the conflict with her old friends and feels *"depression sets in again"*

*Isobel, age 38*

Natalie also felt that she was *"a bit of a nightmare...a control freak...that magic word 'no' I did not like and I would smash things if I did not get my own way...once I broke a window...I'm not proud of it but I got what I wanted"*

*Natalie, age 31*

Mandy is upset with her dad who is heard telling another family member she *"won't get the kids as long as he is alive...he was my hero, that crucified me more than anything...I cannot forgive him...we don't speak anymore"*

Mandy was also told by her mum to keep the sexual abuse from her sibling *"hush hush"* and had difficulties with her siblings due to them having different parents.

*Mandy, age 47*

Jessica finds her dad "*unhelpful*" as he knows Jessica is in an abusive situation but says "*leave her to it, she'll come back when she feels like it*"

*Jessica, age 23*

Michelle finds her step mum "*horrible...just awful...really unkind, she'd lock us out of rooms and did not allow dad to look after us or give us any money*"

*Michelle, age 53*

When Katrina has "*moments of clarity*" she tells her family that "*I have gone mental*". Katrina's mother-in-law tells Katrina that she cannot go to a mental home as there is no such thing as mental illness. Katrina said her own mum knew her better than anyone else, that she recognised Katrina was poorly and had asked her in laws to help, "*which caused some conflict because my mother in law felt she could handle the situation*"

*Katrina, age 30*

Jessica feels upset that her own dad doesn't bother with her or Euan, particularly as Euan doesn't have his own dad in his life and as Euan asks after his grandad "*quite a bit*"

*Jessica, age 23*

Claire's husband has a friend who "*would come up to the house and shit stir between us...then he'd sit back and watch us row, he'd find it amusing. I kept telling my partner he was bad*"

Claire spends most of the weekend in bed as "*I couldn't face what was going on downstairs with my husband and his friend...he was paralytic by 10 in the morning, not nice to be around...he'd involve Poppy, keep her entertained but when she got older she'd start going off to her mates and stuff*"

Claire's husband has a "*blazing row*" with his friend and he doesn't come to their house for four months. Claire finds things settle down during that time and are "*a lot nicer...but he weeded his way back and things eventually became too much*"

*Claire, age 43*

At the age of six or seven, Joanne remembers being abused by her dad. Joanne finds out from her adoption papers that her mum is given the option of keeping Joanne and her brother or staying with her husband. Joanne's mum feels she had "*no choice*" as she was unable to cope on her own. Joanne and her brother are given up "*for Joanne's own safety*". Joanne's mum "*struggles*" and many years later Joanne finds out her dad gets sent to prison for an unknown reason, "*section 1 or something*"

Joanne and her brother are put through the adoption process. During the first few visits before she is formally adopted Joanne remembers "*going on nice day trips, having kids takeaways...doing things we wanted*". Joanne clearly remembers the adoption process which she finds "*challenging at the time*"

Joanne feels the adoption "*goes wrong from the start*" as soon as she and her brother are adopted her adoptive parents "*did what they wanted...had their holidays which involved alcohol, going to France to get wine and beer...not typical kids holidays, more grown up and we had to fit in with their way of life*". Details of why Joanne was adopted don't come out at the time to her. Joanne isn't given any support and her adopted mum doesn't let her talk about anything.

Joanne's birth mum dies and Joanne's adoptive mum tells Joanne she "*cannot grieve for her, she never loved you...never wanted you*". Joanne disagrees, "*it's not like I was a baby when I was adopted...she tried*". When Joanne is 17, things "*get so bad at home I am kicked out after hitting my adoptive mum*". Their relationship subsequently becomes "*non-existent*". Joanne gets hold of her adoption records because she felt her adoptive mum was lying to her about what had happened. Joanne finds out that her adoptive mum had been "*making things up...making things out to be much worse than they were*".

Joanne feels she has a huge trust issue because of her adoptive mum and dad telling her lies to start with, "*If so called family can lie to you then anyone can lie to you so I always put up a barrier...there's not many people I trust*".

*Joanne, age 30*

Twenty years before Stacey was born, Stacey's mum was raped. Stacey's eldest sister is the result of that rape.

Stacey doesn't have a good relationship with her mum growing up. "*My mum had a lot of children, there were seven of us to get round...we were a poor family, she did her best*"  
*Stacey recalls her mum being "soft...she'd let us smoke in the garden at 13...that kind of thing. My mum was soft with me and that's what I'm like with Millie and now I'm regretting it"*

*"My mum just told me to get on with it...because she grew up independently and just got on with it...because she can do it she thinks everyone else can"*

Stacey also feels that independence from her mum has been what she needed.

*"I felt like I did not need to care for Millie because my mum took that role whereas now I've got the responsibility and now I have to do it. I have no choice and that's made me better, the independence has pushed me which is what I needed...I feel like a mum again, did not feel like she was mine before"*

Stacey doesn't have a good relationship with her step dad.

*"He was living in a house with his mum, dad and brother...my mum never went round there, they did not agree with him being with my mum...I was closer to his brother"*

*"My mum had a rant about it and my step dad came out 'effin' and blinding. Eventually I just shut the door on him but next thing my step dad had me round the neck up against the wall. It was the first time he had been physically aggressive with me...my mum kicked me out as he'd told her I had hit him first even though my sisters and partner said I did not touch him...she always took his side"*

*"In the end my mum turned round and said I could move back in with her if I stopped the police involvement, my step dad in the end turned round and told the truth...I hate his guts"*

*Stacey, age 24*

When Kristy is 18 months old her mum leaves the family home. Kristy does not see her mum again. Kristy is brought up by her dad, uncles and nan. *"Our family was totally different, they sold drugs. We were an estate family and that's how it was. We were close but it weren't that great"*

From the age of around eight, Kristy recalls being hit by her dad.

*"I went to school with bruises and had to lie, my dad told me to lie...he didn't batter me all the time, but if I did something wrong I'd get a good hiding...he'd chase me round the close with a knife"*

When Kristy is 13, she runs away from home, *"because my dad went to stab me with a knife. I didn't see the knife but I heard him and he had that anger so I just ran and got out of the house. I hid in this house in the garden, then I went to stay with my cousins for two weeks. My dad wanted me back, was apologising. All my dad saw when he was getting brought up was violence, things getting smashed up"*

When Kristy is 29 she emails her mum but her mum isn't interested in taking the relationship any further. Kristy's family had led her to believe she had a brother all of her life so Kristy is surprised when she also makes contact with her sibling to find out actually has a sister who has her own family.

*Kristy, age 30*

Workers also identified upbringing, significant life events, previous experiences with services and parenting issues in cases of **most significant change**

- “*Mum is anxious and feeling guilty about her relationship (breakdown). This has impacted on her confidence in parenting which has impacted on all three children*”
- “*The family have had negative relationships with other professionals and their trust and self-confidence was at a low. Previously they felt frustrated, misunderstood and brushed aside*”
- “*The child stated that sometimes she feels like ‘the spare child, I don’t get that much attention and that mum feels that I’m attention seeking’. The child also stated that she is given too much responsibility ‘with babysitting’, looking after her younger sister. The child also stated that she has the responsibility of walking with her brother to school and that ‘I get into trouble for not looking after him when he does something wrong, like when he fell off his scooter and I got the blame’*”
- “*The child stated that she was worried that ‘mum doesn’t want me, I’m not the favourite’*”
- “*It’s positive because the children now have the opportunity to grow and develop and develop in a safe and secure home but it’s negative because the birth parents were unable to meet their children’s needs*”

One child did not like watching scary videos with their parents.

### Bullying and Difficulties as a Teenager

Many parents had difficulties with bullying and in general when they were teenagers.

Claire is bullied at school. Claire's parents are religious, "*a type not many people have heard of and when friends came round to play they saw things...those things got round...I did not have it easy*"

Neither Claire nor her mum tells her dad about the problems Claire is having at school. "*I was brought up to turn the other cheek...take things on the chin and ignore them...don't hit anyone...but that's not how life works....in the real world people pick on you and pick on you...if you give someone a gobful, a slap, stand up for yourself they don't do it again because they know they aren't winning. I don't condone fighting but I eventually did that at school*"

At thirteen, Claire "*went off the rails...I started to smoke...got in with the wrong crowd*"

Initially Claire isn't angry at home but becomes more angry at home as her hormones kick in and starts to "see" a man who lives next door who is 11 years older than her.

*Claire, age 43*

Mandy doesn't settle well in the new area. She is "*bullied a lot*" and from 14 onwards "*is difficult, a bitch*"

At around 14 - 15 years old, Mandy is abused by one of her older brothers. This abuse continues into adulthood and causes "*a lot of damage...I'm petrified of water because of it...most of the abuse happened at the swimming pool*"

*Mandy, age 47*

When Stacey is twelve her sister starts a relationship with a '*traveller*' who she stays with for six years. Stacey doesn't "*see eye to eye with him...he was a bad person...on drugs and I had a lot of fights with him*"

Stacey's mum moves Stacey's sister's partner into the house. "*My mum was a caring person and tried to help anyone...but he used to rob us...my dad hated him too. He was a nightmare to my dad; he'd break windows in his house, in his car*"

When Stacey is 13 her dad dies suddenly of a heart attack. Stacey blames her sister's partner for his death, "*it all happened around that time but my sister couldn't see it as she was madly in love with him*"

Stacey's dad's death has a huge impact on the family particularly as he helped Stacey's mum financially. A month after his death, the family are "*kicked out of our house as my mum couldn't afford it, my dad had helped with rent*"

As the family have nowhere to go, Stacey's mum goes to live with Stacey's older sister in another village and Stacey moves in with another sister which means she can stay at the same middle school. At the same time, Stacey's sister falls pregnant (at 15) and moves into a hostel. Stacey is split up from her mum for around a year.

*Stacey, age 24*

When Jessica is 14 she moves out of her mums house "*on and off*" from this point and "*doesn't bother with school*". Jessica stays with friends and "*disappears for a bit*"

*Jessica, age 23*

Michelle's mum dies when Michelle is 12. Michelle is grieving for her mum and finds things "*very rough at home*". When Michelle is around 14 she is referred by a psychiatrist to a children's home, "*a mental health place for a period*"

*Michelle, age 53*

Natalie "*battles with eating*" from the age of around seven. "*I don't like food and still don't eat properly...if I get stressed or anxious I don't eat and don't realise I'm not eating*". During her teenage years, Natalie "*argues and clashes*" with her mum "*because we were both women*". When Natalie is around sixteen she goes to the doctors because she is getting "*too thin*". Natalie's doctor puts her on anti-depressants.

*Natalie, age 31*

Suzanne doesn't feel popular at school due to physical issues relating to her genetic condition and is mentally bullied. During teenage years Suzanne causes "*a bit of chaos*" for her grandparents. Suzanne finds things "*difficult as they are a different generation*"

*Suzanne, age 42*

### Limited Support Networks

Many families have limited support networks, often as a result of domestic abuse and other issues such as their own mental health.

*"When Poppy left for school in the morning I'd go to the fridge and I'd drink until 11ish, have a good sleep, wake up, shower, do the things mums do...that would be it day in day out...I distanced myself from everyone...was isolated and depressed"*

*Claire, age 43*

Whilst Fumnaya and Ife attend "*local celebrations*", Afia doesn't feel she can go herself and feels isolated. Afia feels her social life is not good and sometimes her daughters complain. Afia feels that "*having the boys with their special needs and difficult behaviour makes it very difficult to visit friends and socialise*"

Afia's first language is also not English.

*Afia, age 40*

Stacey doesn't really see friends or family.

*"My sister is older, my other sister is always really busy, the other lives away"*

*Stacey, age 24*

Sofia has a bad experience with her ex-partners family.

*"They were blaming me for him getting locked up, not thinking about what he'd done. I was glad I'd moved but I was quite isolated and although I had a few friends they all had kids so it was hard to rely on them for support when it was all going on"*

*Sofia, age 28*

Isobel's has a fall out with some friends. Isobel feels she cannot cope with the confrontation with them, particularly as "*I had just started making good friends in the new area I moved to*"

*Isobel, age 38*

*"I live in a nice house, in a nice village but it's isolating, you cannot join in with friends, you cannot go out...lots of people like me are at the end of their tether"*

*Michelle, age 53*

Kristy says she keeps herself to herself.

*"I have a couple of mates but friends come and go. It used to bother me but now I stay in the house, keep the house clean, do dinner, cooking, washing, haven't got time for friends, the day is gone"*

*Kristy, age 30*

### **Issues with Children's Fathers**

Some parents felt their child's fathers did not support them over their child/children's issues and parenting or were negative influences on their children.

Mandy is told by the school that they know when the children have been to their dads because "*it was just chaos*". Mandy feels that this was because there was routine with her but at their dads "*he was able to buy them things so it was all nice things at dads and rules and routines with mummy*"

The diary James keeps at school to help deal with his emotional issues contains comments about his dad, "*saying he was frightened of him...that he did not want to go to his house...that he knew what his dad was capable of...that he did not like how he shouted and swore at him...but that wasn't classed as abuse*"

*Mandy, age 47*

Whilst still married, Michelle feels and continues to feel the relationship with her husband is "*rubbish...we lead separate lives, he doesn't get involved, doesn't help much with the children and undermines me...it's very hard as he's happy as Larry and thinks it's how it's meant to be...I know it isn't but when there's so much going on I cannot deal with that too*"

*Michelle, age 53*

When Mosi is around three years old, Afia starts to find his behaviour difficult and "*not normal*" although Afia's husband disagrees saying there isn't anything wrong with him. Afia asks her husband what he thinks about Mosi and he tells Afia that it is her behaviour that is making Mosi behave as he is. Mosi becomes very angry and starts screaming and banging his head.

*Afia, age 40*

Suzanne's partner refuses to help out with the twins unless it's on his terms and also refuses to sign the tenancy over and Suzanne faces being homeless with Karl and Seb. Suzanne's partner starts to become more involved with Karl and Seb, "*in and out of their lives, a bad influence and whilst the situation wasn't the best, he wasn't a good role model, they wanted to go*". Suzanne often sends money so they can be fed or they'd ring to be collected.

*Suzanne, age 42*

*"His behaviour completely changes". Euan becomes very aggressive, starts throwing chairs at Jessica and Jessica feels like she is living with a five year old teenager, "that's the way he is, behaving is not him"*

Euan starts to tell Jessica things that his dad has done to him and Jessica's anxiety levels are "sky high".

*Jessica, age 23*

*From this point, Isobel's ex-partner only has contact with his eldest boy Jackson as "he seems to think the others aren't his...he has refused countless DNA tests although when we went to the CSA he did not dispute they were his children"*

*Isobel, age 38*

Claire's husband meets a new girlfriend and "*things went downhill...we never got it back from there...Poppy wasn't the sole attention...it wasn't a nice environment...he was still an idiot being abusive and drinking...she had to share him and it made things so much harder...something went in her head*"

*"Poppy would flip just like that...so like her dad...some of its learnt behaviour...kids absorb a lot more than you think, can hear more than you think...my partner couldn't get that into his head and he was so pissed he would not remember anyway"*

Claire has mentioned to her husband about Poppy's behaviour at home a lot but "*he doesn't want to know...doesn't care...he's more fed up with me ringing him...you want to be on the receiving end I tell him but he's no better than she is if he doesn't get his own way he spits his dummy out*"

*Claire, age 43*

Kristy moves into a hostel and splits up with her partner. "*William hasn't seen his dad since he was one. I was young, stupid...we weren't right for each other*"

In a subsequent relationship Kristy falls pregnant.

*"I was lucky I got my flat back as my partner kicked me and the boys out when I got pregnant. I had to go to court, social services were involved but it wasn't child protection, more family support"*

Kristy also has issues with Nathan's dad.

*"He didn't see Nathan for a year". Nathan's dad meets a new partner and has a baby and contact with him and Nathan stops. "He just stopped picking him up. I tried but he didn't want to know. Then I rang the CSA but he's quit his job again. Nathan's not bothered, doesn't need him"*

*In another relationship, Kristy falls pregnant. "He was another one that didn't want to know"*

*Kristy, age 30*

Workers also identified unsupportive partners in cases of **most significant change**

- *"I provided transport for the parent to attend paediatric appointments as although her partner has access to a car I do not believe he would have prioritised appointments over his work"*

**More Information**

For more information around communities see the  
**HOUSING CHAPTER** in this report

## What Difference is the Early Help Service Making to Families and Communities?

Partners specifically identify families have:

1. Improved health, in particular around their mental health and wellbeing (and some health services are being averted);
2. Improved educational prospects;
3. An improved future outlook;
4. An improved housing situation;
5. An improved situation as regards employment;
6. Reduced their offending behaviour;
7. An improved financial situation;
8. Made improvements around being isolated;
9. Made improvements around keeping safer
10. Improvements in their family relationships;

In addition, families and staff also identify:

1. There are improvements to children's behaviour and development;
2. Parents are able to control their anger;
3. Additional costly services are averted in addition to health including social care and the police

They also identify:

1. Improvements to parenting;
2. Families see positive change;
3. Sanctions and orders imposed which are perceived as positive;
4. Families receive health diagnosis;
5. Parental changes are made to the child/young person's home environment which is perceived as positive e.g. child moves in with a different parent or family member; and
6. Children move schools or become home educated (because their needs weren't being met at their original provision)

Further work is required to understand whether home schooling is the best outcome for families.

### More Information

For further specific details on outcomes for families see

**REPORT 1 – SUMMARY REPORT**

**REPORT 2 – WHAT FAMILIES SAY**

**REPORT 3 – KEY WORKER CONFIDENCE SURVEY**

**REPORT 5 – UNDERSTANDING DEMAND BETTER**

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## Social Care

### Summary of Key Findings

This chapter identifies areas where social care are supporting families around child issues (including child protection) as well as issues relating to adults. Referrals from social care to Early Help are perceived by families to be a positive action.

Families valued support from Adult social care (Care services), the Disability Team, an Inclusion support worker, Social workers and Strengthening Families workers. Families also valued support from Early Help to keep them safe and avert social care involvement.

Partners specifically identify families have an improved future outlook and made improvements around keeping safer.

In addition, families and staff also identify that parents are able to control their anger. They also identify that parental changes are made to the child/young person's home environment which are perceived as positive e.g. child moves in with a different parent or family member, are adopted or fostered.

There are a number of areas identified that could be different. These include:

- Families' negative perception of social care including a lack of whole family working and keeping children safe
- Families' fear being honest about their issues (particularly fear of children being removed)
- Families' previous negative experiences with social care
- Issues with thresholds, caseloads and referrals and wider support to adults

#### More Information

For further details on what families' value around keeping them safe and averting social care involvement see

#### REPORT 2 – WHAT FAMILIES SAY

## What Works Well in Social Care

### Social Care Support around Child Issues (including child protection)

Many families acknowledge the support they receive from social care in relation to their children and as children.

Claire understands why Social Services are involved, "*because of safeguarding...I knew what was going to happen...I wasn't worried they'd take Poppy away. I know that's not how it works, they don't want to take children away from their parents...I worked really well with my social worker*"

Claire finds it hard to remember much about what she did with her social worker, "*it was a blur, a haze...we did charts and reward things because Poppy's behaviour was challenging*"

Social services close Claire's case, "*they felt when my husband had gone the threat wasn't there anymore*"

*Claire, age 43*

*"The social worker felt that James and May shouldn't be sharing a room at the flat because of May's violence and James's issues...he was showing signs of sexual abuse towards May...what was happening when the doors were closed...that James did not have a perspective of consequences...it was a mummy, daddy thing but my own personal feelings came into it and I was handling it in the wrong way"*

*Mandy, age 47*

Things become so bad with Afia's husband that she is moved with her children to a refuge by social service. Social services refer Afia to Menphys which she finds helpful.

Afia's social worker finds a group for Chike to go to in the summer. She also helps with a grant and filling in forms for special equipment such as toys for learning and a really useful "*Learning Space*", a type of tent with lights and sensory things inside where the boys can go to help them calm down. Afia feels this "*makes a big difference*"

Afia has a social worker for child protection after the child protection conference. Afia finds her a "*good lady*" and the time with her "*good*"

Afia's social worker gets Fumnaya involved in a conference the NSPCC are running as she feels Fumnaya doesn't understand about violence and thinks this will help. Afia goes with her to the DART programme and feels it helps her daughter to understand the issues.

*Afia, age 40*

*"It was weird as I was scared they'd take Millie off me but at the same time I did not care about her, couldn't cope with her. I was feeding her but things like takeaways, not properly. She did her own thing, played with her toys whilst I was on my phone...I think that's why she's so independent now because she's had to be"*

*"They gave me a choice. Stay with him, lose my daughter or go on a plan or something...he had to have supervised contact and had to move out of his bedsit as Millie wasn't allowed in there, it wasn't safe"*

*Stacey, age 24*

Isobel decides to have her unborn child adopted. She feels it is the right thing for everyone at the time. Isobel's daughter is placed in temporary foster care and subsequently adopted. They are happy with Isobel's progress and "*understood why she had let things slip*"

*Isobel, age 38*

Whilst James is at his new school they notice a bruise on the side of James face. James tells the school his dad has pushed him over. The school report it to social services and they "get involved". At a meeting at school James admits he had fell over and banged his head, "*I don't know why he said it*"

*Joanne, age 30. Karl, age 37*

Recently, Sofia's ex-partner's sister has got in contact with Sofia. Sofia emails social services to check what to do.

*"I had to make sure, had to cover my back".*

Sofia is told her ex-partner is allowed supervised contact.

*"I've said they can have contact as long as it's regular and supervised. I don't have problems with my ex-partners sister. If Sebastian gets to know her then when his dad gets in contact it will help"*

*Sofia, age 28*

When Kristy is 16 she moved to another foster placement.

*"They were Jamaican. They were really nice and stuff, gave me my own room". Kristy goes to Jamaica with her foster parents. "Social services paid for me to go to there". When Kristy returns from Jamaica she starts college.*

*"I'd walk around with a hammer in the pushchair. I didn't care. I'd smash up his car knowing I was going to get arrested. Child protection got involved. I had to leave him because social services told me to choose him or kids so I had to leave. I'm not that sort of a parent, I'm not my mum so I had to leave, picked leaving him"*

*"My experience with social services child protection wasn't a bad one because they aren't there to take families apart, they were there to help me and they did that and I've learnt that. I never really had a problem with them"*

*Kristy, age 30*

Other quotes from adults valuing support from social care around child issues included:

*"The social worker brought our worker to the children and listened to our concerns"*

*"Inclusion support helped get my daughter out"*

*"Behaviour support in Strengthening Families have helped"*

Other quotes from children and young people valuing support from social care included:

*"Social services used to help"*

*"Our social worker helps us. She comes to our school and talks to us"*

*"The social workers helped – helping cook meals for our sister"*

Workers also identified the importance of support from social care around child issues, child protection and relationships between children and their parents in cases of **most significant change** and observations

Child protection and keeping children safe:

- Removing children:
  - *"The young person had come to live with dad after being removed from mum due to chronic neglect"*
  - *"Possibly children's social care and court had to become involved for the mother to realise the seriousness of her situation and be fearful of losing her younger children"*
  - *"Mum followed the advice from a social worker and Early Help to remove her children from the family home and move into a Women's Aid refuge"*
  - *"The child was removed to his aunty and grandmother"*
  - *"Mum has had other children removed and put in care"*
  - *"Since the child moved into residential care there are no more physical assaults on the family, they are more relaxed no more living in fear"*
  - *"Adoption support"*
  - *"Baby no longer living in foster placement, living together (with mum) in their own home independently with support from social care. Mum is prioritising the needs of baby and is no longer in contact with father (domestic abuse relationship)"*
- Safety plans:
  - *"The Early Help social worker had put a safety plan in place and this was supported by the school and paternal grandmother"*
  - *"The Early Help social worker had put a safety plan in place and this was supported by the school and paternal grandmother. The paternal grandmother actioned the safety plan at one point"*
  - *"The parent has been able to concentrate on her mental health and the children because her ex-partner has not been allowed near the house and this has shown how short involvement with social care and a concise safety plan has helped the parent move forward"*
  - *"Mum is working with a social worker to make sure she keeps her daughter safe from her paternal grandfather who is a known risk to children. She is keeping her daughter safe"*
- Child in need and child protection plans:
  - *"A clear child in need plan helped outline work that needed to be done and who was leading on each part"*

- “*The Early Help social worker led the child in need plan for change...they outlined the changes that needed to occur so that the levels of safety and care were at a good level, this then meant the child wasn't subject to a child in need plan*”
- “*Although he has been put on a child protection plan, this will ensure things don't slip back*”

Other:

- Strengthening Families:
  - “*The Strengthening Families intervention enabled the relationship between mum and son to improve*”
  - “*Co-working with the Strengthening Families team*”
  - “*Close work, monitoring and assessment with Strengthening Families in order to make the right decision for the children and family*”
- General:
  - “*The changes made when the family were with social care were necessary for the family to move to Early Help and to continue to make further changes. Mum was able to recognise that things needed to change and there was support available to help her to make these changes*”
  - “*Social services became involved*”
  - “*The social worker did the ground work for change*”

### Support Care Support around Adult Issues

Families also recognise support from children and adult social care around wider adult issues.

Through her social worker and her doctor, Claire is referred to Swanswell.

*Claire, age 43*

As a registered carer, Afia is given Caring with Confidence lessons to help with stress management. The lessons teach Afia about “breathing” and she finds this helps a lot. Afia is also made aware of The Bridge by her social worker who also help.

*Afia, age 40*

Stacey moves into her own council house, “partly helped by social care”

*Stacey, age 24*

Social services support Isobel to get another property.

*Isobel, age 38*

Suzanne puts all she can in a black bag and moves her mum in with them. Carers come in to help her mum wash.

*Suzanne, age 42*

Kristy falls pregnant.

*"I was lucky I got my flat back as my partner kicked me and the boys out when I got pregnant. I had to go to court, social services were involved but it wasn't child protection, more family support"*

*"(Social care) peed me off a few times but not with my kids and stuff, they helped me with my mental health, getting me a home, a flat, getting things for the children, started getting me diagnosed with ADHD"*

*Kristy, age 30*

Workers also identified the importance of social care supporting adult issues in cases of **most significant change**

- *"Mum successfully engaged with the adult disability team to complete her initial assessment of needs"*
- *"Early Help referred mum to adult social care who completed an assessment of her physical needs"*
- *"Mum is now receiving private care from adult social care"*
- *"She was referred to adult social care who completed an assessment of her physical needs"*
- *"She has successfully engaged with the adult disability team to complete her initial assessment of needs and has been awarded payment to action a personal assistant to support her with independent living skills"*
- *"Mum engaged with a referral to adult disability to complete an assessment of her needs and was awarded a personal allowance reducing the expectation of care placed on the children in the family"*

#### **More Information**

One family was supported by social care to obtain items. See the following chapter in this report for further details

#### **FINANCE AND EMPLOYMENT**

#### **Social Care Referring to Early Help**

Families were welcoming of their social care cases being referred to Early Help.

An anonymous call is made to social services about Mandy taking drugs again which Mandy *"is glad about...because from then on I got the support...social services came in and did an assessment on me, then they went into school and did one with the kids...it came back that there was no risk with me, the kids were happy and thriving...that they had problems but that was because of what had happened. They felt I did not need social worker intervention but I did need a support worker...around housing issues"*

*"Since social care came in I have told everyone everything. I cannot hide from my past if I want to get better. All the support I've had over the last two years has made me realise I need to make changes myself...It wasn't until I saw the support I was getting I became*

*comfortable ...it looks like my son's children have autism and ADHD, their mum is struggling, social services have been brought in. I told them go with the flow; they won't take the kids off you if they aren't at risk but they will support you. Look where I am today because of the support I've had. It took me a lot to realise that"*

*Mandy, age 47*

*"Social services called me that night, asked me what happened, what force he had used. They said they would refer me to the family support side of things and that made me feel better, at least they weren't going to come and take my kids off me...school wasn't helpful when they first reported me to social services but I know it brought me to Early Help which gave me help and I'm glad there is something on the system that says I'm not doing as badly as what some people say"*

*Natalie, age 31*

## **What could be Different about Social Care Services?**

Some families did not perceive there to be a whole family approach from social care in keeping their children safe and well.

*"I worked really well with my social worker but my husband did not speak to them, he refused"*

*"Poppy thinks social services is a dumping ground, a lot of fun but the reality isn't like that"*  
*Claire, age 43*

During another school holiday, the children are late coming back from a stay at their dads. Mandy calls her husband and he tells Mandy he is not bringing the children back and that she is to read an email, *"he kidnapped them...kept them off school for 10 days, was told by social care he was within his rights to take them if he had a safeguarding concern as long as he told me"*

*Mandy, age 47*

*"My partner moved in with his dad, the supervised contact was because of the drugs and making sure everything was safe...they knew he was on drugs, how violent he was, he wasn't the cleanest of persons going either but they said he was fine. I did not agree as he took her to druggies houses but they closed the case"*

Social care work with Stacey "a bit" around her mental health but she doesn't find them very helpful. *"At the time I had a lot going on with contact with Millie's dad. I found out he used to leave her asleep upstairs when he went to the shop that she'd fall down the stairs. I told them but they did not care, they were telling me to keep her safe but I think they are there for that reason too and that did not help me at all...they handed us over to Early Help, I will never trust social services again after that"*

*Stacey, age 24*

Other quotes from children and young people around their negative perceptions of social care included:

*"My brother had a social worker for his behaviour at home. I don't know how this helped as I wasn't involved"*

*"Our social worker sometimes says she'll come but she doesn't"*

*"Strengthening Families behaviour support could be more sensitive and give us different options, not just the same ones over again. Our Strengthening Families worker is patronising and stops me from wanting to be involved. I needed to be calmed down"*

### **Families Fear Being More Honest About Issues**

Many families fear their children will be removed if they are honest about their issues.

*"I always wanted help. did not want my kids taken off me and I had this fear if I admitted I was struggling"*

Natalie also felt her school would have kept reporting her if she hadn't got Early Help support and her children would have been taken away.

*"But now it's like, if I do get reported, it's on the system, they can see that it's not what they're portraying it to be"*

*Natalie, age 31*

*"The last two sessions my counsellor has been quite concerned about me and my safety and where we go from where we are now. She's told me I might well need to call the police on my daughter but I don't want to do that. I don't want to contact social services and go through all that again"*

*Claire, age 43*

Isobel feels she has a good midwife and health visitor, *"a good relationship...the same one for years...I could have told either of them at any time about the drugs and I would not have felt judged but I'd have to go down certain channels...I was scared to say I was feeling depressed, scared to lose the kids"*

When Isobel is five months pregnant her social worker tells Isobel that she cannot deny being pregnant any longer. Isobel says *"I was silly to think I could get away with it but it was also fear"*

*Isobel, age 38*

*"I've tried to block it out and it's so hard to describe but it's like I wasn't in the world anymore and whilst I did not say it to anyone because I did not want Millie to be taken off me I had no love for her, I did not care if she hurt herself...it just hit me that day and did not stop, my partner hadn't picked up on it, did not care"*

*Stacey, age 24*

Jessica doesn't say anything to anyone as she is worried that because she is young Euan will get taken from her by social services.

*Jessica, age 23*

Katrina feels that when she was ill and because she had a fear that someone was going to take her children away she found it hard to get close to Lily and Joe.

*"I couldn't bear thinking about it and feeling that pain...that's the reason I stepped back a bit, I was trying to protect myself, it was horrible"*

*Katrina, age 30*

### **Previous Experience with Social Care**

Some families have had a negative experience with social care previously.

*"Social workers I had before have not always been very nice". Afia does however feel (the one she finds "good") is inexperienced as she is a student social worker.*

*Afia, age 40*

Joanne and Karl have some different views of their worker. Joanne feels that she struggles with *"anything like that because of my past experience with social services...I don't trust the support"*

*Joanne, age 30*

Kristy goes into foster care for nine months. "*They tried to change me; they were Muslims and wanted me to read the Quran. They got rid of me. They had five foster children who had converted and I wasn't religious*"

Kristy starts another foster placement.

*"They were an old couple. I got drunk, did what I wanted and they didn't like it, they kicked me out because I went to Peterborough and they said I couldn't go. When I got back they had my suitcase packed. I didn't give a fuck, 'whatever' I said, I'll see you. That's how my attitude was. I didn't have a good experience with social care with fostering because they moved me about"*

*"I also had a social worker until I was 21; you get the leaving care stuff. Every time I see her we'll talk, but that's all I had as a teenage mum"*

*"There was another time I'd been play fighting with the boys and I ended up with a social worker and police worker at the door because they had a little bruise. The kids were sobbing, they came in, went upstairs were talking to the kids. That made me feel like a right shit mum, that I couldn't play fight with my kids"*

*Kristy, age 30*

### **Thresholds, Caseload and Referrals**

Many families ask for support from social care but they don't meet the threshold for referral.

Suzanne is called by social services. They ask her if she is coping, what is going on whether she's on drugs or a drinker. Suzanne tells them she cannot cope, that she's struggling to get Seb to school but that she's not on drugs or a drinker. Social services tell Suzanne they cannot help as her children aren't in danger and aren't at risk.

Suzanne feels that she was crying out for help and "*maybe I'd get some help if I inject myself and become an alcoholic*". At this point, Suzanne is not referred to Early Help.

*Suzanne, age 42*

Afia calls social services (outside of Leicestershire) as she wants to end the relationship with her husband however is unable to get a safe house.

Afia requests special needs social care support as she feels she needs help with Mosi and Chike but this request is refused<sup>6</sup>.

Afia is desperate for a break and with her workers help, twice applies for support from social

<sup>6</sup> After another attempt by the Early Help worker, this family were accepted by the Children's Disability Team (after the in-depth interview had taken place)

services special needs. This is unsuccessful. Afia wants more activities for her boys and more support around meeting the families' needs. Afia finds the wait for respite stressful.

As transport is a big issue for Afia, Afia spends her money on driving lessons. Afia is unable to take lessons during school holidays and finds she then has to "catch up"

*Afia, age 40*

Other quotes from children and young people include issues relating to social care's caseload:

*"Our social worker doesn't see us as much as she has more people to work with than (our Early Help worker)"*

### **Wider Support to Adults**

When families became involved with children's social care, adults required additional support for themselves.

*"Even though only three people at school knew about (social care involvement) I couldn't face going into school after that...it left me isolated and very depressed...it was all I had...I had no friends round as I couldn't handle them knowing what was going on".*

*Claire, age 43*

Sofia goes to the hospital with social services *"to make sure everything was ok with the baby...they kind of left me to it, they said I couldn't have contact with him and I was like I did not want contact with him anyway and they just disappeared"*

*"I had to chase social services to get a move"*

Sofia doesn't have a good experience with social services in Leicestershire. *"Social care just left me to it...they got in touch about three months after I'd moved and a couple of months after he came out of prison. A horrible lady came out and said I cannot have contact with him and I was like I understand that"*

*Sofia, age 28*

### **Supported Living**

One parent felt she had a battle around getting support for her mentally ill parent.

Suzanne “*fights to get her mum into supported living*” sorting out her benefits and payments

*Suzanne, age 42*

## What Difference is the Early Help Service Making to Social Care?

### Child Protection

Families identify Early Help referring to social care to help keep their children safe.

*"I cannot remember how social services got involved...it might have been my Children's Centre worker because of his violence before, which she'd seen"*

*Stacey, age 24*

### Averting and Reducing Social Care Case Work

Families perceive Early Help averting and reducing social case work:

*"If I hadn't had the support from Early Help my child would have been taken off of me or my mum would have had her... we have our moments when Millie drives me potty but we now have a bond and I missed that bond with her"*

*Stacey, age 24. One child*

*"My worker told me Early Help were there if things got really bad and it helped knowing they're just round the road if things get so unbearable...that I can go and speak to someone...someone before the police and social services"*

*Claire, age 43. One child*

Isobel feels if she hadn't have got the support from Early Help, things "would not have been good...I definitely would not be in a better place...it was the kick up the bum I needed...I would have been involved with social services again"

*Isobel, age 38. Four children*

Michelle just wants some help with transport.

*"I would not go insane and end up in a mental asylum and then my children would not get taken into care because my husband cannot look after them - it is such an expensive route and so wrong for everyone...you just need the bit of support when you need it"*

*Michelle, age 53*

Whilst Karl feels it is difficult to say what would have happened without their worker he does think there would probably have been more social care involvement. Karl also feels things would be more stressful if social care were involved rather than Early Help.

*Karl, age 37*

Mandy finds it helpful that when her husband had called social care that they realised she had a worker (meaning social services did not come out and her worker spoke directly to her about the issue).

*Mandy, age 47*

Natalie is passed straight to Early Help which she finds less stressful than having to speak to social services again.

*Natalie, age 31*

Afia feels if she hadn't have got the support things would have been much more stressful.

*"That stress would have affected my health and that would have impacted on the whole family"*

*Afia, single parent age 40. Four children (two with SEND)*

**Workers also identified social care aversion in cases of most significant change**

- *"There were clear improvements of change made and the case went from Child in Need to a universal pathway"*
- *"I feel that this family without Early Help involvement would have broken down due to the extreme pressure the mother was under"*

Partners specifically identify families have:

1. An improved future outlook;
2. Made improvements around keeping safer

In addition, families and staff also identify that parents are able to control their anger. They also identify that parental changes are made to the child/young person's home environment which are perceived as positive e.g. child moves in with a different parent or family member, are adopted or fostered.

**More Information**

For further specific details on social care outcomes for families see

**REPORT 1 – SUMMARY REPORT**

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**More information**

- Case study (**appendix 4A**) illustrates a potential aversion on social care involvement due to the family not getting evicted as a result of the Early Help intervention? sense check
- Case study (**appendix 4B**) illustrates a potential aversion for social care intervention as a result of the Early Help intervention by addressing the parent's mental health.
- Case study (**appendix 4C**) illustrates a reduction on social care involvement with the family (what was a high probability of child removal) as a result of the Early Help intervention.
- Case study (**appendix 4D**) illustrates a potential aversion on social care involvement due to family breakdown as a result of the Early Help intervention? sense check
- Case study (**appendix 4E**) illustrates a potential aversion on social care involvement with the family as a result of the Early Help intervention? sense check
- Case study (**appendix 4F**) illustrates a potential significant saving for social care as a result of the Early Help intervention around domestic abuse.
- Case study (**appendix 4G**) illustrates a potential aversion on social care involvement (and expense of a child being taken into care) as a result of the Early Help intervention.
- Case study (**appendix 4H**) illustrates a significant reduction in out of hour's calls to the social care team and First Response regarding missing persons reports as a result of the Early Help intervention.
- Case study (**appendix 4M**) illustrates a reduction in social care involvement as a result of the Early Help intervention.
- Case study (**appendix 4N**) illustrates that it was likely that the Early Help intervention averted social care needing to be involved with this case.
- Case study (**appendix 4O**) illustrates a potential aversion on social care involvement as without the Early Help intervention the children were at risk of neglect.

## Health, Mental Health and Wellbeing

This chapter identifies areas where health and wellbeing services are supporting families around their health, mental health and wellbeing.

### Summary of Key findings

Families have a very positive experience with **midwives, health visitors, GPs and hospitals**.

Diagnosis from specialist health professionals is highly valued as is specific support from specific services including:

- A mother and baby mental health hospital (outside of Leicestershire)
- Mental health workers and other adult mental health services (including psychiatry and counselling)
- CAMHS and children's mental health services
- Paediatricians
- Dentists
- Speech and language therapists
- Occupational therapy
- Intensive care
- Disability team

Families also receive wider support around their mental health from other services outside of the health service. Families themselves often feel their mental health could be better.

Many families have negative experiences with pregnancy, labour and post-labour including postnatal depression, some of which isn't picked up at the time.

Families want earlier diagnosis, shorter waiting and referral times and lower thresholds for some health services. Families also cite specific issues with the provision of some services including CAMHs, counselling, GPs and paediatricians. Families also cite particular issues with attitudes and understanding from some health professionals and issues around prescribed medication.

Families also valued support from Early Help around their health, mental health and wellbeing, including getting children and young people involved in activities, adults involved in groups, courses and activities and improvements to parenting and with relationships.

Partners specifically identify families have improved health, in particular around their mental health and wellbeing (and some health services are being averted), made improvements around keeping safer. In addition, families and staff also identify families receive health diagnosis.

Families specifically valued support from: ASBA<sup>7</sup>; Accident and Emergency; Adult mental health workers; Autism special nurse; CAMHS; Care Navigators; Community Psychiatric Nurse (CPN; Counsellors (New Dawn Counselling, Family Therapy, Living Without Abuse, Bereavement); Crisis Team; Disability Team (special nurse); Dentist; Doctors; a healthy fitness course (physical activity/weight management intervention); Hospital (intensive care, special baby unit); Laura Centre (child bereavement); Mental health and education practitioner; Mental health children's home; Mental health institution; Midwives (including mental health midwives); Mother and Baby Mental Health Hospital; Nephrology; Opticians; Orthopaedic surgeon; Paediatricians; Psychiatrists; Psychologist (at Westcotes); Rape Crisis Charity; School nurses; SIBs (Siblings of people with autism); Speech and language therapists; Vista; and the Wellbeing Service. Carers specifically cited support from Autism nurses, Barnardo's and carers groups (in general).

#### **More Information**

For further details on what families' value around the support they receive around their health from the council's Early Help service see

#### **REPORT 2 – WHAT FAMILIES SAY**

### **What Works Well in Health, Mental Health and Wellbeing Services?**

#### **Midwives and Health Visitors**

Many parents had good relationships and experiences with their midwives and health visitors. More specifically:

*"I told my midwife I was down and did not feel I was doing things right...she told me she'd picked up on it and kept an eye on me, checking that I was ok"*

Emma feels like she has postnatal depression again that lasts a bit longer than before.

*"Molly used to scream the house down all the time, she had Colic. Having two children close together, Ben had just turned one was shouting, playing and banging around".*

Emma sees more of her health visitor than she did with Ben. Emma sees her health visitor for around 4-5 months after having Sophia. She feels it is a mix of living in a different health area and having had a premature baby.

*"I was more confident by then. I did not think I had anything to worry about and if I did I would have rang her up"*

*"That there was lots of information meant I started to make some friends from the weigh ins and things like that...I still see some of them now"*

*Emma, age 33*

<sup>7</sup> This was a service a parent accessed as a child. No further information is known about what this service was

Michelle develops post-natal depression which sets in before she leaves the hospital. The post-natal depression is picked up by her health visitor. Michelle is referred to a specialist and given medication "which helped"

*Michelle, age 53*

Jessica feels her midwife is really supportive. Jessica feels a lot of support has been put in place because she has made people aware of the postnatal depression with her previous pregnancy. Jessica is also reassured by regular scans and check-ups because of her condition. Jessica is seeing a mental health midwife in a couple of weeks and is also told she will stay in for 24 hours after the birth and be visited at home after the birth.

*Jessica, age 23*

*"I put her on a bottle and things changed just like that but then I got obsessive about how much milk she'd had and the colour of her poo...I got a bit OCD and wrote it all down...in the end my midwife told me to rip it up, that Poppy was a healthy baby, she was growing...but I felt I had to get it right, I'd messed everything else up in my life and did not want to mess up bringing my daughter up"*

*Claire, age 43*

Isobel feels she has a good midwife and health visitor, "*a good relationship...the same one for years*"

*Isobel, age 38*

Stacey bonds well with her new daughter, Millie. Stacey cannot remember if it was her health visitor or midwife who get her involved with the Children's Centre, getting her to go to groups.

*Stacey, age 24*

*"He wasn't walking well, wasn't talking...the health visitor referred us to a paediatrician and it went from there"*

*Natalie, age 31*

Other quotes from adults valuing support from midwives and health visitors included:

*"I think my son would say the health visitor has helped to check that he's growing fine"*

*"A health visitors weaning group helped"*

*"Only met the health visitor once but she has helped"*

Workers also identified the importance of midwives and health visitors in cases of **most significant change**

- *"The Early Start health visitor has been involved in educating the parents on healthy eating and physical health. Early Start will continue to monitor the home in future and assess the child and family progress until he turns two years"*
- *"The health visitor raised concerns and the family were allocated to the Strengthening Families Team"*
- *"The idea of watering down the milk was from the health team. This was an achievable idea which mum could easily change"*

### Other Universal Health Support and Medication

Families also value other universal support, particularly from GPs and with medication.

Claire visits the doctors and is put on anti-depressants.

On a visit to Claire's sister, Poppy tells Claire she is "*snarly...I told her I'd go to the doctor when I got back and I changed my anti-depressants which worked*"

*Claire, age 43*

Afia feels she gets good support from her doctor with referrals to the community paediatrician and a letter supporting the housing application. Afia's doctor talks to her a lot about breaks and respite. Afia asks her doctor to refer her to counselling for stress management as she worries about her own health.

*Afia, age 40*

Sofia has "*a bit of a breakdown. I'd been made redundant at work. I went to the doctors and he said he thought I had depression so from then I went onto all types of meds*" Sofia tries to go back to work but is signed off by her doctor.

Sofia is supported by various agencies around her housing situation...finally 'it' was the doctors letter because "*he thinks I've got sciatica in my back and being on the first floor trying to get the pushchair up was making it worse*"

*Sofia, age 28*

Suzanne feels the medication enables her son to function and "*takes the edge off his anxiety*"

Suzanne visits her GP and is referred to CAMHS.

*Suzanne, age 42*

*"James's doctor says whilst his ADHD is being treated with medication, the ADD and emotional issues are taking over so he is given some domestic abuse funding"*

*Mandy, age 47*

## Early Help Evaluation – Final Report

By persuading Isobel to go to the doctors to get support around her mental health, Isobel's doctor puts Isobel on anti-depressants which "*help a lot...I had been on them before but gave up on them...my state of mind at the time when they were supposed to be making me feel better I was throwing up at the start of taking them...but this time I did persevere*"

*Isobel, age 38*

Emma visits her GP and is prescribed anti-depressants for a couple of months after having post-natal depression with two of her children. These help.

*Emma, age 33*

*"I thought he'd taken her to the doctors or hospital but he hadn't so I took her. She had a bump on her head. They spoke to social services and they got more involved"*

*Stacey, age 24*

Katrina is put on anti-depressants for around six months. Katrina "*gets better*" and has no further issues with the eating disorder.

Katrina visits her doctor. Katrina's doctor feels she needs to get out into the community more. Katrina is put on anti-depressants and is referred to a mental health worker and to the Children's Centre with "*post-natal depression*"

*Katrina, age 30*

Afia goes to her doctor who tells her that it is not "*a huge depression*" but that her depression is affected by the relationship she has with her husband. Afia's doctor advises her to go to social services.

*Afia, age 40*

Joanne feels her doctor supports her with anxiety and she feels able to talk to him.

*"He has suggested counselling"*

Joanne is given medication by her doctor. Each time she subsequently goes back to the doctor her dosage is increased and she remains on medication. Joanne feels that the medication she's on is better than the one she's been on but her doctor wants her to go back to check the side effects.

James is given some medication to help with sleep and Karl and Joanne feel he wakes up reasonably as a result.

*Joanne, age 30, Karl, age 37*

Mandy had “*lovely doctors who help a lot...they were aware of the issues*”. Mandy also valued an emergency doctor not sectioning her.

“*At a size six, my husband and dad thought I was on drugs again...couldn't entertain it was down to stress, not eating or sleeping...they did not know what they had done to me...I could have easily went to sleep and not woken up again*”. The emergency doctor wants to section Mandy. He won’t allow Mandy to drive home and her best friend is called to pick Mandy up if she promises to go to her own doctor after the weekend.

May is referred to the paediatrician through the doctors. May meets the criteria for a CAMHS referral.

*Mandy, age 47*

Michelle later attends counselling with New Dawn to help around the relationship with her husband which she finds out about from a nurse.

*Michelle, age 53*

Nathan is on a different drug because he wasn't getting on with his previous medication.

“*It's a high dose and he's been on it for over a month. It takes eight weeks for it to kick in so we'll see how he gets on with it. He has a review in two months*”

*Kristy, age 30*

Other quotes from adults valuing support from their GPs included:

“*Doctors have kept on top of my depression*”

“*Doctor had been there. The doctor supported my worker to get me into school and on a healthy fitness course*”

Other quotes from children and young people valuing support from their GPs included:

“*Doctors are pretty good*”

“*Doctors are useful*”

Workers also identified the importance of other universal health support in cases of **most significant change**:

- *"There were also issues around bed wetting which was also diagnosed by the GP as stress the child was suffering due to the break-up of his parents and seeing his birth father"*
- *"Dad's physical and mental health needs are being addressed by the GP"*
- *"GP being there for the family"*
- *"Support to stop smoking via the family GP"*
- *"The GP told mum her medication wasn't working due to drinking and she was putting her life at risk which woke mum up due to having a son to care for and keep safe"*
- *"A supportive GP who was willing to do a home visit"*
- *"The child is now up to date with all routine appointments with the health team who see him regularly"*
- *"She says that she feels the medication is helping her"*
- *"She registered with a new GP and went to see him to get some more medication"*
- *"Supporting around mental health and medication which only they can do"*
- *"He has been prescribed anti-depressants"*

Workers also identified the importance of health and wellbeing self-referrals in cases of **most significant change**:

- *"Dad feels he has suffered with anxiety for over ten years which affects his patience with his child and feeling overwhelmed in new and busy environments. He is now seeking support from his GP and has self-referred to the "Let's Talk Wellbeing" service"*
- *"Mum successfully made contact with the NHS Smoke free helpline, discussed stopping smoking with an advisor and has been prescribed Champix to support her stopping. Up to this point she had been spending £40 a week on tobacco and was struggling to budget. Six weeks on she has not had a cigarette and is half way through the programme intending never to smoke again"*

### Diagnosis from Specialist Health Professionals

Families valued formal diagnosis.

CAMHS give Seb a diagnosis of *"General Anxiety Disorder with Obsessional Thoughts"*

*Suzanne, age 42*

*"It might help Luke when he's older. When he starts secondary school and needs extra care and attention...when he's older and goes to a job, they cannot just wipe him off...he has a diagnosis(from CAMHs) which means they have to treat him with equal opportunity so in the long run it will help him"*

*Natalie, age 31*

## Early Help Evaluation – Final Report

*"To have both together (depression and psychosis) is confusing as they are two different things because on one hand you don't want to do anything or go anywhere but on the other hand you want to do everything...when you get diagnosed and treated correctly you start to look after your own mental health...once I'd been to hospital and been diagnosed (my partners family) couldn't say there was no such thing as mental illness anymore so it helped getting that diagnosis...helped them in a way to have a reason for acting the way I was acting"*

Katrina, age 30

Sam is diagnosed with ADHD following a psychiatrist diagnosis. Sam is diagnosed with chronic fatigue. Michelle takes Sam for a private diagnosis of dyslexia and is diagnosed as severe by an educational psychologist.

At a session with ADHD solutions they pick up on Michelle having ADHD herself and recommend she is tested.

*"Everything then falls into place"*

As Joe turns sixteen he is finally diagnosed with a health condition. A few months later Isaac is diagnosed with the same condition. Joe also has another health condition but no formal diagnosis is given.

*"This was really helpful because we could shove it up the head teachers nose and say there we are then...because SHE refused to send Isaac home with tummy aches and I was worried and anxious it might be something else"*

Michelle, age 53

*"That's the Educational Psychologist, play therapy, paediatrician and now CAMHS that have picked up that issue (a diagnosis of sensory processing disorder)"*

Natalie, age 31

James is diagnosed with ADHD, ADD, self-esteem regulation and sensory processing disorder. CAMHS see James during the assessment process.

Mandy, age 47

Nathan is diagnosed with ADHD, sensory processing disorder and emotional dysregulation and is prescribed medication.

Kristy, age 30

One child valued getting a paediatrician which then led to a diagnosis.

**Workers also identified the importance of diagnosis in cases of most significant change**

- “Having the autism diagnosis now gives an understanding into previous behaviours. Previously the parent had a long term daily struggle in trying to get her son to attend school. The child would hide in toilets, text his mum, threaten to run away, self-harm and look up suicide techniques online”
- “Child was assessed by CAMHS, the paediatrician and an Educational Psychologist and was diagnosed with ADHD, dyslexia and chronic fatigue”
- “The parent suffered from anxiety and had just received a diagnosis of a personality disorder”
- “The child in the family has now been allocated a new paediatrician, he has a new diagnosis of ADHD and potentially ASD following a GARS assessment”
- “An autism diagnosis from CAMHS”
- “Unstable personality disorder being confirmed”
- “Following diagnosis of her child”
- “She received a diagnosis of ‘emotionally unstable personality disorder’ with ‘dependent personality disorder’”
- “Mother has been diagnosed with bi-polar and is on the right medication for her which has helped her better parent her five children”
- “Mum was supported to visit the GP; she was then seen by a psychiatric nurse which resulted in a previous diagnosis of an unstable personality disorder being confirmed. She was also referred to the Francis Dixon Lodge for group therapy”

**Specific Treatment/Support**

**Mental Health Workers**

Families also valued support from specific mental health workers.

Katrina is also visited at home by her mental health worker. She finds it helpful that she and her worker talk to each other, talking about when they are going to visit Katrina. Katrina's mental health worker rings Katrina regularly and visits her if Katrina tells her she is starting to feel bad again. When Katrina leaves the hospital she feels support is put in place.

*“My mental health nurse was coming out to me once a week”*

Katrina found it helped that her mental health worker always looked at the children and interacted with them. *“...tell me they were perfectly fine, perfectly healthy, that I was doing a good job...often visit in the mornings and tell me I'd got them dressed, had given them breakfast, that I was doing ok...you need that encouragement”*

*Katrina, age 30*

Jessica starts to see a mental health worker when she is 12. She continues to see a mental health worker from this point onwards and finds it helpful. She is unsure who has made the referral (to Early Help) but thinks it is possibly her mental health worker.

Jessica feels she would still be in the same rut if she hadn't got support from her worker, the rape crisis charity and her mental health worker, that she "*would not have got over what he did...would still be having flashbacks...would still be there*"

*Jessica, age 23*

### **Mother and Baby Mental Health Hospital**

One parent valued the support she had from a mother and baby mental health hospital.

*"All the support is there, with other mums going through the same thing as me...I was given the time and space to get better...the hardest part is not seeing Lily (her elder child) however, we Facetime and Skype every night and my partner visits a couple of times a week...as much as he could"*

Katrina is told that hormones are what caused her to be ill. *"My pregnancies in quick succession, the miscarriage, breast feeding...there was also a lot of upheaval moving back from New Zealand"*

Katrina is also told that her previous history with mental health (eating disorder) when she was younger gave her a 50% chance of developing post-natal depression. *"I did not realise that...it was a combination of everything"*

Joe enjoys the toy room at the hospital. Lily also thinks it is great at the hospital as there are lots of activities for children there. Katrina also feels that because she spent time away from her daughter when she was in hospital she, *"appreciates life in a different way and wants to create memories for Lily, doing nice things at home"*

*"When I was ill I did not tell anyone...now I tell people if I'm having a bad day so people know to give me space. I know what I need that will help. All the work in the hospital with various people helped with that and myself figuring it out"*

Katrina's partner is offered a group at the hospital but *"it wasn't for him...he's a man's man and doesn't really talk about how he feels"*

*"I'm like a different person. I feel like a better version of myself. I realise you only do have today. That was a big wake up call for me and my family. Now I think if I'm having a bad day just snap out of it"*

Katrina meets up regularly with the mums she met in hospital. *"We can vent if we're having a bad time...I still feel a little bit ashamed but I think that comes with mental health but I don't feel like I have to hide it like I did before as there are people going through the same things"*

*Katrina, age 30*

### Other Adult Mental Health and Wellbeing (psychiatry and counselling)

Adults also felt supported with other adult mental health support.

Mandy feels further supported by a psychiatrist and a counsellor.

*Mandy, age 47*

Claire is finally receiving counselling.

*"It's helping me work through things. There's been a lot that has affected my life and I'm trying to rebuild it...learning to let go of the anger...dealing with lots of different issues, when I say no to Poppy it means no, I need that conviction...it's helping work out how to help me - it's paid for by UAVA in six week blocks and as long as I keep going there isn't a cut-off point"*

*Claire, age 43*

*"Things (later) become too much...that I couldn't do this anymore...I told my psychiatrist what was happening...I was honest instead of hiding it and they said we'll get you the help you need".* Katrina is sent to a mother and baby mental hospital for two months.

*Katrina, age 30*

Workers also identified the importance of support from psychiatrists and other adult mental health in cases of **most significant change**:

- *"Mum is now accessing support around her mental health. She now has a psychiatrist"*
- *"Parents are now accessing support services for mental health issues"*
- *"Mum attended Cognitive Behavioural Therapy through her GP. This had a huge impact on her ability to make changes and to sustain the changes"*
- *"Parent accessing support for mental health problems"*

### CAMHS/Child Mental Health

Families also valued the support they got from CAMHS:

CAMHs finally give Seb techniques on how to deal with panic attacks. These seem to help and get them under control.

Whilst Suzanne feels the focus with CAMHs is generally on Seb, not her, she and the school worker learn how to support Seb more around his Obsessive Compulsive Disorder (OCD).

*Suzanne, age 42*

*"CAMHS reassured me that it is common with children to behave in school differently to home, when he's at school he just switches and goes into a zone, but sometimes he's hitting me before he goes out the school gates...Luke and May are crying all the time...but CAMHS have offered to help with May, they are helping with Luke"*

*Natalie, age 31*

Other quotes from children and young people valuing support from CAMHS included:

**"CAMHS help – they can pass on information to health"**

Workers also identified the importance of CAMHS and children's mental health support in cases of **most significant change**:

- *"CAMHS supported with child's mental health difficulties with medication"*
- *"Child is undergoing assessment at CAMHS"*
- *"All children are now receiving therapy as their mum was suicidal before and had often made attempts and self-harmed"*
- *"CAMHS agreed to a referral for support"*
- *"CAMHS staff were there for mum reassuring her she can parent her child as and when needed"*
- *"Engagement from CAMHS"*

### **Paediatrician**

Families value the support they get from paediatricians.

At an initial meeting with their paediatrician, Joanne and Karl are told James has either autism or ADHD.

*"He knew straight away...we suspected as much because of James's behaviour and what other people were saying...we knew other people with autistic children who told us what James did was similar to their children...we were told we should have a diagnosis after the second or third appointment"*

*Joanne, age 30. Karl, age 37*

*"We saw an overarching paediatrician who said, children his age, don't have unrelated conditions, it's not like old people"*

*Michelle, age 53*

Other quotes from children and young people valuing support from paediatricians included:

**"A paediatrician helped diagnose what's wrong with me"**

Workers also identified the importance of support from paediatricians in cases of **most significant change**

- *"Child now sees a paediatrician and is under assessment"*
- *"The child has now been allocated a new paediatrician and has a new diagnosis"*

## Dentist

Families valued support from their dentist.

Isobel's worker encourages her to go to the dentist.

*"She knew I'd had years of drug abuse and my teeth have gone to pot...she knew I'm self-conscious of it so spurred me on to sort my teeth out...what she was saying was if I can improve how I feel about myself it will have a knock on effect with the kids and how I deal with things"*

Isobel, age 38

Other quotes from children and young people valuing their dentist included:

***"My dentist is good and friendly"***

## Speech and Language Therapy

Families valued speech and language therapy services:

*"The assessment lady came to Nyah's nursery to see how Nyah was there...things were left that she'd see how she was when she started school but it was reassuring just by mentioning it how quickly it went through the process and got dealt with, that I wasn't going to be left and have struggles further down the line. It got sorted there and then and I did get called later when Nyah had been at school for a year to have a check up and make sure I had no worries...I did not because when she started school she hasn't stopped talking"*

Emma, age 33

Other quotes from adults valuing speech and language therapy services included:

***"I think my son would say speech and language therapy have helped his brother to communicate – that is working well so other people can understand"***

One child valued support from a speech and language therapist who helped with a sibling's communication.

## Occupational Therapy

One adult valued support from Occupational Therapy:

***"Occupational Therapy helped with housing adaptations"***

### Siblings with Autism (Sibs)

One parent valued the support she will get for one of her children around having a sibling with autism as she struggles with his behaviour:

*"I'm not sure what it's called...it's for families of kids with autism, they only mentioned it at the last meeting...she just gets on with it...she doesn't tell me how she's feeling but I can tell it's having an impact on her"*

*Natalie, age 31*

Other quotes from children and young people valuing SIBs included:

*"SIBs help us. They tell us what to do if your brother is angry"*

### Intensive Care

Families valued support they received from intensive care units.

Mandy goes into intensive care as a result of the drugs, having a low immune system. Mandy's mum is told she will die as there is nothing they can do for her. An ETMO machine becomes available and after being on it for 16 days, Mandy's life is saved.

*Mandy, age 47*

The twins are both poorly and in intensive care for a few weeks.

Karl catches an infection and turns blue. Suzanne calls 999 and Karl is "bagged up", rushed to hospital and put back in intensive care.

*Suzanne, age 42*

Kristy gives birth to Jamie *"He nearly died and went straight to intensive care. It was the Strep B, they thought he'd caught an infection, had needles in him"*

*Kristy, age 30*

### Disability Team

One parent feels supported when:

A special nurse from the disability team feels Afia needs a break, some respite.

*Afia, age 40*

### **Awareness/Online/Other Support**

Families also acknowledge wider support around mental health and wellbeing.

Afia searches online for support for herself and comes across "Mindfulness". Information is sent to her and she finds it helpful, that her "*asthma improves*". Afia reads a lot about self-help and self-esteem, has books to help with life skills from Africa and despite the need for support feels she is strong and confident in herself.

*Afia, age 40*

One parent also felt that things had changed a lot in Ireland (where she grew up) over the last 20 years.

*"There's a big mental health campaign there called darkness into light...before it was swept under the carpet...it's an old fashioned country with one of the highest suicide rates in the world"*

*Katrina, age 30*

### **More Information**

Good supportive networks and wider services support improved mental health. Also see the following chapters in this report for further details

**FAMILIES AND COMMUNITIES**

**SOCIAL CARE**

**EDUCATION AND SEND**

**FINANCE AND EMPLOYMENT**

**CRIMINAL JUSTICE SYSTEM**

**HOUSING**

**DOMESTIC ABUSE**

**SUBSTANCE MISUSE**

**THIRD SECTOR**

## What Could be Different about Health, Mental Health and Wellbeing Services?

### Parents Mental Health and Wellbeing

Despite seeing improvements in their mental health and wellbeing often adults cited examples where their mental health and wellbeing still needed to improve or they had “lost their confidence around parenting”.

Isobel is given the crisis team following her attempted suicide and is in counselling *“for about a week...I was written off pretty quickly as they knew it was a spur of the moment thing and I'd regretted it straight after...I think they got Early Help involved”*

Isobel feels that although things are better being on anti-depressants she has noticed she has started to dip with her motivation, *“I'm going to the doctors tomorrow, I've only seen them three times but they seem nice...once and for all I need to get over the past so I can move on...I cannot blame everything on bereavement but I do feel everything did go wrong after that”*

*Isobel, age 38*

Whilst Claire is finding the counselling is helping her deal with historic issues, *“we are getting to sessions which will be about Poppy...not looking after me and putting me first and me getting better which is worrying”*

Claire feels that Poppy *“also has her own things to deal with because of my health issues...I'm 10 years older than the other parents. She compares me to them and my health issues...sometimes I wish she'd find friends that weren't so...but of course I don't mean that, it's good that she's choosing the right sort of friends to hang around with but it can put extra pressure on”*

*Claire, age 43*

Michelle feels her own health problems are made worse because she herself is not getting support, that she's not able to *“chivvy the children along and get them to school...all this has made my life hell, made me depressed, less effective as a parent, worn out beyond worn out”*

*Michelle, age 53*

Suzanne has had to make a decision not to see her mum as much. She finds it difficult to go as her mum cries all the time. She does her shopping but feels nearly pushed over the edge as she is dealing with her son.

*“There are too many mental health issues going on”*

*Suzanne, age 42*

Kristy recalls one particular time.

*"I kicked off and I was crying and saying I don't care. I was going nuts. The man that gives me the medication at the adult mental health unit. I don't think I have ADHD, I think I have a split personality but they'd given me a diagnosis and just left me...adult mental health gave me a diagnosis but just left me. I know I've not been taking any medication because I stopped taking it when I was pregnant and felt better for it, don't need it, but nobody's been on the phone, nobody has helped me or sent me a letter"*

*"Until I hurt myself they won't do anything. I still have days where I feel like I'm crap. I've had a bad upbringing. That affects you all the time. Yesterday I was like, oh god. I look out the window, breathe, then I think, come on Kristy, life ain't that bad, give your head a wobble...like today I'm fine. I could be worse off. I've learnt to deal with it myself now."*

*Kristy, age 30*

Workers also identified how adult mental health needed to improve through observations and cases of **most significant change**

- *"Mum would like to feel a little less low in herself but has been offered support with this"*
- *"I would like to see mum taking child out and meeting other parents with young children. Her mental health needs to improve so that she feels able to do this. Mum is proud to be managing the home conditions. She is feeling low at present and would like to be supported to tackle this"*
- *"Mum's mental health could be better and her medication suitable. Mum can recognise her lack of bond with her second child and has worked hard to ensure the bond with her eldest child remains intact. Mum wishes she had the same bond with both children (post-natal illness)"*
- *"The child's development could further improve with emotional warmth from his mother who suffers from depression, anxiety, panic attacks, low self-confidence and low self-esteem. This is compounded by an unstable relationship between mum and the child's father"*
- *"She is not attending every lesson yet as the new routine and her mental health have not yet aligned"*

### **Experiences with pregnancy, labour and post labour (including post-natal depression and undiagnosed postnatal depression)**

Many families felt they could have had better experiences with pregnancy, labour and post labour.

Jessica is repeatedly raped by her partner.

*"Looking back I had post-natal depression...I thought it was all related...that Euan looked like him...when he could have been conceived"*

*Jessica, age 23*

When Claire is around 20 she has a miscarriage.

*"I did not get any counselling...at the time I just dealt with it, had a D and C, went home the same day...it came back later to bite me on the bum"*

In a subsequent pregnancy, Claire has very bad morning sickness "for a long time...my labour wasn't too bad...the maternity ward was stretched and I had to wait with no pain relief for another woman to give birth before I could go in the labour suite..."

Looking back, Claire feels she did not bond with Poppy as well as she'd have liked.

*"I think I suffered with postnatal depression....I tried breastfeeding but Poppy was always hungry...it used to send me loopy every time I breast fed and my partner often found me in the kitchen giggling my head off for no apparent reason...I can remember it and it scared me a bit"*

*Claire, age 43*

*"I had her in the assessment room, not a ward, nobody was there when I was pushing, we pushed the button but no-one came...eventually they did...whilst the labour was great, afterwards it was horrible, I wasn't looked after very well, I was pouring with blood and they made me walk down the corridor with my baby holding a pad underneath. I had a 4th degree tear, had to have theatre, an epidural, that was the worst part of the whole experience"*

*Stacey, age 24*

Shortly after having Jackson, Isobel starts to dabble with amphetamines to cope with the sleepless nights and before she knows it is using amphetamines regularly. Isobel's midwife or health visitor do not pick up on her drug use.

In a subsequent pregnancy, Isobel experiences postnatal depression and "*all at once, everything hit me...the grief of losing my dad...it was hard coping with a massive thing...you don't get over someone dying, especially a parent...I dealt with it the best I could but it was a trigger and had a knock on effect with lot of things*"

Isobel doesn't cope with the pregnancy at all. She doesn't feel any bond with her unborn baby in the way she had during her other pregnancies.

*Isobel, age 38*

Sofia is very poorly during her pregnancy and is sick "*all the time...I lost three stone and ended up in hospital, really poorly; I couldn't eat, drink or sleep. There was so much going on I don't know how I made it through being pregnant*"

*Sofia, age 28*

Jessica has a teenage pregnancy midwife with Connexions who she finds “useless” Jessica’s mum realises Jessica is struggling and is struggling herself as Euan is “hard work...with an awful cry...one day we just said we’ll cry with him and we did”. Although Jessica doesn’t realise it at the time “*looking back I had postnatal depression*”

Jessica is initially disappointed to be pregnant as she is due to have an operation for her Cerebral Palsy and also continued tests for her mental health as it is suspected she may be Bi-Polar or have a personality disorder. The operation and tests are now on hold until after Jessica has had her baby.

*“(This pregnancy) is nothing but drama...been in hospital with bleeding, thought my waters were leaking this week”* (at 5 and a half months pregnant)

*Jessica, age 23*

During pregnancy, due to her genetic condition, Suzanne goes to hospital for checks every two weeks and “*for her own safety*” is put on drugs which can stunt growth in children. Suzanne has twins, Karl and Seb, ten weeks early as a result of ‘twin to twin syndrome’. The twins are both poorly and in intensive care for a few weeks. Suzanne finds the pregnancy and subsequent situation “*very scary*”

Initially the hospital refuse to release the twins from hospital because there is inadequate heating in Suzanne’s mum’s house...when the twins become a little bigger, the hospital allow them to go to Suzanne’s mum’s house however at eight weeks old, Karl catches an infection and turns blue. Suzanne calls 999 and Karl is “*bagged up*”, rushed to hospital and put back in intensive care. Suzanne is told to “*bring the family in*”, Karl is put in a coma and pumped full of drugs.

*Suzanne, age 42*

When Emma is 35 weeks pregnant she realises she is in labour. “*I knew it as I’d already had three children and we were back and forward to the hospital for five days. It was really stressful towards the end. I was ready to push but they made me sit for an hour and a half...another midwife had changed over and she said you’re in labour aren’t you, why has nobody seen to you so she checked my pad and there was a show. I was taken to the delivery room and I was 7cm dilated but because I was premature they had left me*” Emma gives birth to a third daughter, Sophia. Sophia is put into an incubator for two days with bad jaundice and both Emma and Sophia stay in hospital for around a week.

Emma feels this is the first time she really needed advice and was unsure who to ask. “*Sophia was really tiny and sometimes with the jaundice I wasn’t sure if it was coming back or if she was getting better...who do I ring...the doctor, wait for the midwife, ring the health visitor...in the end I just waited as my midwife was coming the day after*”

*“It did feel a bit different at this weigh in. It was more of a group activity and I did not get to speak to my health visitor in the same way as I had when there was only me and one or two other children”*

*Emma, age 33*

Natalie falls pregnant. During her pregnancy Natalie suffers from hypertension. Natalie gives birth to a son, Luke who isn't breathing when he is born. He also stops breathing just after birth. Natalie continues to have problems with Luke. "*He'd kick off all the time...would not take from a different bottle...simple things...he would not hold eye contact until he was six months old*"

May starts to have bad urine infections and is given a scan. Natalie is told that May has scarring on her kidneys that could have happened whilst she was in the womb. May is referred to Nephrology and has appointments once a year.

*Natalie, age 31*

During her fourth pregnancy, Kristy develops group B streptococcus.

*"He nearly died and went straight to intensive care. It was the Strep B, they thought he'd caught an infection, had needles in him"*

Whilst Kristy has got on "fine" with her health visitors, "*I don't like how they've changed things, telling me I can't make bottles up fresh...boil the kettle every time and I was like, so when I've got a screaming new born baby you want me to let the kettle boil and cool it down. I know what I'm doing, it's my fourth child*"

*Kristy, age 30*

During the caesarean the doctor "*makes a mistake*" and Michelle ends up with a catheter for eight weeks "*which was hard*"

*Michelle, age 53*

### **Earlier Diagnosis/Support/Ongoing Support around Mental Health and Wellbeing**

Families often felt that they could have had earlier diagnosis and more ongoing support around their mental health and wellbeing which covered a broad spectrum.

When Jessica is 12, Jessica's behaviour at school becomes worse and the school become very aware "*something is wrong*". Jessica has lots of tests including ADHD but nothing is diagnosed. Jessica has depression and mood swings and from this point goes onto medication (which she continues on and off throughout her life).

Jessica is overwhelmed with everything and her "*tablets aren't working*". Jessica feels she cannot cope particularly as she has not come to terms with the things Euan's dad did to her.

*Jessica, age 23*

Katrina felt that her doctor should have picked up how ill she was given the number of times she visited him.

*Katrina, age 30*

*"I went to the doctors a few times, it was close and I went regularly but even though I was asking for help no alarm bells were raised"*

*Stacey, age 24*

*"I don't think I'm depressed. I had and still have high anxiety and I don't know why I got treated for depression"*

*Natalie, age 31*

Through her worker, Claire completes the Recovery Programme but finds it doesn't work because *"I needed to go to the Start Programme first but I wasn't ready to go to the Start Programme until I'd had counselling which I was waiting for...I was doing everything back to front"*

*Claire, age 43*

Workers also identified cases where there could have been an earlier diagnosis in cases of **most significant change**

- *"I feel there has been missed opportunities in the past to confirm the correct diagnosis of autism for the youngest child"*

### **Waiting/Referral Times and Thresholds**

Families also had issues with the lengths of waiting and referral times and health thresholds:

Claire is given a leaflet promoting a Living Without Abuse Counsellor and self refers.

*"There was a waiting list and it has taken so long to get a counsellor that you almost have to chuck yourself under a bus to get one these days, it's getting harder and harder"*

Claire is on a waiting list for dynamic psychotherapy.

*"I've been waiting a year and a half for group therapy sessions. I keep asking and ringing up, I keep pushing it, chasing it but the list is so long and that's how it is you just have to keep muddling through...they've just told me it will be another six months wait"*

*Claire, age 43*

Stacey is due to have had a psychiatrist appointment but hasn't heard anything. *"I cannot really moan because I know there are waiting lists but I don't want to go onto anti-depressants for my anxiety and depression because I don't cope with them...I've been on them in the past, so many different ones"*

*Stacey, age 24*

Natalie waited eight months from a CAMHS referral to get an appointment for her child.

*Natalie, age 31*

Suzanne cannot wait that long (for a referral to CAMHS) and pays over £1,000 for a private psychologist which she feels “*was a means to an end...that it got Seb into CAMHS within two months and put pressure on them*”

Seb's mental health worker moves onto a new role and Suzanne is waiting for a new worker.

*Suzanne, age 42*

Five months after the CAMHs referral, May's appointment comes through  
James is diagnosed with ADHD, ADD, self-esteem regulation and sensory processing disorder. Whilst being seen by CAMHs during the assessment process James doesn't meet the criteria for a CAMHs referral.

*Mandy, age 47*

Afia takes Mosi to the doctor when she returns to England and is told that they cannot diagnose him until he is four years old.

Afia is put on a waiting list for a referral to the wellbeing service but knows “*they are very busy*”

*Afia, age 40*

Whilst under CAMHS, Sam has no specific treatment as he is put on a waiting list for Cognitive Behaviour Therapy (CBT) - Sam remains on the waiting list and later is later discharged from CAMHs without treatment.

Sam needs to see an Occupational Therapist but there isn't one to see. Michelle worries that in another four years of school refusal, Sam still won't have seen a specialist and they'll say, “*oh he's 16 now...they all need to see Orthotics but they haven't been referred, nobody refers onto anyone as they don't meet a threshold...nobody cares about the whole child*”

*Michelle, age 53*

*“All the doctor could do was refer him to a paediatrician”*

*Joanne, age 30. Karl, age 37*

*“We used to have these big meetings. I used to kick off in the groups with the paediatrician, I was getting frustrated as it was taking so long to get Nathan a diagnosis”*

*Kristy, age 30*

### **Provision of a Specific Health Service**

Some families spoke about issues they had with health services.

Michelle feels health is a “*round robin...you get eliminated by ear, nose and throat, then you get sent onto someone, then someone. It wasn't until Joe was 16 that we saw an overarching paediatrician who said, children his age, don't have unrelated conditions, it's not like old people*”

*Michelle, age 53*

*"They said I could have a diagnosis...I don't need a label, I'm looking after my kids and keeping a house so I don't see the point"*

*Natalie, age 31*

### CAMHS and Children's Mental Health

Families cited issues with CAMHS and children's mental health services.

Towards the end of year seven, Suzanne feels things become more turbulent. Seb needs to be outside, that being outside eases his anxiety but often she doesn't know where he is. Seb's attendance at school gets so bad "*I was literally having to drag him to school; having screaming arguments in the street...it was horrible*"

Seb's other anxiety behaviours start to manifest themselves more. Seb will only wear certain colour t-shirts, he needs to go up the stairs first, won't eat "*this and that*", is always checking dates on food.

Seb starts to have obsessional thoughts about becoming ill, feels confined at school if someone is ill, won't touch door handles and cups and if he thinks he is going to be ill, "*the sweat pours off him*".

During year eight, Seb starts to become "*an annoying kid in class, tapping his feet, distracting himself*". The difficulties getting Seb to school become "*massive, we were at loggerheads for months, the anger was huge, he'd trash his room*"

Seb is put into group therapy for children dealing with panic attacks. Suzanne isn't sure this helps overall as whilst some techniques help, they "*feed Seb's knowledge about anxiety...if this is happening, does that might mean this is going to happen now, it was like a feeding ground for anxiety and depression...but it was the option we were offered and we took it*" Suzanne has "*deep discussions with CAMHS...if you've a child who's 12 or 13 there isn't enough help. It's all well and good throwing money into adult mental health but your children are the future and the ones who end up with depression, drug and alcohol related issues...I was determined not to be fobbed off*"

Suzanne's worker witnesses one of Seb's anxiety attacks during a meeting where Seb won't come into the room to have his medication monitored. Suzanne is "*threatened*" that the service will stop if he doesn't come in. The Early Help worker gets the mental health worker who is able to calm Seb down within 30 minutes. Suzanne feels "*it would give me reassurance if I knew the approach*"

CAMHS threaten to close the case with Seb which Suzanne doesn't take kindly to. Suzanne tells them "*you're not leaving me with a 13/14 year old son with severe anxiety not in school, not in education, nothing*"

*Suzanne, age 42*

When Michelle is around 14 she is referred by a psychiatrist to a children's home, "a mental health place for a period...when I left I did not see anyone involved with mental health again"

Michelle feels that the most cost effective thing for councils to do would be to get CAMHS "sorted"

*Michelle, age 53*

Other quotes from children and young people around issues with children's mental health included:

"With CAMHS. I prefer my worker to CAMHS as I get on with her better, someone you can relate to better – different roles. It's important they don't do the same thing. Some seem like they cross over"

"It would be better if more counselling could be available"

### **Adult Mental Health (Counselling)**

Families cited issues with adult counselling.

Whilst Claire is finding the counselling is helping her deal with historic issues, "we are getting to sessions which will be about Poppy...not looking after me and putting me first and me getting better which is worrying...and although I try very hard not to talk about what's going on in my home life when things get to fever point you've got to talk..."

*Claire, age 43*

The counsellor is a man and Mandy feels "out of control...hypnotised...he put me in a comfortable place and in my brain I would not know if he'd done anything to me or not. My brother used to abuse me in my sleep. I used to wake and have a sensation that he was the reason I had woken up...he was standing over me...I did not like the feeling the counselling gave me and I walked away, brushed it under the carpet and tried to deal with it bit by bit"

*Mandy, age 47*

"I had counselling before in relation to the adoption and I had three different counsellors in two weeks and I couldn't start all over again, I cannot keep starting again...I gave up, it's not for me and it doesn't help"

*Joanne, age 30*

Workers also identified other issues around mental health and wellbeing support in cases of **most significant change**:

- “*No follow up care was offered following a diagnosis of ‘emotionally unstable personality disorder’ with ‘dependent personality disorder’*”

### More Information

The Early Help staff survey identified that workers found it difficult to access mental health courses, including support for young people due to a lack of provision in the locality.

Similarly workers identified a lack of provision for courses which supported self-esteem, including self-esteem support for the 11-14 age range. For more information see

### REPORT 3 – KEY WORKER CONFIDENCE SURVEY

### GPs

In addition to picking up issues earlier there were other issues raised about GPs.

Michelle said their GP had not heard of her child’s condition.

*Michelle, age 53*

One adult felt:

*“There is a lack of information from the GP”*

Workers also identified issues with GPs in cases of most significant change

- *“There is a need for more GP involvement”*

### Paediatrics and Orthopaedics

Issues were raised around paediatricians and orthopaedics.

Following a *“fight to see consultants”*, when Joe is around three or four he sees an orthopaedic surgeon however, nothing is diagnosed (it is later established that a condition he gets diagnosed with should have been picked up then). Michelle (spends a lot of time) continuing to try to get a diagnosis for all three of her boys.

*Michelle, age 53*

*“The paediatricians were a joke. Every time we went back it was a different one. He never saw the same one twice...the last one we went to said he suffers with severe anxiety but also says he laughs and gives eye contact so he cannot be on the autistic spectrum...so he was discharged to CAMHS...they constantly passed me around...but CAMHS then said that was a load of rubbish because they all have an individual fingerprint...he rocks and bites himself, ‘prawning’ I call it...and they don’t understand why it’s taken so long to get a diagnosis”*

*Natalie, age 31*

*"My son's behaviour is getting worse and he's not being supported appropriately by the paediatrician, feels like no one is listening"*

*Adult feedback*

### Medication and Treatment

Families raise issues around medication and treatment:

Suzanne also feels Seb has got worse, that he has become agoraphobic, has no emotion and has "flat-lined". She finds this hard as "*who wants to think of their son on medication at that age*"

Seb is referred for Cognitive Behavioural Therapy (CBT) but is unable to sustain it. "*It was too much for him*"

*Suzanne, age 42*

Jessica comes off medication and finds it hard during the first few weeks due to withdrawal. Jessica feels more clearer headed. She doesn't feel zombified on tablets and things aren't as "*piled on*"

*Jessica, age 23*

*"I don't want to go onto anti-depressants for my anxiety and depression because I don't cope with them...I've been on them in the past, so many different ones"*

*Stacey, age 24*

*"I was living week to week, on tablets, pushing things under the carpet"*

*Mandy, age 47*

Kristy stops taking medication for her ADHD (because she was pregnant she wasn't allowed to take it but she also didn't like how it made her feel).

*"The first lot of medication Nathan was on was the same as me. It was horrible. Angry and snapping all the time. Nathan was suffering, self-harming - scraping his knees, stabbing himself with a pen, picking his nails"*

*Kristy, age 30*

### **Attitude/Understanding from Health Professionals**

Families also raise issues with attitudes and understanding from some health professionals.

*"I went to the nurse on Monday for a routine appointment and told her I'd repeatedly gone to the doctors. I get fobbed off and the nurse told me to see a different doctor if I'm not getting what I need...my doctor told me to be like a lake and let things run over me but that's easier said than done"*

*Claire, age 43*

Suzanne is told she is lucky to have access to CAMHs within two months.

*"I'm not lucky my son is experiencing these things at 13. It was always thrown at me about other people but I don't care about other children, I care about my son"*

CAMHS tell Suzanne to see the *"light at the end of the tunnel"* but she feels the light is a long way off.

*Suzanne, age 42*

*"When you go to the doctors sometimes they talk down to you...you feel stupid"*

*Katrina, age 30*

Jessica finds out that Euan shouldn't have been sent the birthday card as the mental institution should have stopped this.

*Jessica, age 23*

Other quotes from children and young people having issues with attitudes and understanding from health professionals included:

*"Dentists could be better, sometimes they get cross"*

## What Difference is the Early Help Service Making to Health, Mental Health and Wellbeing Services?

### Improved Mental Health and Wellbeing and Health (including support for diagnosis)

Families cite specific examples of where their families' health, mental health and wellbeing has improved as result of the Early Help intervention.

Whilst Isobel cannot remember everything her worker has done for her and her family she knows she has "*done loads...helped hugely...the children have become much calmer*"

By persuading Isobel to go to the doctors to get support around her mental health, Isobel's doctor puts Isobel on anti-depressants which "*help a lot*"

The whole family have been supported to be healthier and Early Help are supporting around diagnosis for one of Isobel's children.

*Isobel, age 38*

*"My worker's the one that's made me better"*

Stacey finds both her workers helped her with Millie. "*She had lots of issues with food; she was a fussy eater and would eat very little, doesn't like meat and will only have sausages. They helped me progress that, helped her eat more and got her to try different varieties of food...chicken...encouraged me a lot with that*"

*Stacey, age 24*

Katrina feels that if she hadn't been referred to Early Help she would not have actively looked for things to do in the community because she was so ill.

*"I was referred to get out in the community and that's what my worker did"*

*Katrina, age 30*

Afia feels if she hadn't have got the support; things would have been much more stressful.

*"That stress would have affected my health and that would have impacted on the whole family"*

*Afia, age 43*

Michelle feels as if things would not have changed with Sam's school without her worker's support, "*having that one person going between health and school...a go between...some people don't have that, cannot articulate things, cannot stand up for themselves...standing up for the children*"

With her worker's support he is referred to an adult specialist. Michelle's worker also helps remind Michelle to keep going to the doctors.

Michelle is helped by her worker to get CAMHs back involved with Sam and her worker also puts pressure on to get an educational psychologist to also be involved which helps.

*Michelle, age 53*

Mandy feels her worker has done a fabulous job on her own self esteem.

With her worker's support Mandy gets May referred to the paediatrician through the doctors. May meets the criteria for a CAMHS referral... "*she puts a lot of things in place, all of which help*"

Mandy has to write a Connors report and obtain letters to say "*what James is like*". She does this with her worker's support. James is diagnosed with ADHD, ADD, self-esteem regulation and sensory processing disorder.

*Mandy, age 47*

Emma loves living in the area. She feels more confident having lived there for a few years and from the help she'd had from her worker.

*Emma, age 33*

Sofia's worker refers her to some wellbeing groups to help around Sofia's depression.

*"Some of the kids there are from other groups so it's nice to get together and do arts and crafts as I do enjoy the wellbeing groups"*

*Sofia, age 28*

Jessica feels she would still be in the same rut if she hadn't got support from her worker and the charity and her mental health worker that she "*would not have got over what he did...would still be having flashbacks...would still be there*"

*Jessica, age 23*

Partners specifically identify families have:

1. Improved health, in particular around their mental health and wellbeing (and some health services are being averted);
2. Made improvements around keeping safer

In addition, families and staff also identify families receive health diagnosis.

#### **More Information**

For further specific details on health, mental health and wellbeing outcomes for families see

**REPORT 1 – SUMMARY REPORT**

**REPORT 2 – WHAT FAMILIES SAY**

**REPORT 3 – KEY WORKER CONFIDENCE SURVEY**

**REPORT 5 – UNDERSTANDING DEMAND BETTER**

**REPORT 6 – THEORY OF CHANGE AND THEORY OF ACTION**

**More information**

- Case study (**appendix 4B**) illustrates a saving by addressing the parent's mental health and health as a result of the Early Help intervention by addressing the number of health needs the family had.
- Case study (**appendix 4C**) illustrates a reduction on health involvement with the family from the effects of prolonged substance misuse and domestic abuse as a result of the Early Help intervention.
- Case study (**appendix 4I**) illustrates a significant saving to health as a result of the Early Help intervention addressing poor living conditions as well as family obesity and heart trouble.
- Case study (**appendix 4G**) illustrates a significant saving to health as a result of the Early Help intervention by decreasing the possibility of child obesity, untreated health conditions and the impact of poor dental hygiene.
- Case study (**appendix 4L**) illustrates a potential saving to health services as a result of the Early Help intervention, by decreasing the possibility of mum accessing mental health services and also for the child potentially being referred to CAMHS.
- Case study (**appendix 4M**) illustrates a reduced need for health services as a result of the Early Help intervention.
- Case study (**appendix 4N**) illustrates that it was likely that the Early Help intervention led to the child's health needs being addressed.
- Case study (**appendix 4O**) illustrates a potential reduced need for mental health and wellbeing services as a result of the Early Help intervention.
- Case study (**appendix 4R**) illustrates a potential aversion on mental health and wellbeing services as a result of the Early Help intervention

## Education and SEND

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This chapter identifies areas where education and SEND services are supporting families around their education and SEND needs and issues.

### Summary of Key Findings

As well as supporting families around their SEND needs, education services are supporting families around behaviour and providing wider support to adults including removal of sanctions. Families identify examples of good communication with education services and there is good feedback around alternative education provision.

Areas particularly cited as helpful from families and staff included Educational Psychologist and Paediatric referrals (which led to diagnosis) and other support to families such as reduced timetables.

There are a wide range of areas families feel could be improved. These primarily relate to general support around SEND including SEND provision, SEND transport and issues where families are threatened with attendance sanctions whilst undergoing diagnosis.

There is a lack of adequate educational placements and often families feel that home schooling or alternative provision is their only option. In general families identify issues where children feel bullied and isolated, issues with attitudes and understanding in some areas and issues with communication with schools.

Parent's own negative experiences with education and parent's mental health can impact on relationships with school.

Families value support from Early Help around education and SEND. Partners specifically identify families have improved health, in particular around their mental health and wellbeing (and some health services are being averted), improved educational prospects, an improved future outlook and an improved situation as regards employment.

In addition, families and staff also identify Improvements to children's behaviour and development and improvements to parenting and children moving schools or becoming home educated (because their needs weren't being met at their original provision).

Further work is required to understand whether home schooling is the best outcome for families.

Families valued support from: ASBA; ADHD Solutions; Autism special nurse; CAMHS; Care Navigators; Colleges; Disability Team (special nurse); Educational Psychologists; First Class Solutions/Education; Menphys; Mental health and education practitioner; Mental health children's home; Nurseries; Paediatricians; Psychologist (at Westcotes); SENDIASS; SIBS (Siblings of autism group); Specialist Teaching Service (STS); Speech and language therapists; Toy library; and VISTA.

### More Information

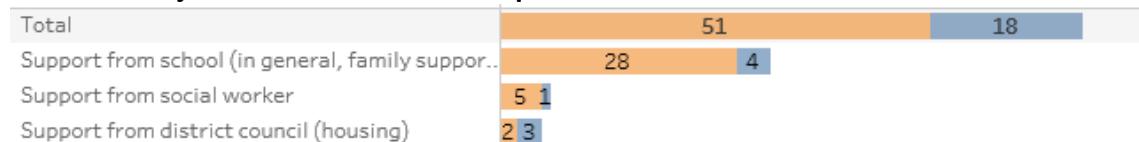
For further details on what families' value around support being provided from the council's Early Help service around education and SEND see

### REPORT 2 – WHAT FAMILIES SAY

## What Works Well in Education and SEND Services?

Many adults and children recognise the support they get from schools.

### Dashboard 4j: From one of the techniques used to collect feedback from families<sup>8</sup>



### Helping to Keep Families safe

Schools are well placed to identify safeguarding concerns.

Poppy tells the school about the domestic abuse at home and Social Services become involved.

*"I don't know what was different this time but it had obviously upset Poppy enough to say something"*

*Claire, age 43*

### Support around Child Behaviour (non-SEND)

Families identify being supported around child behaviour issues.

During reception year, Claire and the school notice that Poppy is a "challenging child...not like other children who would apologise if they've done something wrong in class"

Poppy's school find Poppy "a bit temperamental but bright, popular, happy at school, excelling, good at sport and there was no bullying". Claire is supported by the school counsellor who does sessions with her and Poppy after school 'in her own time'.

Poppy continues to be challenging at home and Claire is desperate for some help. She asks for help at school for over a year. The school "put in referral after referral to anyone they could think of...Poppy's anger was getting worse and I needed help. She was great at school but at home she was violent, aggressive..."

*"Poppy listened (about her school attendance) especially at a meeting at the school with the attendance officer present". "There's a school nurse and Poppy had agreed to see her"*

*Claire, age 43*

<sup>8</sup> Children and Young People (orange bar), adults (blue bar)

Other quotes from children and young people valuing support around behaviour included:

*"The school has helped with time out cards"*

Workers also identified how services were supporting behaviour issues in cases of **most significant change** and observations

- *"I needed the help of the behaviour partnership to achieve my outcome. They were very willing to assist and I feel this got the child into school a lot quicker than if they were not involved"*
- *"School supported child with behaviour and building her confidence"*
- *"Voice work was carried out with the child as a result of him being angry, sad and confused over the break-up of his parent's relationship. As a result of the visit his school are going to provide a person to go to when he feels low"*
- *"The child is pushing against these boundaries but mum is remaining strong and also liaising with school to make sure that the strategies are the same there"*
- *"Now the child has almost a full school timetable and is being awarded honours at assembly this week for good behaviour"*
- *"School teacher has been supporting mum to manage her child's behaviour and for child to attend school regularly"*

### Support around SEND

Much of the feedback received from families related to support they valued around SEND.

*"He saw an educational psychologist as he struggled to go into school...she helped and pinpointed that he had severe anxiety"*

Natalie is also glad the SENCO at the school has started to work with them. Natalie valued her and her partner being sent on a sensory processing class whilst they wait for a CAMHS appointment. The parent felt it made a big difference to her partner particularly, *"he was like, ok, this is why he does the things he does"*.

Natalie also recognised the support she got from a SENCO at primary school as the school felt her son needed extra help.

*Natalie, age 31*

Olly starts to get excluded regularly from school, mainly related to anger issues. Isobel says things come to a head when he started *"lashing out at school"* and the teachers start to think there is something *"underlying"*.

At the meeting with the school, Isobel is told that Olly is going to have a meeting with an educational psychologist, *"I'm always stressed as I suffer with anxiety but today is a good day as we've ticked a few things off"*

*Isobel, age 38*

Social services refer Afia to Menphys which she finds helpful.

Afia, age 43

Suzanne begs the school to ring social services as she doesn't care who helps as long as someone does as she cannot cope. Later the school raise a CAF and Suzanne is referred to Early Help.

Suzanne also values some support she got from the secondary school in general and more specifically from a school support worker.

A worker from school (not directly employed by school) attends Cognitive Behavioural Therapy (CBT) with Suzanne. Suzanne and the school worker learn how to support Seb more around his Obsessive Compulsive Disorder (OCD). Suzanne feels the school worker has been brilliant support, being with her from the beginning.

Suzanne later values some support she gets around home education.

Seb starts a home education programme with three different people, three days a week. Suzanne feels that whilst this is difficult, Seb gets used to it and takes to it quite well. Suzanne is pleased he is getting some education and doing the work.

Suzanne, whilst finding the home education support being provided "*difficult*" was pleased that her child was finally getting some education after missing education for a long time.

Suzanne, age 42

When James is at pre-school, one of the workers training in autism and ADHD mentions to Mandy that she sees '*traits*' in James. Later, when James goes to school the school also notice things "*aren't right*" and put James on a Personal Independence Plan (PIP).

Within three weeks at the new school the school realise things "*aren't right*" with James and with the workers support refer him to a paediatrician (when SENCOs were allowed to refer). The school also support James with extra curriculum.

Mandy, age 47

Natalie found the nursery picked up on her child having some issues and put him on an Individual Education Plan (IEP).

*"He was given play therapy at school which helped and he has his own special room to go into before school which also helps him"*

Natalie, age 31

Jessica attends mainstream school and is provided with a Learning Support Assistant. Jessica's mum and the school are "*close knit*" due to Jessica's disabilities and there are usually phone calls daily "*about something or other*"

Jessica, age 23

Joanne feels she has a much better relationship with the school Family Support Worker than her Early Help worker.

*"I trust her more, we see them a lot more, they go to the school with James, they are more involved in helping support him". Karl agrees, "they've done all sorts, they come to appointments with us and the school Family Support Worker really helps if we need anything"*

The head teacher at James's new school also attempts to get hold of the Educational Psychologist at his old school.

As James refuses to go to school in the taxi, his school arrange for an outreach worker to go to the local special school to teach him half days. This makes his attendance 50% and he goes there for an hour a day.

Karl feels that James's current school might also help with appealing as "*they know he doesn't like travelling, they've already said it's not the best school for him because of the distance*"

*Joanne, age 30. Karl, age 37*

Michelle feels that the school Sam attends has good pastoral care.

*Michelle, age 53*

The primary school pick up on concerns they have with Nathan and he is referred to a paediatrician.

*Kristy, age 30*

Other quotes from adults being provided with support around SEND included:

*"Family support work at school and the SENCO have set up support for my son at school and I think they all work really hard to support me"*

*"Our school family support worker has helped with advice and filling out paperwork"*

Other quotes from children valuing support around SEND included:

*"SENDASS and school meetings help, making sure my brother gets what he needs"*

*"Our school family support worker helps me"*

Workers also identified school, early years and college support around SEND in cases of **most significant change** and observations.

Education Psychologist and Paediatric referrals:

- *"The school made referrals to an Educational Psychologist and a Paediatrician. They also put one-to-one support in place for the child in the classroom"*
- *"School have made a referral for an Educational Psychology assessment"*
- *"Early Years have also agreed that they will support and allocate an Educational Psychologist"*
- *"The school have employed an Educational Psychologist to support with school issues"*
- *"Having regular contact with school and arranging meetings with other professionals such as the school nurse and parents it was agreed that the young person's educational needs weren't being met by school and this resulted in referrals being made to the behaviour and education partnership and the Educational Psychologist for an assessment"*
- *"The child is managing her mental health issues more positively, back in education and engaging which has enabled education to establish the need for her to be assessed by an Educational Psychologist and apply for an Education and Health Care Plan (EHCP)"*

Education and Health Care Plans:

- *"School are doing an Education and Health Care Plan (EHCP) for the child"*
- *"The young person gained an EHCP"*
- *"Supported mum to accept support for education plans and support in school for children was already in place"*

ADHD and autism:

- *"Diagnosis of autism is now in place for the youngest child and school are now taking on a more positive role in trying to access the correct support"*
- *"A referral was made (from the school) to ADHD Solutions and the family have attended sessions"*
- *"College have an increased awareness of the young person's needs including ADHD, dyslexia, being unable to tell the time and panic attacks"*

Reduced timetable:

- *"Child is on a reduced timetable and this is manageable for her"*
- *"Regular meetings were held with school and a reduced timetable agreed which the child has responded well to and is now attending well"*
- *"Child was also on a reduced timetable"*
- *"Child had previously been home schooled because of physical issues but is now back at school on a reduced timetable"*

Other support from schools and early years settings:

- *"The child receives weekly Emotional Literacy Support Assistant (ELSA) support at school which provides him with an opportunity to have a voice and talk about his feelings"*
- *"School had completed a student profile, were giving teaching assistant support at school and made changes to seating arrangements"*
- *"School initially were supportive of the young person's emotional needs at school so he was given additional support with learning support"*
- *"Before going home from nursery, the child is given some down time with the opportunity to talk through the events of the day with a member of staff and mum. This has helped him to cope better with transition between nursery and home. Mum feels supported by the nursery and is more confident in talking to the staff about any concerns she has"*
- *"School were on board to move forward with dual registration and appropriate support for the young person"*

**Support to Parents as well as Children**

Adults often cited examples of where they were specifically supported around their own issues or in helping them to support their children.

Isobel becomes scared to take the children to school due to the conflict with her old friends and feels "*depression sets in again*". Isobel feels the school are supportive and allow her to take the children to school a bit earlier to avoid any confrontation.

The school support Olly with play therapy called '*A Place to Be*'. Isobel knows there is a space available for her at those sessions and she is going to take them up on it, "*I'm more willing to accept it...the school have been really, really good*"

*Isobel, age 38*

With support from James's new school Joanne and Karl get some money from the Family Fund to get a holiday and later a climbing frame for James which he plays in. They also get vouchers so "*the other children aren't left out*"

*Joanne, age 30. Karl, age 37*

Mandy tells the children's new school what has happened and feels more support is put in place than at the children's previous school. Mandy deals with the pastoral worker at the school.

The housing application was also supported by letters from the school.

*Mandy, age 47*

Stacey feels that Millie's school have also been very supportive.

*"Millie had had a lot of time off of school and if I did not feel right in the morning myself I wasn't taking Millie to school which impacted on her. They found a way of getting me and Millie into school and brought in the idea of me volunteering at the school and it worked...I would not have done that before"*

Stacey is starting college next week one day a week to become a teaching assistant.

*"I'm meeting my tutor today. I only found out last week when I was doing the bookcases and the head teacher said oh you'll be helping out in the classrooms next week...I'm going to be doing more hours volunteering at the school but after this year at college I'm hoping to get work at the school. I feel safe there and I feel I should be there and I love that"*

*"The teachers noticed things too. I'm close to Millie's previous teacher and the head teacher and they've both said they've seen so much change in me. Apart from my workers and the school, nobody else has really helped me"*

*Stacey, age 24*

*"Although the school, and I, don't think he has ADHD they said the support was around the same behaviours. I found some of it helpful but couldn't see how some of it could work but I took out of it what I could and what would work for me and that was that"*

*Natalie, age 31*

Workers also identified how schools were supporting parents as well as children in cases of **most significant change**

Head teacher involvement:

- *"The head teacher was supporting the family prior to the referral and gave mum advice and support"*
- *"Head teacher went to more proactive involvement, particularly in support of the parents"*

Support around specific adult issues:

- *"Mum has negative memories from her own schooling so we have linked with the school for mum to go in for the first half hour each day to listen to pupils read"*

### General support to parents and children

- “*Pastoral staff in school were able to provide support for the parents and the child. They also worked closely to keep Early Help up to date with information*”
- “*The family support worker at the school was putting things in place at school to support both mum and her son*”
- “*School became more supportive to the family due to Early Help supporting the family to make the relevant people in school aware of home situations*”
- “*Mum has awareness of support in place at school and uses it effectively*”
- “*School have stated they now feel they can work and support mum to ensure they meet the child's needs within school*”
- “*School pastoral worker supported mum to accept help and offered over and above that of a pastoral worker*”
- “*School offer ongoing support to parents and child*”
- “*School teacher will be continuing to offer support to child and mother re: child's behaviour and attendance to school*”
- “*School being on board and working with Early Help worker and mum*”

### Good Communication

There were many examples of good communication between families and schools.

*“The school say to me I'm doing so well, working with us well and it's because I think to myself, they're just doing their job and they've got my children for so many hours a day we've got to get on. They've just rang to check Nathan has taken his medication”*

*“Me and the school liaise and we're alright now. With Nathan's behaviour I felt they weren't treating him right so I was kicking off with them, but I don't have any problems with the school now. It's fantastic. We work together now. The head teacher is bubbly and said I used to poke her in the shoulder. They know I don't take any crap but I'm a good mum”*

*Kristy, age 30*

Workers also identified the importance of good communication with schools in cases of **most significant change**:

- “*Through school feedback mum has a clearer picture of her daughter's peer groups and social interaction and what school are doing to help her daughter manage any concerns*”
- “*School was supportive while the worker was working with the family i.e. organising meetings for parents and professionals to discuss any concerns that the school or parents has*”
- “*Mum and school are working more closely together to implement strategies suggested to increase child's feeling of safety at home and at school*”
- “*The family support worker at school who made the referral was communicating more with mum and putting things in place at school to support both mum and son*”
- “*Communication issues are effective at the school and dad is informed*”

- *"The family support worker at the school who made the referral was communicating more with mum"*
- *"The school changed the way they spoke to mum. Through meetings and working together they stopped ringing mum with every little thing that her son told them and checked it out more fully with her son and Early Help"*
- *"The child is pushing against boundaries but mum is remaining strong and liaising with school to make sure that the strategies are the same there"*
- *"The school worked directly with the parents"*

### SEND Transport

One family had a very positive experience with their SEND school transport.

James is provided with a taxi to get to school and Joanne and Karl feel the regular taxi driver they get has a good rapport with James, *"James loved him...they had banter"*

*Joanne, age 30. Karl, age 37*

### Home Schooling Services and Other Support for Alternative Education Settings

One parent identified home schooling support which was the right type of support (albeit not frequently enough).

Suzanne's worker gets in touch with a few people and gets Suzanne access First Class Solutions to enable Seb to be home educated.

Suzanne meets with the practitioner and is told the practitioner will initially work with Seb's mental health, help get him out and have someone to trust to talk about his anxiety. Whilst Suzanne feels this is great and what's been needed, she doesn't think once a week is enough.

*Suzanne, age 42*

Workers also identified the importance of alternative education support in cases of **most significant change**:

Home schooling:

- *"The school and Early Help have arranged for home tutors to meet with the child at the start of the new term"*
- *"The young person has taken two overdoses and plans are being made through the medical needs team to home school her"*
- *"The young person has an excellent structure and routine in place for her home schooling"*
- *"Home tuition is now being provided"*

Tutoring service:

- *"The young person is now opening up and working with a number of other people from the Tutoring service and making small strides in going back to education"*
- *"The school tutoring service empowered the family to start making their own decisions and choices as to how they wanted to move forward with supporting their child's education and recovery"*

Special schools:

- *"Her son has anger issues and had been permanently excluded from school due to aggressive behaviour. With Early Help support he has been placed in a special school that is better able to meet his needs"*

Other alternative provision/services:

- *"The change experienced was to get the young person a place at Brolay Care Farm for one day a week, volunteering as a PE assistant at a local school and engage him with the home tutoring service for three sessions a week. The young person is now more motivated, has changed his routine so is up and ready to learn for his tutor"*
- *"Things have improved for the young person since learning to cope with his anger better. He is attending an alternative education provision which he has been enjoying"*
- *"The young person eventually went for an initial visit around the alternative provider REAL. He fitted in and their remit is to build up the visits to eventually being full time"*
- *"An alternative educational provision that is more suited to meet his needs"*
- *"The young person was encouraged to make the right choices and has embraced the alternative education that she was offered"*
- *"School started the process of offering alternative education provision"*
- *"Early Help, CAMHs and the school put in an application for hospital school as the child would have the support to manage her mental health alongside her education as well as looking at other opportunities to help the child socialise"*

In one case, *"Withdrawal from school"* was identified as a key enabler of change.

### Removal of Sanctions

Families find that it helps when sanctions in relation to attendance are removed.

Suzanne feels that once she has a diagnosis the pressure (to prosecute around attendance) from school goes. Suzanne still feels let down by the school.

*Suzanne, age 42*

The school threaten to prosecute Michelle but she says "*well here's all the policies, all the medical evidence you've had, if you're going to prosecute me can you stop threatening me...just do it and we'll go to court to see how it works out...that's when the school got supportive...haven't mentioned prosecution since*"

*Michelle, age 53*

Other quotes from children valuing the removal or reduction of sanctions included:

*"School may not take us to court"*

*"School attendance fine reduced"*

Workers also identified how sanctions played an important role around education in cases of **most significant change**

- *"Her attendance was low and the school were in the process of issuing fines"*
- *"Parents issues affected in helping the child get up for school which resulted in a huge decline in her attendance which led to mum being at risk of prosecution"*
- *"Mum was recently in court for the aggravated offence for her child not attending school. Due to the great improvement in attendance the charges were dropped and mum avoided a criminal record"*
- *"The mum was prosecuted for the children's school attendance"*
- *"The fine has been stopped by the county council"*

### **Other Support from Education**

Families also cite examples of other support from education services.

The school have a nursery attached and because Emma *"always wanted to work with children, the school put me in the nursery during the lessons I found difficult...this got me back into school and I was there all the time from then on"*

*Emma, age 33*

*"I was panicking when she started school because they have weird varieties like pizza and potato that I would not make at home. I did not want to waste money buying a packed lunch when she could have free school dinners, she has to have at least five forkfuls, it's all helped"*

*Stacey, age 24*

Afia felt that being well educated helped her when she faced set-backs and significant life events later in life.

*Afia, age 40*

Other quotes from children and young people valuing other educational support included:

*"At lunchtimes at school there's a teacher you can talk to (for particular children). The school paid for a school counsellor and it did help about a year ago"*

*"My teacher at school helped me with stuff at home"*

*"School helped with free school clothes"*

*"School help me with my maths"*

*"Good teachers help sometimes when kids are naughty"*

*"My sister gets help with nursery"*

*"Some teachers are helpful"*

*"College help. If I need anything they help with it. Funding for a bus fare or if I need a chat about home life"*

*"Teachers at nursery help me"*

*"My primary school teacher is kind and nice"*

Workers also identified the importance of other support relating to education outcomes in cases of **most significant change** and observations

Wellbeing support:

- *"The children's emotional needs were able to be met within the school due to them having significant people who they were able to go to if they needed someone to talk to"*
- *"The child was referred to counselling in school"*
- *"Bullying is being taken up by the school"*
- *"School support the eldest child to manage his emotions and anxiety"*
- *"School began to recognise and take seriously the difficulties the child was facing in terms of anxiety"*
- *"School were able to provide input on the child's attendance, presentation and emotional health"*
- *"The school agreed to implement more support for this child in school. This involved including him in a small friendship group last term and will extend to offering him one-to-one input from a specialist pastoral support worker next term"*
- *"School were very supportive. They held meetings for us all, helped the young person access counselling and allowed Early Help to work with the young person in school time"*

Support from the school nurse:

- *“School was flexible and a supportive school nurse was helpful”*
- *“The school nurse being there for the family”*

Safety:

- *“School helped by not allowing the children to be collected from school by unknown people when mum had not rang in to inform them”*

General support and understanding:

- *“Schools understanding of the issues”*
- *“Children are now being supported in school”*
- *“Good support from a referring school”*
- *“Getting the correct support within college”*
- *“Spaces in local childcare settings”*

Pre-school placements and support:

- *“Pre-school were very supportive with the older child”*
- *“The child has started pre-school and this helps to stop isolation and improves his communication and routines”*
- *“The child is being seen regularly at nursery who are communicating with the worker about concerns helping to keep the child safe and wellbeing maintained”*
- *“Referral was received with concerns around school attendance”*

Other:

- *“He made the decision to restart year ten as they felt he would be too far behind to continue in year 11”*

#### **More Information**

SEND families are also supported by mental health, other health and domestic abuse services. See the following chapters in this report for further details

**HEALTH, MENTAL HEALTH AND WELLBEING**

**DOMESTIC ABUSE**

## What Could be Different about Education and SEND Services?

### SEND

#### Transition

Families had issues following the transition from primary to secondary school:

*"Sam cannot cope...grabbing the steering wheel on the drive to school and being so anxious...often refusing to get out of bed"*

*Michelle, age 53*

From around January time, Seb starts to become known as '*a problem child*'. Seb gets involved with another boy "*he feels sorry for, who was a bit of a troublemaker...well not that he'd get into trouble, but he'd go off*". Seb starts to tell Suzanne he is ill.

*Suzanne, age 42*

#### General Support around SEND

Families identified issues with the support they were provided around SEND:

Mandy feels "*down*" on the school and the support they are providing.

*"SENDAIASS are saying what the school should have in place... the school say give us the money and we'll sort it... SENDAIASS say there needs to be an EHCP, that a special school needs to come in and work with May at school...the school say there are children who are worse than May, they need help and cannot get it...so it looks like it's going to be a very hard spectrum to enter"*

*Mandy, age 47*

Afia feels she gets more support with her second child's SEND issues than she did with her first.

*Afia, age 40*

When Joe is 12, his paediatrician says he needs to see an educational psychologist but he doesn't get to see one despite Michelle following this up and "*resorting to paying privately for things*"

Michelle takes Joe for a private diagnosis of dyslexia as his school won't support him with this as he isn't "*severely dyslexic*". Michelle feels "*it is no wonder he is run down, tired...previously you'd have been able to see an educational psychologist if you needed to see one, now there's only four or five in the county*"

Michelle feels Sam's primary school provides him with poor pastoral care.

Michelle feels that whilst the (new) school Sam attends has good pastoral care, it too has its own agenda of getting everyone into school every day regardless of medical need. Michelle is helped by her worker put pressure on to get an educational psychologist to also be involved which helps. Sam's school want Sam to go to a hospital school, telling Michelle they don't think their school is the right place for him but Michelle feels it is. As a result of her worker's involvement at the previous psychiatrist meeting, the worker reminds the school how well Sam is doing and what his needs are.

*"He doesn't need to go to a hospital school, he doesn't need to meet a whole load of new people, he doesn't need an hour's drive to get to school in a taxi, he needs to be with the friends he has made with the good pastoral care team he has but manage what he can manage"*

Michelle's school disregard Sam's medical diagnosis and educational psychologist diagnosis.

*"They tried their damndest...how does that help them if they want more help and funds...to say your child hasn't got ADHD when a top paediatric consultant has diagnosed it"*

*"The school did not agree Sam had ADHD. As he also had chronic fatigue he wasn't hyperactive as he was tired so they gave him a faulty dyslexia assessment saying he wasn't dyslexic, then he was getting told off for not reading and writing...the assessment was done by a teacher"*

Sam doesn't have a laptop at school because *"The school doesn't have the funding, they've told me not to buy him one as they want it configured to the school, I could buy one but would not know what programmes to buy. Sam is still writing by hand which will have a knock on effect to his energy. If he'd been to another school he'd have been given his own laptop/iPad as all special needs children have them there straight away"*

Michelle feels schools are under pressure from higher up with regards attendance... *"it's not the schools fault but they haven't read the policies, haven't read about children with medical needs, children are allowed to be part time at school with alternative provision...they need to go back to Ofsted to say why attendance is what it is maybe"*

*"(the school) are still constantly trying to increase his hours...that is a pressure and he's off school again because they've gone too far and he cannot cope with a full day"*

*"There isn't any provision for anyone in between...you're either home schooled with tutors because you're too ill to go to school or at school full time or on a part time timetable with a view to going back full time...with Sam's level of dyslexia, chronic fatigue, school anxiety and ADHD he may never be able to attend school full time and be well"*

Isaac's school refer Michelle to Early Help due to the issues with Isaac being late for school or being off poorly. Michelle finds it hard *"being the bad guy...they thought I was pretending the children were ill, keeping them off school and not bothering to send them in"*

Isaac's school deny that he is dyslexic. The school tell Michelle to stop worrying but *"I don't*

*worry, I see it as it is, I'm a qualified teacher, I have two dyslexic boys and a husband, it is almost impossible he will be...I now need to pay privately again because they haven't referred him to anyone because he's not dyslexic enough to need their resources"*

Michelle feels strongly that Isaac shouldn't be writing as he is dysgraphic.

*"He's copying off a board and getting it all wrong, he hasn't got a laptop...nowadays there's so much technology to help but there isn't the same amount of funding available in all schools"*

*"Education, Health and Social Care go together, because of Joe's untreated, undiagnosed dyslexia it makes him very tired as his brain is overcompensating...there aren't enough"*

*"Educational Psychologists...none of the boys have had any extra funds applied for them by their schools but they aren't meeting their needs, surely they'll have less children on registers and less resources?"*

Michelle feels there isn't enough support for *"people like me...I can represent myself quite well...I live in a nice house, in a nice village but it's isolating, you cannot join in with friends, you cannot go out...lots of people like me are at the end of their tether because we're propping up the system, paying for our own diagnosis because we more or less can but that means we're not always recognised by the schools"*

*"It's hard because you want them to go to school and for everything to be alright...I wish they could but you don't choose to have children who are too poorly to go to school...I want them to have a happy life"*

*Michelle, age 53*

James starts to become difficult in school, *"not staying in the classroom, kicking and screaming, not wanting to be around a lot of children, not co-operating or doing the work. He starts to rip books up, throwing things"*

Joanne and Karl feel unsupported as *"initially nobody wanted to do anything...they said James was a naughty child"*

Joanne and Karl spend the next two years trying to get an autism diagnosis for James. The Educational Psychologist at James's first school refuses to engage with the paediatrician and ignores all his communication attempts.

The head teacher at James's new school also attempts to get hold of the Educational Psychologist at his old school but she doesn't respond to emails or talk to them, Karl feels it is *"very unprofessional"*

James is excluded from school for his behaviour and *"because he couldn't cope with school"* The head teacher at James's old school tells Joanne and Karl they *"only have so many hours of the Educational Psychologists time and it was too expensive to have any more"*. Karl feels the schools *"pass the buck"* as the new school tell them James is registered with the old

school.

Two years later and seven or eight appointments in with their paediatrician, James hasn't yet had a formal diagnosis so "*there isn't much we can do as we're waiting on an Educational Psychologist*"

*Joanne, age 30. Karl, age 37*

## SEND Education Provision

Families also identified issues with the specific education provision around SEND.

Suzanne is called by one of the home schooling tutors to say that it is the last session and Seb is getting a practitioner instead of tuition. Suzanne hasn't heard of practitioners and is told she is lucky to get one as they deal with mental health and education. Suzanne is unhappy as not only was she promised the tutors would be with Seb the whole time if he needed it she was told of the change indirectly.

Suzanne feels again that a big problem is not knowing what services are available and how to access them. She feels she shouldn't have to "*delve*", that the information should be given freely.

Suzanne meets with the practitioner and is told the practitioner will initially work with Seb's mental health, help get him out and have someone to trust to talk about his anxiety. Whilst Suzanne feels this is great and what's been needed, she doesn't think once a week is enough and is fed up of people coming and going and still no education for Seb.

Suzanne is told a student will be put in place every Friday to befriend Seb and provide him with a male role model. Suzanne is fed up repeating everything with the practitioner. She felt it was the same with First Class Solutions and other professionals, that so much time has elapsed with so many different people. Suzanne will push for education to come back in via the practitioner.

*Suzanne, age 42*

Joanne and Karl both feel that when James is back at school full time they will have more time to do other things. At the moment they wait at school in the car for him for an hour as there is "*no point going home...by the time shopping is done, other kids are collected...it's never ending*"

Following the EHCP, a special school in another district is identified for James as part of the plan. (The special school local to them is full). Joanne and Karl are unsure whether the long journey, (around half an hour), will cause James problems as it has before and they also aren't sure how he'll get on with a minibus.

*Joanne, age 30. Karl, age 37*

One adult felt they needed to understand their child's development needs around their disability more.

### More Information

The Early Help staff survey identified that some workers found it difficult to access SEND courses for younger children due to a lack of provision in the locality. For more details see **REPORT 3 – KEY WORKER CONFIDENCE SURVEY**

### SEND/School Transport/General Transport

Families identified issues around transport to school and transport issues in general

Michelle finds a secondary school with good pastoral care as she feels the local school cannot meet Sam's needs. This school is in another part of Leicestershire out of catchment and takes approximately 25 minutes to get to by car. From this point onwards, most of Michelle's week days are subsequently spent doing round trips to and from the three different schools starting at 8am "*with barely half an hour at home*"

With the three different schools for Michelle to drive to and various health conditions to deal with in the mornings, particularly around Sam's anxiety and refusal to go to school, Isaac (Michelle's youngest son) starts to become late for school.

Michelle just wants some help with transport.

*"I would not go insane and end up in a mental asylum and then my children would not get taken into care because my husband cannot look after them - it is such an expensive route and so wrong for everyone...you just need the bit of support when you need it"*

*Michelle, age 53*

Menphys offer Afia swimming sessions for the boys but Afia finds it difficult getting there on the bus.

Whilst the children aren't late for school, there is "*a lot of stress and worry in the morning, making sure all the children are where they should be (transport to two different special schools and getting two children to mainstream school herself)*

*Afia, age 40*

Following a change in taxi drivers, things become a much "*bigger deal*" getting James to school and he refuses to go. James punches the taxi driver, "*tries to smash the windows with his feet...he doesn't like long journeys, he gets stressed and as soon as he starts getting stressed there isn't anything you can do with him*"

Karl feels there are "*issues getting the children to the two different schools in the mornings with different start times but it was much worse before James's move to outreach at the local school. When he would not get into the taxi both schools finished at the same times, so by the time I'd got the other three home it was 4.30 by the time I got to James, then if I was stuck in traffic it could be 6.30 by the time we got back*"

*Joanne, age 30. Karl, age 37*

Workers also identified issues relating to school transport in cases of **most significant change**:

- *"The school he was registered with were not prepared to fund him to get him to school. Money was tight in the family so they couldn't afford a bus pass and the parent was in and out of the mental health unit"*

### Limited Support without Formal Diagnosis

Earlier in this chapter we also noted how sanctions were removed once formal diagnoses had been received:

School are “*supportive to a point*” but “*won’t do anything without a medical opinion*”. Seb’s attendance drops to 40%. Seb is put into a support room and Suzanne struggles for months to get him an hour a day in there, “*but we got it*”. The school don’t provide work for Seb to do at home.

*Suzanne, age 42*

Workers also identified the importance of diagnosis to schools in cases of **most significant change**

- *"Before the diagnosis of autism was given, the child's school put the behaviours down to attention seeking and generally not wanting to attend school even with evidence gained from other professionals who worked with the family. In meetings with the school it was said that unless a diagnosis of some sort was given there was not much more the school could do. This was repeatedly challenged by Early Help, SENDIASS and the parents. Once a diagnosis was given the school addressed some of the issues and agreed to put in a medical needs and autism outreach referral"*

### Threats of Sanctions

Adults often find sanctions unhelpful when they are dealing with SEND issues.

Suzanne feels she is doing everything she can, taking all the help she can via CAMHS and Early Help and feels “*stabbed in the back. Thanks a lot, why not pile it on a bit more*”

After Seb is diagnosed with General Anxiety Disorder with Obsessional Thoughts, Seb’s psychologist tells Suzanne that whilst the school could take her to court, they would not have a leg to stand on as she has “*sufficient evidence*”

*Suzanne, age 42*

Michelle attends a panel at Sam’s school and feels “*ganged up on*”. The school threaten to prosecute Michelle but she says “*well here's all the policies, all the medical evidence you've had, if you're going to prosecute me can you stop threatening me...just do it and we'll go to court to see how it works out...that's when the school got supportive...haven't mentioned prosecution since...I get threatened with all sorts that isn't true which doesn't help*”

*Michelle, age 53*

### Lack of Placements/the Right Support/Waiting

Families cited issues with placements, waiting times and inappropriate educational support.

May has another psychotic episode and is also unable to work at school other than one to one. May is subsequently excluded from school for violent behaviour.

*Mandy, age 47*

With no funding and no diagnosis, Joanne and Karl manage to get James into a school they think will be more supportive half an hour's drive away which is "*supposed to be for two terms*". The local special school is at capacity.

*Joanne age 30, Karl, age 37*

Seb has had a whole year without education.

*Suzanne, age 42*

Other quotes from children and young people relating to placements included:

*"I hope to go to a special school, currently appealing. I would like to move schools faster and my worker could help"*

Workers also identified a lack of adequate provision of placements and wider support in cases of **most significant change**

- *"The child was unable to find a local placement (following a move)"*
- *"There was not a suitable placement that would take the child onto their roll"*
- *"I feel the child may benefit with support from the school nurse"*

### Parents Health, Mental Health and Wellbeing Issues Linked to Education and SEND

Families often reflected on their own health issues in relation to their children's education.

*"Millie had had a lot of time off of school and if I did not feel right in the morning myself I wasn't taking Millie to school which impacted on her"*

*Stacey, age 24*

Whilst the children aren't late for school, there is "*a lot of stress and worry in the morning, making sure all the children are where they should be...preparing special needs children in the morning is challenging especially when sometimes there are early lessons*"

*Afia, age 40*

*"Connors health has taken 'a nosedive' and May was bullied at school this week...I try to fit all needs and routines round Connor's physio, lots of health appointments, the last two months we've had three a week. My brain is 'fried'...'frazzled'...all those things are extra stresses"*

*Natalie, age 31*

### **Stable School Environment**

On occasion, wider issues with schools were cited.

Claire feels that disruption at school doesn't help. "*In one year Poppy had four teachers because the school couldn't get it right*"

*"I know some of her attendance was to do with things certain things causing her stress...there were a couple of teachers she wasn't getting on with, she had a brace...things like that...I'm a proactive parent so if there's a problem I did like to try and sort it out"*

*Claire, age 43*

One child was "worried" as they did not have a teacher.

### **Support for Child Behaviour's at Home**

One parent felt that schools could provide more support around children's behaviour at home.

Claire feels that in an ideal world, school would be a good place to support her with Poppy's aggression at home and would be age appropriate throughout, "*but when the kids walk out the school door it's not their responsibility until something goes wrong and then they're like oh*"

*Claire, age 43*

### **Support around Bullying**

Bullying comes up as an issue linked to wider issues.

Seb tells the worker and Suzanne that he is being bullied at school, that he is being called "*mental*" for not going to school. The worker goes with Suzanne to school and she is disappointed that the school only bring the other children involved in (not the parents). Suzanne feels it is a big issue for them.

*Suzanne, age 42*

William starts getting excluded from school.

*"He was getting bullied, got excluded 13 times. The boys witnessed domestic violence, it affected them when they were younger. William was sent to a pupil referral unit, a primary school for naughty boys"*

*Kristy, age 30*

Other quotes from children and young people included:

*"School aren't helping deal with me being bullied. I end up fighting and being excluded. It's not fair"*

#### More Information

Parents were also bullied as children. See the following chapter in this report

#### FAMILIES AND COMMUNITIES

#### Attitude/Understanding

Families cited examples where they had issues with attitudes and understanding.

Isaac receives a diagnosis. *"This was really helpful because we could shove it up the head teachers nose and say there we are then...because SHE refused to send Isaac home with tummy aches and I was worried and anxious it might be something else"*

The head teacher tells Isaac his lunch box isn't healthy which Michelle finds unhelpful as *"he has tummy problems, is already anxious about school and his health"*

*Michelle, age 53*

*"Luke marked May and Connor...I told the school family support worker because I wanted them to be aware, that this was what was happening, that I needed the help. I did not have to tell them as May and Connor would not have said anything but why would I hide it...sneaky...she was saying one thing to me and doing another thing...she reported me to social services...I did not think the help the school would give me was reporting me to social services that day...they did not go the right way about it as it made me feel I was doing something wrong...I felt they were going to come and take my kids off me...another time Luke bit himself so I told my school family support worker and she told me not to worry about it. The next thing she was ringing my worker to say she had concerns about a bite. I said to him 'what do you mean? I've already told the school what happened' but they still felt the need to ring my worker to speak to Luke to see if I was lying...but I won't stop telling them what's happening because if I start hiding things that's me in the wrong. They can do as they see fit. If they choose to report me to Early Help and social services I'm not bothered but things like that make me feel the school isn't trustworthy. My worker did not hide things but the school said the opposite of what they said to my face"*

*"Because he doesn't kick off at school...although scoring lower than average...not where he should be...underachieving...all the school say is he's a very quiet, well ordered little boy and I'm like, that in itself should be telling you something...so I'd had enough, the SENCO wasn't listening so I videoed him at home having a meltdown as I thought she needed to see it...she was like 'wow'...I have never thought that would be him and I was like, this is what I've been trying to tell you...because of you and what you're doing at school, not telling him his routine of the day, he's holding it all in and this is what I'm getting when he gets home...biting us...kicking us...he pulled the radiator off the wall all because they weren't listening...it shouldn't take that"*

*Natalie, age 31*

Other quotes from children and young people around attitudes and understanding included:

*"School could be better as attendance has got better but they have been picky about it. Two to three minutes and before it was hours and hours"*

*"Teachers could be better, sometimes they get cross"*

*"I wasn't that keen on SIBS. I was sometimes treated as older because I was taller"*

*"Teachers could be more understanding. I feel isolated in school"*

Workers also identified issues with schools understanding in cases of **most significant change**:

- *"At the time the child was still awaiting an appointment for CAMHS for further assessment and parents were concerned they would be fined for their child's low attendance"*
- *"Arranging a workers meeting to allow discussion of school staff's concern about possible 'induced illness'. This had affected their relationship with mum as they saw her son's difficulties as related to mum's mental health/attachment issues"*

### Communication with Parents

Communication issues were identified by families.

Two weeks ago, Suzanne is called by one of the tutors to say that it is the last session and Seb is getting a practitioner instead of tuition. Suzanne hasn't heard of practitioners and is told she is lucky to get one as they deal with mental health and education. Suzanne is unhappy as not only was she promised the tutors would be with Seb the whole time if he needed it she was told of the change indirectly.

*Suzanne, age 42*

Michelle receives a letter from Sam's school which was meant for the paediatrician which said that the school felt that Michelle was the problem and Sam needed to be isolated from Michelle to be interviewed without her present *"to find out what was going on"*

Isaac's new head teacher stops contact between teachers and parents at the end of the school day which Michelle feels *"vital with Isaac not being well and being bullied a bit"*. Whilst Michelle's worker goes to support her at a meeting with the school about this however communication is refused and after the meeting Michelle's worker says *"that was hard work"*

*Michelle, age 53*

*"One of the teachers at school who had been involved with Poppy's challenging behaviour throughout was annoyed because she wanted to speak to me (about reporting the family to social services) before the head teacher did"*

*Claire, age 43*

*"I spoke to my worker that night and she said the head teacher wasn't supposed to tell me as she hadn't spoken to be about it yet"*

*Stacey, age 24*

### **Other Experiences Parents Had When They Were at School**

As well as bullying at school, parents have other negative experiences when they were at school.

Katrina recalls when she was at school a young teacher who had just come out of college sat her down and said he knew something was wrong with her and that she could talk to him about it. Katrina feels things are different now.

*"Maybe if it had been a woman that had approached me I might have talked more...things were swept under the carpet back then...nowadays if you saw one of your pupils you would not just take what they said, you'd take it a bit further"*

*Katrina, age 30*

*"I was bunking off school...spending half of my school life on report...I used to colour them in"*

*Claire, age 43*

Emma starts to *"skive off school as I found certain lessons difficult...things I did not like or couldn't do"*

Emma misses school for the next two years. Emma's mum finds out and goes to see the school who *"did not know"*

*Emma, age 33*

Although her mum doesn't know, Stacey starts to *"skive off"* school.

*Stacey, age 24*

From the age of around eight, Kristy recalls being hit by her dad. *"I went to school with bruises and had to lie, my dad told me to lie"*

*"I went to the same school with all the foster placements but I didn't really go. I got kicked out before I started my GCSE's"*

Kristy goes back to school to do her GCSE's but doesn't get any qualifications.

*Kristy, age 30*

## What Difference is the Early Help Service Making to Education and SEND Services?

### FEEE and School Readiness

Workers from Children's Centres particularly observed how babies and younger pre-verbal children became "better prepared for nursery and school".

Workers also identified in cases of **most significant change** and observation how they are supporting families to access FEEE2 and FEEE3 and nursery:

- *"The youngest child has a place at nursery to help him build relationships with other children and adults away from his parents"*
- *"When they eventually did, the child coped and settled well and the family felt reassured he would be safe and cared for, but they could also see how access to the opportunities the setting could provide him with would support his learning and development, his communication in particular"*
- *"Family from the travelling community began to understand how pre-school attendance might benefit their two year old son to develop language and communication skills and other areas of development"*
- *"Children accessing two and three year FEEE"*
- *"Two year old will receive FEEE2"*
- *"The worker supported the parent to access two year FEEE funding"*

Jessica takes up FEEE2 for Euan and "gets on well with it"

*Jessica, age 23*

### School Attendance

Families cite how Early Help has improved their children's school attendance.

Claire feels her worker was very "*straight with Poppy at times...if there's one thing she's definitely done it's help me sort out her school attendance*"

*Claire, age 43*

Isobel's children, whilst attending school, are attending "*sparingly...I wasn't taking them at the time*". Isobel's worker supports Isobel to get the children to school on time by getting them into a breakfast club as they were being late.

School attendance improves.

*Isobel, age 38*

Stacey says "*Millie will be going to school tomorrow no matter what...this will be the first week in months she's gone all week and it's a huge step for me and I want it to continue*" This change in motivation was largely due to the support Stacey received from her worker.

*Stacey, age 24*

*"Our worker has helped with morning routines. Attendance at school has improved majorly. School may not take us to court. She has helped me by talking"*

*Child/young person's feedback*

### **Improved Educational Prospects from Supporting a Wide Range of Issues**

Suzanne's worker gets in touch with a few people and gets Suzanne access First Class Solutions to enable Seb to be home educated.

This subsequently led to Seb being educated by a practitioner specialising in health and education.

*Suzanne, age 24*

*"My worker knew he had chronic fatigue, knew he needed a flexible timetable and was able to negotiate". Michelle feels as if things would not have changed with Sam's school without her worker's support, "having that one person going between health and school...a go between...some people don't have that, cannot articulate things, cannot stand up for themselves...standing up for the children"*

Mandy's worker also puts pressure on to get an educational psychologist to also be involved which helps.

*Michelle, age 53*

*"She's done some things to help William along with the EHCP, I've seen letters she's sent so I know she has"*

*Joanne, age 30, Karl, age 37*

With the worker's support the school refer Luke to a paediatrician (when SENCOs were allowed to refer).

*Mandy, age 47*

Workers also identified improved educational prospects in cases of **most significant change** and observations

- *"Young person successfully returned to a full time, timetable and completed her GCSE's enabling her to apply to college to attend her chosen course"*
- *"Mum has been able to implement routines in the family home and has got the children up for school and to breakfast club everyday"*
- *"The children are now getting to school on time", "School attendance has improved"*
- *"The young person is no longer going missing in school hours"*
- *"Improved attendance and relationships with school"*
- *"The child now attends school every day and spends all day, every day in lessons"*
- *"From school refusal to attending college regularly"*
- *"The family now has a better routine in the mornings/evenings and all three boys are attending school/college"*

- “Education have seen the child’s engagement and attendance increase”
- “Mum has shown that she is managing the daily routine of getting the children up and to school”
- “Child’s school attendance has improved”
- “Children have above 95% attendance”
- “Child did not engage in education and now attends almost full time”
- “Two children weren’t in education and are now in education with 100% attendance”
- “As of last week her attendance was showing at 100%”
- “Child now back in school”
- “Through involvement children are now attending school”
- “Parent is now contacting the school to inform them of the children not coming into school which is then not logged as an unauthorised absence”

Partners specifically identify families have:

1. Improved health, in particular around their mental health and wellbeing (and some health services are being averted);
2. Improved educational prospects;
3. An improved future outlook;
4. An improved situation as regards to employment

In addition, families and staff also identify Improvements to children’s behaviour and development and improvements to parenting and children moving schools or becoming home educated (because their needs weren’t being met at their original provision).

Further work is required to understand whether home schooling is the best outcome for families.

#### **More Information**

For further specific details on education and SEND outcomes for families see

**REPORT 1 – SUMMARY REPORT**

**REPORT 2 – WHAT FAMILIES SAY**

**REPORT 3 – KEY WORKER CONFIDENCE SURVEY**

**REPORT 5 – UNDERSTANDING DEMAND BETTER**

**REPORT 6 – THEORY OF CHANGE AND THEORY OF ACTION**

#### **More information**

- Case study (**appendix 4E**) illustrates a potential reduction on future specialist services needing to be involved with the family as a result of the Early Help intervention.
- Case study (**appendix 4N**) illustrates that it was likely that the Early Help intervention led to the child’s educational needs being addressed.
- Case study (**appendix 4Q**) illustrates that it was likely that the Early Help intervention led to the child’s educational needs being supported.

## Finance/Employment

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### Summary of Key Findings

Families valued support from: Adult learning courses; Charity Link; Child Support Agency; Citizen's Advice Bureau; Department for Work and Pensions (DWP); Family Fund; Food banks; PACE, Job Centre; Jobs; Toy Appeal; and Volunteering opportunities.

Families also valued support from Early Help around: obtaining free or subsidised items; debt; finance; and employment.

Many families have access to credit that isn't affordable or they get quickly into debt due to changes in their benefit situations and delays in resolving these. Families also experience inadequate support around their debt and finances.

Families have barriers that stop them obtaining jobs including the affordability of work e.g. childcare, their health, mental health and SEND related issues, issues with employers and other practical reasons.

Partners, families and staff specifically identify families have an improved situation as regards employment and an improved financial situation.

#### More Information

For further details on what families' value around finance and employment see

#### REPORT 2 – WHAT FAMILIES SAY

### What Works Well in Finance/Employment Services?

#### Job Centre

One family had a positive experience with the job centre:

Claire starts a teaching assistant course through the job centre which includes volunteering at Poppy's school. Claire finds it hard work and stressful but has a good supportive tutor who helps "*me put pen to paper...I had it in my head but couldn't write it down. We did a lot of verbal work...I felt way out of my depth but I enjoyed it*"

Claire feels after the course she might be able to help other children who are being bullied, "*knowing what it's like to be on the receiving end and how it affects your life...not to let it...speak to someone...do something*" Claire passes the course and carries on volunteering at Poppy's school.

*Claire, age 43*

Workers also identified the importance of families receiving support from the job centre in cases of **most significant change**:

- “*Attending job clubs*”
- “*Support by the job centre*”
- “*We went to see the job centre plus together and a worker there went through the form, personally with her and ensured it was logged and sent off*”

## Benefits

There are examples of where families feel supported in relation to their benefit situation.

Claire goes to her ESA appeal in Leicester and gets lost. She has to ring them to guide her there.

*“The lady who interviewed me did not even do a physical...my anxiety was so bad she said I was in no state to work. Someone had to walk me to a point where I could find my car”*

Claire finds it helpful she is in the system for ESA, *“they will try to do what they can to help me get back to work but there's no timeframe. It's when I'm ready and that helps take the pressure off, it also helped when I was under appeal because they were more laid back”*

*Claire, age 43*

Jessica's benefits get resolved and she receives a back pay. This pays off all of her credit card and she is no longer in any debt. This also helps improve the relationship with Jessica and her mum.

*Jessica, age 23*

One adult recognised support from their district council around benefits.

*“The district council have helped me around benefits”*

Workers also identified the importance of families receiving the right benefits in cases of **most significant change**:

- *“The family are claiming the correct benefits for their current financial situation”*
- *“Liaison took place with the job centre and all benefits were put into place”*

## DWP - Troubled Families Employment Advisor (TFEA)

Workers identified the importance of the support from the TFEA in a case of **most significant change**:

- *“Mum was ready to consider her work options. She had meetings with the TFEA to look at the steps necessary for her to take her craft hobby to another level and become self-employed”*

### Adult Learning

Workers identified the importance of the support from adult learning courses in supporting employment cases of **most significant change**:

- “Signed up to an improve your prospects course”
- “English classes through adult learning”
- “She started a skills for life English course”
- “Mum also referred to adult learning for further studies for child care course”

### Citizen's Advice Bureau

There were examples of where families felt supported around their finances from the Citizen's Advice Bureau.

*“I was going through a lot with the ESA, appealing it...CAB helped a lot with that, they are the best place to go...I even campaigned to save two of the workers there when the NHS were cutting funding...they knew what they were doing, were qualified. We got the MP involved and saved them until Christmas”*

*Claire, age 43*

Workers also identified the importance of support from the Citizen's Advice Bureau around finances:

- “Mum has attended a Citizen's Advice finance appointment and is aware of her finances now and how much money she has available”

### Free School Meals

One family valued free school meals:

*“I did not want to waste money buying a packed lunch when she could have free school dinners”*

*Stacey, age 24*

### Access to free/subsidised items

Families valued services providing them with free or subsidised items.

Women's Aid help Sofia get a cooker. A charity PACE help her get a fridge freezer.

*Sofia, age 28*

The school access Family Fund to get a holiday and later a climbing frame for James which he plays in. They also get vouchers so “*the other children aren't left out*”

*Joanne, age 30, Karl, age 37*

Afia's social worker helps with a grant and filling in forms for special equipment such as toys for learning and a really useful "*Learning Space*", a type of tent with lights and sensory things inside where the boys can go to help them calm down. Afia feels this "*makes a big difference*"

Afia's worker helps Afia to access volunteer drivers to help get her and her sons to hospital and other appointments. Afia finds this makes a "*big difference*" as the driver will collect them from home, wait for them and bring them back home.

*Afia, age 40*

#### **More Information**

For more information on how families valued their worker accessing free or subsidised items see

#### **Report 2 – WHAT FAMILIES SAY**

#### **Previous and Current Employment**

Families spoke about work or previous employment experiences being helpful:

Emma feels after a while things calm down. "*I was used to running a nursery room and having lots of children around me so I just got on with things, we had a routine from day one which made it easier for me*"

*Emma, age 33*

Katrina has gone back to work at weekends. She finds this helps as she passes some of her customers on the way to playschool and they regularly do "*a staff thing*". This gives Katrina "*more of a feeling of being part of the community, helps financially and helps her to make friends in the area*"

*Katrina, age 30*

Claire gets a part time job with the District Council "*which I loved*"

*Claire, age 43*

Suzanne leaves school at 15/16 and goes straight out to work. Suzanne brings money into the household and finds it "*a good life in a way as my mum wasn't like a parent*". Suzanne continues to work and travels all around the world.

*Suzanne, age 42*

Workers also identified the importance of other services helping people into employment in cases of **most significant change**:

- “Young person is NEET and now engaging with Denise Wall”
- “Adult has since been to STABLE (Solutions To A Better In Employment)”
- “The eldest daughter has also asked for support to go on the STABLE group to explore options for her”
- “Dad has started working intensively with the GREAT project and just completed a four day training programme”
- “She went into town and independently spoke to staff at the PDSA and has been volunteering three days a week for three hours”

### Debt Plans and Orders/Debt Management Companies

Debt support is recognised as being supportive to families.

*“When I was depressed I'd got into a lot of debt and a friend had used PACE Sofia finds that PACE also helps me to clear quite a bit of my debt. They set up payment plans and every time I got a bit extra I'd clear it”*

*Sofia, age 28*

Workers also identified the importance of debt plans and orders in cases of **most significant change**

- “The family are paying into their CAP plan and their debts are being managed. The family are less stressed as they are not being hassled by debt collectors...the family have completed a debt relief order to help them become debt free quicker”
- “The family were £50K in debt, they now have a debt relief order. This had an impact on them financially and emotionally”

## What could be Different about Finance and Employment Services?

### Access to Credit that isn't Affordable

Families cited where they had got into debt at a young age as a result of freely available credit they couldn't afford.

*"My debt was when I was younger...I was a bit stupid, banks...they were like here's a credit card and I did not think about it...it was so easy to get it...stupid as it sounds now but as I've got older I want to be able to afford a house, a mortgage"*

Sofia, age 28

Jessica wishes she had known about the toy appeal a couple of years ago as it might have stopped her getting into debt as that's "*how the catalogues came along*"

Jessica, age 23

Stacey feels that a lot of her debt came about when she was living with Millie's dad for six years. *"It was mostly rent and council tax and having depression I just did not pay things"*

Stacey, age 24

### Benefit issues

Families also identify issues around their benefits:

Claire's Employment Support Allowance (ESA) is stopped. *"I did some other courses but I wasn't fit for work"*

Claire's drinking deteriorates. *"I had good and bad days...I was going through a lot with the ESA, appealing it"*

Claire, age 43

Sofia's PIP benefit is also stopped following an assessment relating to her depression. *"The assessor put a load of fumble on it. I could understand if I failed for the truth but he did not put the truth and I'm appealing but I've had a big drop in money so my debts are piling up again"*

Sofia, age 28

When Euan turns five, Jessica's benefit situation changes from income support to ESA and Jessica is put on the minimum benefit. Whilst normally a 12 week wait, Jessica is told there is a backlog with medicals and has to wait a lot longer. Jessica tries to replace the lost £200 per month but starts to struggle and gets into "*a lot of debt*"

Jessica's mum tries to help as she can see the anxiety it is causing Jessica and puts Jessica's money onto her credit card so Jessica doesn't get letters as she *"dreads the postman coming...mum starts telling me how to spend because I owe her money"*

Jessica, age 23

*"Nathan hasn't yet got DLA "because he's got the funding but we're doing a review to see if we can claim for it...we're still waiting"*

*Kristy, age 30*

### **Other Support around Debt and Finances**

Families also identified other issues in relation to their debt and finances.

*"My worker worked with CAP with me...although it's not my fault I cannot afford to pay the £300 a month they want"*

*Stacey, age 24*

Jessica's worker takes her to the Citizen's Advice Bureau (CAB) to see if there's any support they can provide around Jessica's benefit situation but there isn't anything CAB can help with.

*Jessica, age 23*

Sofia finds that her debts are starting to mount up again.

*"We went to the CSA and I get £13 a fortnight from his dad. What's that going to do?"*

*Sofia, age 28*

Kristy also has issues with Nathan's dad.

*"He didn't see Nathan for a year but I rang the CSA, got them involved and he started seeing him"*

Nathan's dad meets a new partner and has a baby and contact with him and Nathan stops.

*"He just stopped picking him up. I tried but he didn't want to know. Then I rang the CSA but he's quit his job again"*

*Kristy, age 30*

### **More Information**

Many families are in rent arrears. See the following chapter in this report for further details  
**HOUSING**

## Service Provision

Workers identified issues with service provision around supporting families with finance and employment.

### More Information

The Early Help staff survey identified that workers found it difficult to access budgeting courses such as CAPT money courses for families, due to transport being an issue and a lack of provision in the locality.

The Early Help staff survey also identified that workers found it difficult to access courses to help families write CVs and completing job applications due to a lack of provision in their localities.

The Early Help staff survey identified that workers found it difficult to access Adult Learning courses for families, including basic skills (maths and English) due to childcare issues, courses being over-subscribed, a lack of provision in some localities and also due to specific timings the courses are ran. Workers also found a lack of provision for pre-entry basic skills due to the starting level not being low enough.

Workers also found it difficult to access Family Learning courses (including those that were non-academic) for families due transport being an issue for some families and a lack of provision in some localities. Workers also found it difficult to access parenting courses for some families due to location issues and restrictions on eligibility criteria. For more information see

### REPORT 3 – KEY WORKER CONFIDENCE SURVEY

## Affordability of Work

One parent felt it wasn't viable to return to work in her current situation.

Emma has plans to return to work but feels that with four (young) children it is not financially worth her while at the moment.

*Emma, age 33*

## Parents Health, Mental Health and SEND Related Issues

Many single parents were unable to work or return to work due to their health, mental health and SEND related issues:

*"I would love to have a job but I'm not ready, not with my anxiety and depression as it is"*

*Claire, age 43*

Karl starts to work again and stays in the job for 18 months however his health issues recur and he has to stop working. Karl isn't eligible for disability allowance as it is not a permanent health issue, one that "*comes and goes*"

Joanne is signed off with anxiety and depression by her doctor.

*Joanne, age 30, Karl, age 37*

When Euan turns five, Jessica's benefit situation changes from income support to ESA.

*Jessica, age 23*

From this point onwards, most of Michelle's week days are subsequently spent doing round trips to and from the three different schools starting at 8am "*with barely half an hour at home*"

*Michelle, age 53*

Other parents felt they did not need to work because their husbands brought in adequate income.

Natalie doesn't go back to work. "*My partner was working, so I did not need to and I'd missed too much with May...she started nursery at two because I felt it was important for children to socialise with other children*"

*Natalie, age 31*

### **Issues with Employers**

Families had various issues with employment.

Claire is asked to work more and more hours "*at evenings and weekends ...it wasn't in my contract and eventually I felt I had to leave. They ended up paying me over £700 for time off in lieu and holidays owed*"

Claire gets a full time job in a nursery on a short term contract. There are doubts whether the nursery will stay open and Claire's contract isn't renewed.

Claire's partner and his friend tell her that the company she is working for "*are treating me like crap...there was politics, people were cliquey, there was a nasty undertone to the place...I enjoyed it when I was out on the road...said sod the office politics but in the end I had no choice but to leave...I walked off and cried my eyes out*"

There is a dispute with Claire's new boss, "*he would not listen to me, the formula for stock was wrong and I was having to bring things back as they weren't needed...I left and got another job but they went into receivership*"

*Claire, age 43*

Things become more difficult for Joanne with her work as she is constantly brought out of her job to deal with James at school. Joanne is signed off with anxiety and depression by her doctor for two months and the head teacher sends emails and makes calls to Joanne asking when she is returning.

*"In the end she kept pushing and pushing it so I gave my notice in"*

*Joanne, age 30*

### **Other Issues around Progress to Work**

Families also cited other reasons that limited their progress to work.

Afia wants to study, to go to University (to lead to employment) but feels she needs her own transport to do that as having to take two buses around the children's school times makes it very difficult to get there.

*Afia, age 40*

*"Sophia does three days at nursery so trying to find a job that does term time...other than going back to a nursery but most are 9 - 6 and I really need 9 - 3 hours. I want to go back into something like that"*

*"The crèche do after school and weekends and holidays but paying for different ages works out expensive. I could send the others to a childminder but that separates the children and I think it's better to wait"*

*Emma, age 33*

*"I was planning to go back to work and whilst the baby will be a blessing it wasn't in my plan...I thought Sebastian was old enough for me to go back to work, thought he'll get childcare soon but now I'm a bit stuck, what can I do?"*

*Sofia, age 28*

## What Difference is the Early Help Service making to Finance and Employment Services?

### Helping support families financial situation (other than through employment)

Families are being supported to improve and stabilise their financial situation.

*"My worker put things in place to stop me getting into any more debt"*

*Jessica, age 23*

Afia's worker helps Afia with the DLA application forms when Chike turns five.

*Afia, age 30*

*"My worker is helping me with debt...worked with CAP with me"*

*Stacey, age 24*

Workers also identified the importance of employment and volunteering in cases of **most significant change**:

- *"This placement has allowed the parent to have meaning to her day, get a break from the house, offered social networks, training and self-confidence/belief in herself"*
- *"Whilst considering this option, mum organised some work experience at the job centre and is now working in the job centre four hours per day. This has increased her-self-confidence and reduced her isolation"*
- *"Since the parent has been in employment she feels she has developed in confidence"*
- *"Reduction in anxiety through volunteer work"*

Partners, families and staff specifically identify families have:

1. An improved situation as regards employment;
2. An improved financial situation

#### More Information

For further specific details on employment and financial outcomes for families see

**REPORT 1 – SUMMARY REPORT**

**REPORT 2 – WHAT FAMILIES SAY**

**REPORT 3 – KEY WORKER CONFIDENCE SURVEY**

**REPORT 5 – UNDERSTANDING DEMAND BETTER**

**REPORT 6 – THEORY OF CHANGE AND THEORY OF ACTION**

#### More Information

- Case study (**appendix 4j**) illustrates a benefit to the DWP as a result of the Early Help intervention due to the adult going into work
- Case study (**appendix 4m**) illustrates a benefit to financial services as a result of the Early Help intervention

## Criminal Justice System

### Summary of Key Findings

Families valued support from CAFCASS, Child Support Agency (CSA), Court, Mental institution, Police and Prison.

Families also valued support from Early Help around domestic abuse and substance misuse in keeping them safe.

Families have some specific negative experiences of the criminal justice system.

Partners specifically identify that families have reduced their offending behaviour and made improvements around keeping safer. In addition, families and staff also identify they are able to control their anger and avert or reduce costly services such as the police (and subsequent wider criminal justice system) are averted. They also identify sanctions and orders are imposed which are perceived as positive.

### More Information

For further information on what families' value about the criminal justice system see

#### **REPORT 2 – WHAT FAMILIES SAY**

For further information on wider support from the criminal justice system around domestic abuse and substance misuse services see the following chapters in this report

#### **DOMESTIC ABUSE**

#### **SUBSTANCE MISUSE**

### What Works Well in the Criminal Justice System?

#### Court Process and Sanctions

Families value court processes and sanctions.

The judge awards Mandy full residency and orders CAFCASS to be involved with her husband, saying "*there was no smoke without fire, that my husband hadn't seen the consequences of taking them away like he did, (the judge) wasn't happy that he'd kept them off school...it helped I had the same solicitor, I did not have to tell my story again*"

*Mandy, age 47*

Jessica is given witness protection (in relation to crimes committed by Euan's dad). Euan's dad doesn't take too well to contact being cut off however Jessica gets a court order in place as she "*wasn't putting her son at risk*" and he "*gives up*". When Euan is three, Euan's dad is sent to prison, this time for eight years (he remained there until being sent to a mental institution in 2016 where he is due to stay for a further seven years).

Jessica feels safer at the moment, that Euan's dad is not around and near him, that she's not having to worry that she'll bump into him walking around town.

Jessica continues to call and complain to the police about (a subsequent partner's behaviour) and he "*finally gets put on remand*"

*Jessica, age 23*

One of Stacey's sisters goes to court as it is claimed that her partner has "*touched her daughter up...my sister did not believe it at the time and stayed with him. He wasn't allowed near the children and my mum used to supervise the children when he went over*"

*Stacey, age 24*

During the time in the refuge, Afia's husband (now ex-husband) "*uses text to continue verbal abuse and threats to the family*". There is a restraining order put in place.

Afia is unable to go on holiday or home to Africa as her ex-husband refused to update the family passports or give them to her. The Home Office have their passports put on temporary hold as Afia's ex-husband has threatened to take the children to Africa. Afia is worried if she goes to Africa herself he will follow her and take the children.

Afia's ex-husband re-marries and he has another child in another country. He is not allowed to bring his new baby to the UK.

*Afia, age 40*

Sofia's partner is given a 12 month suspended sentence. "*I did not have to go to court...the police dealt with it all*"

On another occasion, Sofia calls the police. "*He was pretty much strangling me, he was threatening to kick the baby out of me, stuff like that...it was horrible. They came out and he was arrested that night*" Sofia's partner is "*sent down straight away. He got sent to prison for 22 weeks and there was a three year restraining order. The judge said he'd been warned before and because I was pregnant as well, he deserved it*"

*Sofia, age 28*

*"You just get on with it. Do the crime, do the time. I nearly went to prison for three months, a pre-sentence report. That was the last time I thought, I'd beat up a bloke who'd strangled me. He called the police but because I defended myself he got into trouble"*

*Kristy, age 30*

Workers also identified the importance of the courts and sanctions in cases of **most significant change**:

- “*Possibly children’s social care and court had to become involved for the mother to realise the seriousness of her situation and be fearful of losing her younger children”*
- “*The case was taken to the International Child Protection Committee (ICPC) where there was a unanimous decision that the children were at risk of neglect. The family continued to make no changes and the children were removed to foster care. The children have experienced a positive caring and nurturing environment in foster care and are now waiting to be adopted”*
- “*A non-molestation and prohibited steps order”*

### **Advice and Other Support from the Police (including threats of sanctions)**

Families also value wider advice and support from the police.

The police warn Mandy’s dad he will be arrested if he goes anywhere near her and “*he backed off*”

In the run up to the court case the police are called several times.

“*Every time I had the children something happened...I was getting beaten up by people, getting chased in the car with my new partner. The police believed it was down to ‘him’, making ‘him’ look good in court”*

Later, Mandy’s children are ‘kidnapped’ by her husband. Mandy is visited by a policeman and feels “*if it hadn’t have been for him, I would not have taken the approach I did. I wanted to go down all guns blazing and take the kids and he said to me, what’s that going to do to your children, taking them out of bed...I said well it’s going to be chaos and he asked me if that’s what I wanted for them. I said no...he told me that what was happening was that my abuser was losing control and the only way he could control me was through the kids...the policeman made me realise that”*

*Mandy, age 47*

“*He saw a community officer in the street and told him someone had kicked the door in. The community officer came in because I was in a right state”*

*Sofia, age 28*

Stacey gets the police involved in connection with the assault from her step dad.

“*In the end my mum turned round and said I could move back in with her if I stopped the police involvement, my step dad in the end turned round and told the truth”*

*Stacey, age 24*

“*I rang the police and got her arrested. I told them I’d hit her back because my daughter was there screaming because she’d hit me in the face”*

Kristy feels as if the police have helped with the neighbourhood issues.

*"Because they've stopped it all. Two of them were going on at me to hit them, 'hit me then, go on' but I said I'm not scared of you, you'll be the one getting arrested and I walked off and rang the police"*

*Kristy, age 30*

Other quotes from adults valuing wider support from the police included:

*"The police referred (us) to the HUB"*

Other quotes from children and young people valuing wider support from the police included:

*"The police helped a lot when we had problems with neighbours. They were really good with a neighbour attack"*

Workers also identified the importance of the police in cases of **most significant change**:

- *"The police interviewed the young person and read all of his parent's statement of abuse to him. The young person stated he was shocked at what he had done. The parent says there has been no physical abuse and the verbal abuse has decreased"*
- *"The phone sexting issue was reported to the police who are dealing with it"*
- *"The police with sharing information regarding the keeping of dangerous dogs"*
- *"The police were very supportive in running checks on potential new addresses and supporting mum with safety and security"*
- *"Police action"*
- *"The police recognised the influences the young person was experiencing from third parties and therefore took a more supportive attitude than a punitive approach"*

### **Youth Offending Service**

Workers also identified the importance of the youth offending service in cases of **most significant change**:

- *"The Youth Offending Service provided a mentor for the young person"*
- *"The Youth Offending Service supported the young person to engage in boxing and this is something he has engaged with"*

## What could be Different about the Criminal Justice System?

Families had negative experiences of the criminal justice system:

Jessica finds the police "useless". Whilst getting off the bus one day her ex-partner tries to take Euan out of the pushchair. Jessica repeatedly calls the police but she is told there is "no proof" of him stalking her.

Jessica is attacked at her mum's house by her ex-partner. He is arrested and bailed and later that day he stands intimidatingly outside her flat window. It takes three hours for the police to arrive.

*Jessica, age 23*

When Suzanne is five she is woken by the police coming into her bedroom to check for bruises as a result of someone suspecting her mum is abusing her.

Suzanne's partners use of drugs increases; he becomes more depressed, controlling and more volatile, mentally abusing Suzanne regularly. The police are called 29 times in less than a year.

Towards the end of the relationship, Suzanne's partner becomes physically violent and Seb witnesses his dad putting a knife to Suzanne's throat and dragging her down the stairs by her hair.

*Suzanne, age 42*

Mandy's son sees the "*estranged relationship*". "*Craig wanted me to leave him for a couple of years but I did not know how to leave him, how to start again, I was getting older...I thought where would I go from here...my son wanted to kill him, he was so angry with him ...he was arrested and charged with threats to kill*"

Mandy was also taken to court, "*without me knowing, despite me being (at my husband's house every day to see the children) every day, telling the judge he doesn't know where I am. He wanted to get a safeguarding order against me saying I was back on drugs*".

The first Mandy knows about this court order is when she arrives at the house one morning and her husband won't let her in. An argument follows and her husband waves the order in front of Mandy.

Mandy calls the police a few times but is told that because she doesn't have full residency and the court order doesn't detail the non-return as an arrestable offence, whilst they could tell Mandy's husband to hand over the children, they cannot enforce it.

*Mandy, age 47*

*Afia finds the pending court case stressful*

*Afia, age 40*

*"There was another time I'd been play fighting with the boys and I ended up with a social worker and police worker at the door because they had a little bruise. The kids were sobbing, they came in, went upstairs were talking to the kids. That made me feel like a right shit mum, that I couldn't play fight with my kids"*

Kristy feels that the police *"don't care...the same girl that hit me when I was pregnant smashed my door and nicked my boy's bike and dumped it on the corner. The police didn't arrest her or anything and she's being arrested all the time...it's a good job we weren't in the house as she'd have scared the kids as well, probably drugged out of her face...if it was me I'd be nicked and charged straightaway. All her handprints were on my window. They said they couldn't get evidence. They got forensics out but nothing...even though her sweaty handprints were all over my door"*

*Kristy, age 30*

Workers also identified the issues around the criminal justice system in cases of **most significant change**:

- *"A partner organisation disclosed the address to the ex-partner in prison. The disclosure of the address was very influential as this triggered the need for the family to move"*

## What Difference is the Early Help Service Making to the Criminal Justice System?

### Reduction in Offending Behaviour

*"I'm 30 now. I can control my temper. I have to, I've got kids. If I see someone in the street I go, because I'm an adult and I've got kids. I'm not how I used to be, I've totally changed, calmed down loads in the last year"*

*Kristy, age 30*

Workers also identified a reduction in offending in cases of **most significant change**

- *"Youth Offending Service have seen a reduction in the young person's offending behaviour"*
- *"There have been no ASB incidences for over nine weeks from mum"*

Partners specifically identify families have:

1. Reduced their offending behaviour;
2. Made improvements around keeping safer

In addition, families and staff also identify:

1. Parents are able to control their anger;
2. Costly services such as the police (and subsequent wider criminal justice system) are averted

They also identify sanctions and orders are imposed which are perceived as positive.

### More Information

For further specific details on criminal justice system outcomes for families see

**REPORT 1 – SUMMARY REPORT**

**REPORT 2 – WHAT FAMILIES SAY**

**REPORT 3 – KEY WORKER CONFIDENCE SURVEY**

**REPORT 5 – UNDERSTANDING DEMAND BETTER**

**REPORT 6 – THEORY OF CHANGE AND THEORY OF ACTION**

### More Information

For sanctions and orders relating to education and SEND and housing, see the following chapter in this report

**EDUCATION AND SEND**

**HOUSING**

**More Information**

- Case study (**appendix 4C**) illustrates a significant reduction in police time with no further call outs for domestic abuse, violence, offending and anti-social behaviour as a result of the Early Help intervention.
- Case study (**appendix 4D**) illustrates a significant reduction in police time with no further call outs for domestic incidents and missing person's reports as a result of the Early Help intervention.
- Case study (**appendix 4F**) illustrates a potential significant saving for the police as a result of the Early Help intervention around domestic abuse.
- Case study (**appendix 4H**) illustrates a significant reduction in police time spent looking for a missing child, safety checks at known addresses when missing and reduced police involvement due to assault and domestic abuse incidents as a result of the Early Help intervention.
- Case study (**appendix 4K**) illustrates a reduction on the criminal justice system in general as a result of the Early Help intervention.

## Housing

### Summary of Key Findings

Families valued support from District Councils, Housing Associations, HomeStart and The Bridge.

Families also valued support from Early Help around housing.

There are a large proportion of families supported by Early Help in social housing and families experience unsuitable housing and housing environments and have unstable housing. Families identify some issues with the approaches taken by housing services including understanding, speed of moves and issues with priority bandings and families also get into large rent and council tax arrears.

Partners specifically identify families have an improved housing situation and made improvements around being isolated. In addition, families and staff also identify sanctions and orders imposed which are perceived as positive.

#### More Information

For more information on what families' value around the support given by Early Help around housing, see

#### REPORT 2 – WHAT FAMILIES SAY

### What Works Well in Housing Services?

#### Providing Families with their own Properties Enabling Moves (including Moves from Domestic Abuse)

Families valued being provided with their own properties.

Stacey also feels that independence from her mum (which includes having her own property) has been what she needed.

*"I felt like I did not need to care for Millie because my mum took that role whereas now I've got the responsibility and now I have to do it. I have no choice and that's made me better, the independence has pushed me which is what I needed...I feel like a mum again, did not feel like she was mine before"*

*Stacey, age 24*

Suzanne is finally put into a band called "emergency" where within three months she successfully bids on and secures a property.

The new house isn't modern "but immaculately clean".

*Suzanne, age 42*

Sofia moves to Leicestershire.

*"Because I'd lived here for six years on and off they had more of a right to house me than anywhere else"*

Later, Sofia says *"I'm bidding for two brand new houses at the moment so hopefully it won't be long...I've had lots of support in that sense. we were in medium priority, now I'm in high"*

*Sofia, age 28*

Afia is moved to a refuge. Afia is subsequently moved to a private rental house in Leicestershire from the refuge.

Afia's landlord *"needs the house back"*. Afia's gets support and is allocated a support worker from The Bridge which she knew about from her social worker. Whilst Afia finds this helpful as she needs help with forms etc. The Bridge also help support Afia with a housing appeal to the council.

Afia's children also recognise the support from The Bridge.

*"The lady from The Bridge helps mum find a new home"*

Afia feels her life is a lot better than it was before. Afia feels they *"can do what they want, my children can play with friends when before they were scared to go out"*

*Afia, age 40*

Jessica starts to find things get easier with Euan with her ex-partner not around, starting to know his routine and moving into the mother and baby unit. Jessica's dad becomes homeless and moves in with Jessica and Euan in the mother and baby unit. Jessica feels they are both helping each other as whilst there is CCTV in the supported living accommodation, she is too scared to live on her own at this point.

As a result of the attack on Jessica, when Euan is around nine months old Jessica and Euan move into a house.

Jessica subsequently puts in for a house swap for a flat closer to the school which happens *"quite quickly which was quite good"* as it makes things *"easier physically and financially"* as she struggles to walk Euan to school, tries to get a bus, struggles with that and ends up getting taxis costing her £100 a week which she cannot afford.

*Jessica, age 23*

When the twins are a few months old, Suzanne and her partner move into a new build through a housing association (after they are classed as homeless due to the condition of Suzanne's mum's house they were living in).

*Suzanne, age 42*

Emma and her husband apply for a house swap from Leicester to Leicestershire.

*"We'd come for a fresh start, it was quieter here"*

At a visit to the district council offices, an officer takes the ages of Emma's children and asks her if she'd be interested in the Children's Centre. As she is new to the area Emma agrees.

*Emma, age 33*

Housing "*push the decision through that day and I secure a flat outside Leicester as I need to be at least 15 miles away from 'him' and whilst the flat isn't ideal, I feel safe, it has cameras*". Mandy secures half residency of her children as a result of having housing (which later leads to full residency).

*Mandy, age 47*

Workers also identified the importance of providing families with housing in cases of **most significant change**:

- "*Housing are supporting the parent to apply for a sole tenancy*"
- "*The family have been offered a permanent property*"
- "*The family can now go on the housing list*"
- "*Housing allocations have agreed priority banding status to enable the family to quickly identify a suitable property*"
- "*The council granted mum a secured tenancy on the property which has enabled her to now bid on and explore mutual exchanges to a larger property*"
- "*Parent and child have been moved to an appropriate temporary accommodation*"
- "*Housing supporting in securing new property in a hurry*"
- "*Mum feels her relationship with her child is much better and she can focus on the needs of her child now she has moved and does not feel on tender hooks living in her old property*" (domestic abuse situation)
- "*Mum did not access the outside often as she was unable to get out and had no access to any outside area as the flat did not have this allocated. The family are now living in a fully adapted three bedroom house with a private garden*"
- "*The support from other partner agencies was very influential in a positive way by enabling the family to move quickly and to feel safe*"
- "*Housing for supporting him with finding a larger property*"
- "*The family have now moved to a new village*"
- "*The latest positive outcome is that housing allocations have agreed priority banding status to enable the family to quickly identify a suitable property*"
- "*Tackling substantial debts and convincing the council to grant her a secured tenancy on the property which has enabled her to now bid on and explore mutual exchanges to a larger property*"

Workers also identified the importance of sanctions around housing in cases of **most significant change**:

- "*Environmental health closing the case and since the family have signed the ABC and been made aware of the consequences the parent has made sure no more reports come in*"
- "*The family have not become at risk of their tenancy and it has taken the stress off the parent and shown that there are consequences to the behaviour of others who*"

*visit the property”*

- “Mum is due to attend court to set up payment to pay for large rent arrears”

Adults also referenced wider support around housing

*“Resident support at the District council worked together with our worker to help us tidy the house”*

*“Helped with housing needs (at the council)”*

A child/young person also referenced wider support around housing.

*“Resident support helped to tidy up...being there to help out, cleaning of the house”*

Workers also identified the importance of other housing support in cases of **most significant change**:

- *“Housing had been helping the parent with her housing debts and with advice before Early Help were involved”*
- *“The housing officer was made more aware of the family’s situation so more support was offered to the family. This helped communication between the family and housing”*
- *“Additional safety measures were put in place at the home by the council and the mother feels a lot safer in her home with her son should her ex-partner come to her home”*

#### **More Information**

Families were also supported around housing within their own communities, by social care, domestic abuse providers and the third sector. For more details see the following chapters in this report

**FAMILIES**

**SOCIAL CARE**

**DOMESTIC ABUSE**

**THIRD SECTOR**

## What could be Different about Housing Services?

### Unsuitable Housing and Housing Environments

Families cite examples of unsuitable housing and housing environments.

*"It was a block of flats, a horrible place. He was on drugs, I could tell there wasn't nice people who lived there, there were druggies around and that did not help. Those 2-3 months living there were the scariest time of my life and I never want to go back there. I couldn't leave the house...I think I only went out twice all the time I was there"*

*Stacey, age 24*

*"Whilst the flat isn't ideal, I feel safe, it has cameras...I'd have taken anything". Later Mandy moves and Mandy feels "it is worth having to pay £18 per week bedroom tax to make the children happy, for them to be able to play out"*

*Mandy, age 47*

Jessica had difficulties with neighbours being abusive and "vile"

The neighbour's children "*snot on my windows*", come in Jessica's house uninvited and swear at Jessica. Jessica complains anonymously to the council and "*trouble ramps up*". Jessica also finds out that the people who swapped house with her did so because of this neighbour so "*it needs dealing with*"

Jessica is advised that she can inform the police but doesn't feel it will solve anything. She cannot move, she needs to stay where she is, particularly as the flat is being adapted to meet her physical needs. Jessica worries that if she takes "*action*" it will make the situation worse.

*Jessica, age 23*

Later Joanne and Karl begin to realise that the area they have moved to "*has a reputation*" Whilst not in any rush to move, and ignored by them most of the time the neighbourhood issues are part of the reason Joanne and Karl want to move and they don't help with Joanne's anxiety.

*"This area is bad, we've had our car vandalised a couple of times, we get abuse from an eight year old on the end...it's kids abuse not adults abuse...we know that when it's a council area it will be similar but other areas we've lived in weren't so bad"*

We do wonder in the mornings, "*will our car be there...will our wheels be there...we have neighbours that both drive their cars so close to ours that we cannot get in...they try to get a reaction*"

*Joanne, age 30. Karl, age 37*

Kristy feels "*people have always been malicious with me...someone rang social services on me, said I was a raging druggie, alcoholic drunk...a social worker came to my door, I just thought it was my social worker swapping over. She said she'd had a report that I was an alcoholic and a raging druggie. Yes I'd smoked a cannabis joint, I won't lie to you and I'd had two large wine glasses of WKD but it was a sunny day. The kids were playing out in the garden. I was honest with her, told her I'd smoked a funny fag, had two WKD's, told her she could test me for everything, could check my house. She left saying she was going to have a glass of wine herself and that she could see it was a malicious call and that she didn't need to check my house"*"

Kristy moves into a new house and starts to have problems with neighbours.

*"The way I see it, there's a big black woman and the neighbours all lick her butt, they're all scared of her and because I'm not scared of her she tried to bully me...she punched me at the door so I had a fight with her because I stand up for myself and they don't like it. The neighbours complained all the time. I was frustrated with school and with people...maybe that's why Supporting Leicestershire Families got involved with me"*

Kristy says she has made complaints to the council about an individual in her neighbourhood.

*"She's vile. Sits there giving dirty looks. I rang the council to say she keeps intimidating me, wants me to have a reaction. I don't look at her, just carry on with my day because she's not relevant. I think I don't like you, you don't like me, get on with your life"*

When Kristy is pregnant she is *"hit by some girl. It was because I'd slept with the dad of my unborn. She's got a kid with him. She's a druggie as nobody else would dare to hit me"*

*"I'd like to run my own youth centre...the place needs more of them as there's young people out there stabbing each other and that. There needs to be more support for 14, 15 and 16 year olds. I think it's disgusting"*

*Kristy, age 30*

One parent felt their house wasn't suitable for their young child to be stimulated, have safe play and socialise with other children.

Other quotes from children and young people in relation to their housing environment included:

***"People near my home swear and it makes me scared to go out"***

### Unstable Housing

In addition to spending time in refuges and mother and baby units, families also spend periods of time in other unstable housing situations.

Jessica stays with friends from the age of fourteen and “*disappears for a bit*”

*Jessica, age 23*

After the physical attack, Mandy panics and runs out of the house leaving her children behind. Mandy goes to her eldest sons house and spends the next six months ‘sofa surfing’

*Mandy, age 47*

Isobel is evicted and social services become involved. Isobel moves into a bed and breakfast “*but the council would only let us stay there for so long*”.

Isobel’s drug problem becomes much worse. Isobel falls out with her mum and starts to sofa surf at friend’s houses with the children.

*Isobel, age 38*

### Approach

Families had issues with the approach taken by housing services.

Mandy visits the district council for emergency help and housing and is asked if the children witnessed anything, “*the woman tells me she's 'bound' to terminate the conversation and put a report into social services. I panicked, put the phone down and backed off everyone to start with*”

*Mandy, age 47*

The housing officer does not attend the CAF.

*Suzanne, age 42*

Kristy felt at that time she had problems with the district council too.

“*One day I said to them outside my house, 'what are you doing', they were trying to take this black thing off my wall, I didn't even know what it was and I said what are you doing mate and he said I'm unscrewing this. I said, "no you ain't, move from my house, what are you taking off my wall?", he said "oh we have to remove it because it's something" and I said "no you should have informed me first now go away and then you can come and attack/mangle with my property", so I kicked off, he reported me. I said "report me, do what you want"*”

*Kristy, age 30*

### Rent/Council Tax Arrears

Families identify issues with getting into rent and council tax arrears:

Isobel knows that living with her mum isn't long term. She is paying rent arrears off to the council and when she has proved she can pay each week will be able to go back on the list for her own property. Isobel knows that her family won't be back on an "*even keel*" until they have their own space but feels that being at her mums is the next best thing to that as it's family and secure.

*Isobel, age 38*

Stacey feels that a lot of her debt came about when she was living with Millie's dad for six years.

*"It was mostly rent and council tax"*

*Stacey, age 24*

Kristy meets a new partner and moves in with him. *"I had my own new build flat at the time but nearly lost it as I wasn't paying the rent. I got three thousand pounds in arrears which is a lot and I'm still paying it to this day"*

*Kristy, age 30*

### Speed of House Moves/Priority Bandings

Families cite examples where they felt house moves took too long or where they felt they weren't considered a high enough priority.

Afia finds eleven months in a refuge too long.

Afia is given notice to leave the house (a private landlord) by the end of February however she is on a low priority band for a council house. Afia feels she "*cannot rent privately again as it's not secure and her family need the security*" (historic domestic abuse and two children with SEND).

Afia also finds the housing application process very slow.

*Afia, age 40*

Suzanne's partner moves in with another family across the street and Suzanne feels the children continue to suffer every day, "*walking out of the house to abuse and physical violence*" and "*beating up a friend who was in the house...you did not know what you were walking out to next*"

Suzanne feels the 15 months of waiting for the move had an effect on her and sons Karl and Seb as "*they witnessed things they shouldn't*".

*Suzanne, age 42*

After a while, Sofia stops going to groups as her depression starts to set in again.

*"I was trying to get a house move as we were living in a one bedroom flat and I was getting frustrated...the council were being stubborn"*

*Sofia, age 28*

Other quotes from children and young people relating to the speed of house moves and issues around housing included:

*"We would like to move house faster"*

*"A bigger house would help"*

## **What Difference is the Early Help Service Making to Housing Services?**

### **Supporting Families from being Homeless**

Families cite how they were supported by Early Help around homelessness.

*"I was homeless and my son had just come back to me and was not even in a school. My worker sorted everything out for us and we are now living in a two bedroom house and my son has just had an amazing school report"*

Workers also identified how families were supported to not become homeless in cases of **most significant change** and observations:

- *"Support was provided when the family were facing an eviction notice"*
- *"The family are no longer at risk of homelessness"*
- *"Early Help and the anti-social behaviour officer working together with the family to see that a reduction is needed otherwise their tenancy will be under risk"*

Partners specifically identify families have:

1. An improved housing situation;
2. Made improvements around being isolated

In addition, families and staff also identify sanctions and orders imposed (which include housing sanctions) which are perceived as positive.

**More Information**

For further specific details on housing outcomes for families see

**REPORT 1 – SUMMARY REPORT**

**REPORT 2 – WHAT FAMILIES SAY**

**REPORT 3 – KEY WORKER CONFIDENCE SURVEY**

**REPORT 5 – UNDERSTANDING DEMAND BETTER**

**REPORT 6 – THEORY OF CHANGE AND THEORY OF ACTION**

**More Information**

Case study (appendix 4A) illustrates a significant saving to the district council in time trying to recover outstanding council tax debt and finding temporary accommodation if the family had been evicted by their current housing provider as a result of the Early Help intervention

## Domestic Abuse (Including Anger, Aggression and Violence)

### Summary of Key Findings

Families valued support from: Domestic abuse workers (general); NSPCC; Refuges (and mother and baby units/hostels); UAVA; and Women's Aid.

Families also valued support from Early Help around domestic abuse.

Very few families spoke about support being given to their children in relation to the domestic abuse they had witnessed, despite showing aggressive and violent behaviours themselves. There were also specific issues raised by families in relation to domestic abuse support.

Partners specifically identify families have improved mental health and wellbeing (often as a result of domestic abuse), an improved future outlook, an improved housing situation, reduced their offending behaviour, made improvements around being isolated, made improvements around keeping safer and improvements in their family relationships.

In addition, families and staff also identify there are improvements to children's behaviour and development, parents are able to control their anger and additional costly services are averted in addition to health including social care and the police.

They also identify improvements to parenting, sanctions and orders imposed which are perceived as positive and parental changes are made to the child/young person's home environment which is perceived as positive e.g. child moves in with a different parent or family member, are adopted or fostered.

### More Information

For more information on the support families valued around domestic abuse from the council's Early Help service see

#### REPORT 2 – WHAT FAMILIES SAY

### What Works Well in Domestic Abuse Services?

#### Provision/Co-ordination of a Service

Families value provision of services in relation to domestic abuse.

Claire is given a leaflet promoting a Living Without Abuse Counsellor and self refers  
*"...Counselling. It's helping me work through things. There's been a lot that has affected my life and I'm trying to rebuild it...learning to let go of the anger...dealing with lots of different issues, when I say no to Poppy it means no, I need that conviction...it's helping work out how to help me - it's paid for by UAVA in six week blocks and as long as I keep going there isn't a cut-off point"*

*Claire, age 43*

Jessica sees Women's Aid and she finds them "*helpful*".

*Jessica, age 23*

Suzanne is allocated a domestic abuse worker who she finds "*amazing...couldn't have done without her*". She works closely with her and helps organise a CAF between housing, police, domestic abuse and the school (who are worried about the twins mental health) Suzanne's domestic abuse worker stays involved for around 4-5 months after the move which Suzanne finds helpful. She helps Suzanne get a grant for carpets and "*puts things in place*"

*Suzanne, age 42*

Mandy is welcoming of her worker's referral to an outreach domestic abuse worker and finds her "*a lovely lady...fantastic...couldn't have wished for anything better*"

Mandy subsequently brings a court case against her husband for domestic abuse which is successful. Her worker helps her arrange housing which leads to her getting half residency of her children.

From the UAVA referral, James is also given some funding "*as his doctor says whilst his ADHD is being treated with medication, the ADD and emotional issues are taking over*"

*Mandy, age 47*

Afia attends the Freedom programme and finds it "*very useful*" in that "*before I did not understand a lot but everything said in the course...that was my husband*"

Afia also finds the DART programme ran by the NSPCC helpful as it helps her daughter to understand issues around domestic violence.

*Afia, age 40*

Sofia feels very differently about the support she got from Women's Aid. "*My worker always rang to make sure I was ok. She came out to see me every week at the start, text me to make sure I was ok*"

Sofia feels that Women's Aid did not judge her, "*I thought they'd say why did you get yourself in this situation but they did not, they were just there at a time when I really needed it*"

Sofia finds Women's Aid "*were more there for me, more long term...everyone got involved, the police, social services and Women's Aid and we made it a mission that I had to move before he came out of prison...I eventually got a move because Women's Aid were fantastic*"

Women's Aid refers Sofia to the Freedom programme.

*"It was good to have the routine, that group one day, another group another day...getting me out so I wasn't in the house as much"*

Women's Aid starts to see Sofia less frequently, every fortnight. Within a few months of having Sebastian, Sofia is signed off by Women's Aid, "*I did not need the help anymore*"

*Sofia, age 28*

Workers also identified the importance of domestic abuse services in cases of **most significant change** and observations:

- *"Previous work with UAVA"*
- *"Mum is now working with UAVA around the domestic violence she experienced"*
- *"Mum is happy to be receiving support from a domestic abuse worker. She feels this will help her situation get better and her wellbeing and ability to parent"*
- *"Referrals to NSPCC"*
- *"With my support of making a referral to the local domestic abuse service the mother feels a lot safer in her home with her son should her ex-partner come into their home"*

### **Support from Mother and Baby units/Refuges**

Families identify support from mother and baby units and refuges.

Jessica finds it "good" in the mother and baby unit.

*Jessica, age 23*

The refuge put her in touch with a Children's Centre as Afia "doesn't know where to go"

*Afia, age 40*

Kristy lives in a mother and baby unit.

*"No men were allowed, it was quite nice, I had a big room and I was young and needed the support"*

*Kristy, age 30*

### **Multi-Agency Support**

Workers also identified the importance of a range of support in relation to domestic abuse in cases of **most significant change**:

- *"There was a HomeStart volunteer for safe trips in the local area, access to personal and panic alarms within the home, access to the crisis response team, a referral to the Freedom programme and access to childcare for the parents child so she could access counselling services for historical abuse"*
- *"Mum was supported by UAVA and the children attended Feeling Safe play sessions ran by HomeStart"*

Workers also highlighted they were supporting families to access support around domestic violence.

**More Information**

For further details of wider support in relation to domestic abuse see the following chapters in this report

**FAMILIES**

**SOCIAL CARE**

**HOUSING**

**THIRD SECTOR**

## What could be Different About Domestic Abuse Services?

### Provision of Services

Very few families spoke about support being given to their children in relation to the domestic abuse they had witnessed, despite showing aggressive and violent behaviours themselves. In addition:

Mandy felt the domestic abuse worker transfer from Leicester city to county took too long and the support offered was too close to where her husband lived.

*"Should have passed me over from the city to the county...someone did ring a couple of months afterwards but all the support was in Leicester and I refused it as my anxiety was sky high...my husband was still doing damage...I was petrified and walking scared"*

Whilst Mandy's son is given domestic abuse funding they are waiting for this to be put in place as there are no other referrals from their area as the domestic abuse outreach worker for children had moved to a different part of the county.

*Mandy, age 47*

*"A couple of weeks after he got a fine to pay for the door and that was it, nobody helped me (around domestic abuse) at that time"*

Women's Aid write to Living Without Abuse on Sofia's behalf but "*they did not sign it*"

*Sofia, age 28*

Afia spends eleven months in the refuge, "*which was a very long time*"

*Afia, age 40*

Workers also identified a need for domestic abuse support to children through observations:

- *"The child may need support in the future to help her understand and process the situation she, her mum and older sibling experienced previously"* (domestic abuse)

### More Information

The Early Help staff survey identified that workers found it difficult to access domestic abuse courses for families from UAVA due to a lack of referral response. Workers also found it difficult to access specific courses for teenage perpetrators on parents, therapeutic support for younger children who were victims of domestic abuse and the Freedom programme due to a lack of provision.

The Early Help staff survey identified that workers also found it difficult to access courses around anger management due to a lack of provision in the locality.

For further details, see

**REPORT 3 – KEY WORKER CONFIDENCE SURVEY**

## **What Difference is the Early Help Service Making to Domestic Abuse Services?**

Partners specifically identify families have:

1. Improved mental health and wellbeing (often as a result of domestic abuse);
2. An improved future outlook;
3. An improved housing situation;
4. Reduced their offending behaviour;
5. Made improvements around being isolated;
6. Made improvements around keeping safer
7. Improvements in their family relationships

In addition, families and staff also identify there are:

1. Improvements to children's behaviour and development
2. Parents are able to control their anger;
3. Additional costly services are averted in addition to health including social care and the police

They also identify:

1. Improvements to parenting;
2. Sanctions and orders imposed which are perceived as positive;
3. Parental changes are made to the child/young person's home environment which is perceived as positive e.g. child moves in with a different parent or family member

### **More Information**

For further specific details on domestic abuse outcomes for families see

**REPORT 1 – SUMMARY REPORT**

**REPORT 2 – WHAT FAMILIES SAY**

**REPORT 3 – KEY WORKER CONFIDENCE SURVEY**

**REPORT 5 – UNDERSTANDING DEMAND BETTER**

**REPORT 6 – THEORY OF CHANGE AND THEORY OF ACTION**

## Substance Misuse

### Summary of Key Findings

There was only one in-depth interview with a family who had received support around substance misuse therefore this chapter should be read in that context.

One parent valued the support they got from Swanswell and to a much lesser extent Turning Point. One child valued the support they got from Exario.

Families also valued support from the council's Early Help service around substance misuse.

Partners, families and staff specifically identify families have improved health, in particular around their mental health and wellbeing (and some health services are being averted), an improved future outlook, an improved financial situation, made improvements around keeping safer and have made improvements in their family relationships.

#### More Information

For more information around support families received around substance misuse from Early Help, see

#### REPORT 2 – WHAT FAMILIES SAY

### What Works Well in Substance Misuse Services

One family felt supported by Swanswell and being able to refer to Turning Point when they took over the substance misuse contract.

Claire makes friends in the (Swanswell) group "*which really helped with my depression*". Claire stays with Swanswell for around ten months finding them "*brilliant, amazing...helping me really take hold of my drinking*"

Claire has one drink free day but reduces her alcohol intake "*really well*" and her alcohol support worker feels she has the tools to "*keep going, that I'll be able to do it when I'm ready*"

Claire's Employment Support Allowance (ESA) is stopped. Claire feels her drinking starts to deteriorate and Claire self refers to Turning Point who have taken over from Swanswell.

*Claire, age 43*

Other quotes from children and young people about what they valued about substance misuse services included:

*"My mum's rehab, Exario helped. They let me stay there when mum was there so I did not have to go back to dad and others"*

Workers also identified the importance of substance misuse services in cases of **most significant change**:

- “The parent has recently started to engage with Turning Point”
- “Alcoholic dad going to rehab”
- “Father is accessing support from Turning Point. The father now states that he is cutting down on his alcohol use and sees his Turning Point worker on a monthly basis”
- “Mum now has no one else involved apart from having a worker at Turning Point on a voluntary basis to get her methadone”
- “Mum is working well with Turning Point regarding her drug use”
- “She is attending Turning Point”
- “He has accepted that a referral to Turning Point was required in order to help him reduce his drug use”
- “Turning Point worked very closely with Early Help”
- “Dad moved away to rehab for six months”
- “Mum is attending Turning Point – support ongoing and not drunk for over seven weeks”

## What Could Be Different About Substance Misuse Services?

Two parents who were interviewed did not use professional substance misuse services to come off drugs.

*“By that time I had decided I'd had enough but I knew to come off them I'd need to sleep for days and days and did not want to admit to anyone I had a problem...I couldn't leave the kids to roam around the house whilst I was sleeping”*

Looking back Isobel says there are lots of things she would have done differently, she would not have touched drugs, *“I'll have been clean over a year...at the time I felt it was the only thing that helped me cope but I think how stressful life was then because of the side effects, I can honestly say I'll never do it again”*

*Isobel, age 38*

Following the breakdown, Mandy stops taking drugs, except cannabis...*“I was a broken girl”*

*Mandy, age 47*

The one adult felt:

Turning Point *“wasn't the same (as Swanswell)...was more like going to probation...not the same environment that Swanswell provided, they were warmer...the workers were different...my worker has moved locality and I did think about driving to that but I'd need to explain, write a letter to transfer, I could give it a go, air my feelings, but there'd be no guarantee...the room with Swanswell was in the Salvation Army...big...nice and airy...not small and claustrophobic like the one with Turning Point...if you suffer with anxiety it's no good...I went there once and couldn't go again”*

*Claire, age 43*

## **What Difference is the Early Help Service Making to Substance Misuse Services?**

Partners, families and staff specifically identify families have:

1. Improved health, in particular around their mental health and wellbeing (and some health services are being averted);
2. An improved future outlook;
3. An improved financial situation;
4. Made improvements around keeping safer;
5. Improvements in their family relationships

### **More Information**

For further specific details on substance misuse outcomes for families see

**REPORT 1 – SUMMARY REPORT**

**REPORT 2 – WHAT FAMILIES SAY**

**REPORT 3 – KEY WORKER CONFIDENCE SURVEY**

**REPORT 5 – UNDERSTANDING DEMAND BETTER**

**REPORT 6 – THEORY OF CHANGE AND THEORY OF ACTION**

## Fire and Rescue Services

### Summary of Key Findings

Very little insight emerged around fire and rescue services and this chapter should be read in that context. One family we spoke to valued support from the Fire Care service.

Partners, staff and families specifically identify families have reduced their offending behaviour and made improvements around keeping safer.

#### More Information

For more information on what families valued about the fire service, see

#### REPORT 2 – WHAT FAMILIES SAY

This report includes a positive staff reference to a young person joining fire cadets.

## What Works Well in Fire and Rescue Services?

### Provision of a Service

Children and young people recognised support from the fire service.

*"Fire fighters came"*

*"A fireman, fire care, helped for safety within the house"*

Workers also identified the importance of fire and rescue services in cases of **most significant change**

- *"A referral to Fire Care also resulted in positive action as the child hasn't played with fire since a visit from Fire Care"*

## What could be Different about Fire and Rescue Services?

No suggestions were received from families around fire and rescue services.

## **What Difference is the Early Help Service Making to Fire and Rescue Services?**

Partners specifically identify families have

1. Reduced their offending behaviour;
2. Made improvements around keeping safer

### **More Information**

For further specific details on outcomes relating to keeping families safer, see

**REPORT 1 – SUMMARY REPORT**

**REPORT 2 – WHAT FAMILIES SAY**

**REPORT 3 – KEY WORKER CONFIDENCE SURVEY**

**REPORT 5 – UNDERSTANDING DEMAND BETTER**

**REPORT 6 – THEORY OF CHANGE AND THEORY OF ACTION**

## Third Sector

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### Summary of Key Findings

Families valued support from: Adult youth workers (church group); Barnardo's; Counselling (New Dawn Counselling, Family Therapy, Living Without Abuse, Bereavement); Family Fund; Food banks; HomeStart; NSPCC; Rape Crisis Charity; The Bridge; Toy Appeal; Twenty Twenty; UAVA; Volunteer drivers; and Women's Aid.

There were a few examples raised by families in relation to awareness and limitations of third sector service provision.

Families also valued support from Early Help to access third sector services.

### More Information

For further details on how families have been supported to access third sector services, see **REPORT 2 – WHAT FAMILIES SAY**

## What works well in third sector services?

### Access to Specific Support

Families cited examples of where they were provided with specific support from the third sector.

### Rape Crisis Charity

Jessica's worker puts in a referral to the Rape Crisis Charity which Jessica finds really helpful, "*finally helping her to get over what he has done*". Jessica receives phone counselling as she is unable to get to the charity. Whilst still difficult to talk about, Jessica initially has weekly calls which become fortnightly as she is doing "*so much better*"

Jessica is advised by the charity to cut Euan's dad's family out of their lives.

*Jessica, age 23*

### **HomeStart**

Social services close Isobel's case and Isobel is supported by HomeStart following a referral from school. Isobel finds the worker really good, "*coming round once a week and if I needed to go to any appointments...if I needed someone to talk to they were always at the end of the phone and helped with shopping and filling forms out*"

*Isobel, age 38*

Michelle valued the support she had from HomeStart around post-natal depression with two of her children. She also valued the support she had from them with her third child even though post-natal depression wasn't present following that birth.

*Michelle, age 53*

### **More Information**

Also see the following chapters in this report for other insights relating to HomeStart

#### **HOUSING**

#### **DOMESTIC ABUSE**

### **Citizen's Advice Bureau**

Mandy's friend puts the idea in her head of going to the Citizen's Advice Bureau "*as being one of the responsible adults I should put up a fight to get them moved schools*"

*Mandy, age 47*

*"I was going through a lot with the ESA, appealing it...the Citizen's Advice Bureau helped a lot with that, they are the best place to go...I even campaigned to save two of the workers there when the NHS were cutting funding...they knew what they were doing, were qualified. We got the MP involved and saved them until Christmas"*

*Claire, age 43*

### **More Information**

Also see the following chapter in this report for other insights relating to the Citizen's Advice Bureau

#### **FINANCE AND EMPLOYMENT**

### **New Dawn**

Michelle attends counselling with New Dawn to help around the relationship with her husband.

*Michelle, age 53*

### **Barnardo's**

Afia's girls go to the Barnardo's young carers group every two weeks. All professionals involved with Afia and her family say they need a break, some respite.

*Afia, age 40*

### The GREAT Project

*"Before I was closed I was referred to the GREAT project. The GREAT worker has been helping me out. I'm looking to do baking, I'm a chef, I can cook, I'd maybe like to go into construction. I'd like to run my own youth centre...with the GREAT project I'll get out more and meet new friends. I'm not sure exactly what I'm going to be doing yet, will know in a couple of weeks but a crèche is sorted"*

*Kristy, age 30*

### Foodbanks

Workers also identified the importance of foodbanks in cases of **most significant change**:

- *"Support with finances, help budgeting and having access to food (food bank) had a large impact on my mental health"*
- *"Mum feels the food bank parcels have massively helped her and the children and they've stopped her from getting into debt with the people she would normally borrow money from"*
- *"The worker has supported the family to access support to manage their finances by completing charity applications and contacting utility companies in order for them to access food parcels and utility credits to enable them to have electric and gas"*

### PDSA

#### More Information

See the following chapter in this report for other insights relating to PDSA

#### FINANCE AND EMPLOYMENT

### The Bridge

#### More Information

See the following chapter in this report for other insights relating to The Bridge

#### HOUSING

### Women's Aid and NSPCC

#### More Information

See the following chapter in this report for other insights relating to Women's Aid and the

#### NSPCC

#### DOMESTIC ABUSE

## Other

Workers also identified the importance of third sector services in cases of **most significant change**:

- “*The parent joined a local therapeutic support group ran by a local charity*”
- “*HomeStart provided a volunteer for safe trips in the local area*”
- “*The family have been gifted various pieces of furniture and been awarded charity applications for cooker and a fridge/freezer*”

## More Information

Further insights relating to the third sector can also be found in the following chapter of this report

### SOCIAL CARE

## What could be Different about Third Sector Services?

### Awareness of Service Provision

Jessica wishes she had known about the toy appeal a couple of years ago as it might have stopped her getting into debt as that's “*how the catalogues came along*”

*Jessica, age 23*

### Limitations in Service Provision

Charity Link are unable to provide a cooker as Jessica is being provided with a bed.

*Jessica, age 23*

Given the size of the third sector and range of services provided, there are opportunities to develop more partnerships and connections to enable wider community based support for families.

## What Difference is the Early Help Service Making to Third Sector Services?

Workers identified the impact to third sector services in cases of **most significant change**:

- *"Parent feels able to maintain household routines and budgets and whilst she used to need frequent food bank vouchers is now managing without these"*

### More Information

Partner's, families and staff identify a wide range of outcomes for families.

The Early Help services is referring to and helping families' access third sector services which support these outcomes. For further details of the wide range of family outcomes which are supported by third sector services see the following chapter in this report

### FAMILIES AND COMMUNITIES

### More Information

For further specific details on outcomes for families see

**REPORT 1 – SUMMARY REPORT**

**REPORT 2 – WHAT FAMILIES SAY**

**REPORT 3 – KEY WORKER CONFIDENCE SURVEY**

**REPORT 5 – UNDERSTANDING DEMAND BETTER**

**REPORT 6 – THEORY OF CHANGE AND THEORY OF ACTION**



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