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Capturing the Learning from the Reaching Out, Supporting Families Programme

Good family support in the community and voluntary sector

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Good family support in the community and voluntary sector

The National Lottery Community Fund **invested £25 million** in **36 different organisations** working on family support projects across Northern Ireland **over five years**. These organisations worked with different groups, in different ways, but were all aligned in their goal to support families. In this paper we capture what the organisations have learned about supporting families in the community. Current knowledge of good family support is based, largely, on learning in the context of statutory sector family support. Throughout this paper we highlight links to this existing evidence base and any unique learning captured through The National Lottery's 'Reaching Out, Support Families' programme.

The Reaching Out, Supporting Families Programme

Summary of the programme

The 36 project partnerships sought to improve outcomes for families across Northern Ireland who were facing a wide range of adversities.

Reaching Out, Supporting Families was a programme funded by the National Lottery Community Fund in Northern Ireland. The Programme included thirty-six different projects aimed at helping vulnerable families to deal with adversity and to feel included in the communities where they live. While there were differences in the purpose, activities, and approaches of each project, they shared some common features. All projects engaged with families experiencing adversity - including poverty, mental health problems, disability, unemployment, learning disabilities, or domestic and gender-based violence. Services were flexible and responsive to the families they worked with. Partnership was at the heart of the Programme. All projects were led by an organisation from the voluntary/community sector and had to be undertaken in partnership with at least one other organisation from the voluntary/community sector or the statutory sector. The types of activities, services and interventions delivered under the Programme included group or family activities, school-based services, one-to-one supports, and capacity building for professionals. One third of projects were delivered across the region of Northern Ireland, and the rest in specific urban or rural localities, or Health and Social Care Trusts. All projects were delivered over five years, and one third have been extended by a further two years.

Sixteen projects addressed the mental and physical wellbeing needs of families. Many of these projects were supporting needs such as a physical or learning disability of a child and the impact this has on the individual and their family. One project supported adults with a learning disability to develop their parenting skills.

Nine projects supported the economic and/or educational empowerment of families, often through providing training and support in skills development for all members of the family (these projects were typically within a specific locality and worked with families who were often experiencing poverty).

Six projects provided support for families who were facing potentially traumatic life events, for example, families experiencing bereavement with the death of a child or parent, and families experiencing marital and relationship conflict and breakup.

Five projects supported families who were marginalised in wider society, for example, because they were new immigrants, English was not their first language, or because of their sexual orientation.

All working to achieve 3 outcomes

Through the Programme more children and their families will



have greater skills, knowledge and understanding to overcome adversity



come together to learn



be part of the community they live in

Capturing the Learning – the second phase

This learning paper is based on the second phase of the review of the Reaching Out, Supporting Families Programme. It focuses on what the projects have learned about good family support through implementing a five-year funded project.

Methodology in Brief

This paper is based on interviews with 20 organisations, 4 focus groups with project leads, family support staff and funding officers. We recorded, transcribed, and coded the interviews/focus groups to accurately capture what was said and organised the information into a coherent framework. This allowed us to draw out overarching themes and cross-cutting learning. As of June 2021, we had coded data from 17 sources, so this document represents interim findings for this work and will be updated when the full analysis is complete.

We used framework synthesis, as described by Kneale et al (2017) which is divided into five phases:

1. We **familiarised** ourselves with the data through conducting the interviews and focus groups, reviewing notes taken during the interviews and focus groups and transcribing the interviews.
2. We worked together as a team of three to first **identify themes** individually and then collaboratively to **build and refine the coding framework**
3. We **indexed data according to the framework**. This was done using MAXQDA 2020¹, with one team member coding each transcript.
4. We **charted and rearranged** the data according to the framework and modified the framework as needed
5. We mapped the data and interpreted it.

¹ Qualitative and mixed methods analysis software

Findings

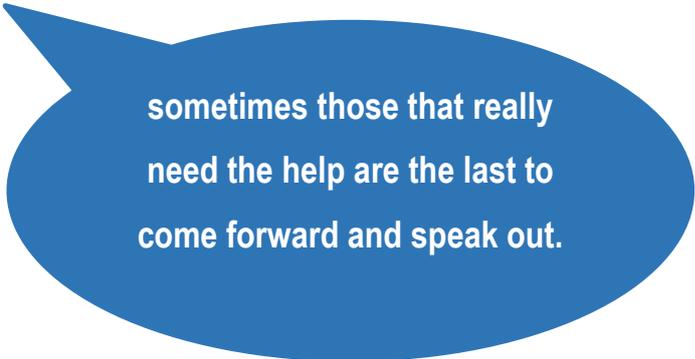
First, we outline the context of the lives of the families served by the programme by articulating the adversities they were facing and the needs identified. We then report on the learning captured on the features of good family support practice in the community and voluntary sector through the Reaching Out, Supporting Families Programme.

What adversities are families facing?

The families supported through the National Lottery Community Fund's investment in their Reaching Out, Supporting Families Programme were coping with a wide range of adversities. Within families, adversity was often hidden. It may only become apparent after a relationship has been built with the service provider.

Poverty and financial pressures

Some projects specifically worked with families in disadvantaged areas while others worked with specific groups of families where poverty was a compounding factor, for example families affected by disability, domestic violence, rural families, refugee and newcomer families. Many organisations noted that poverty and financial pressures needed to be addressed alongside other support needs. In the main, this involved supporting families to navigate the benefits system and/or applying for grants for equipment or support that the family would otherwise have to pay for themselves. Sometimes alleviating financial pressures was sufficient to enable the family to address their other needs themselves.



sometimes those that really need the help are the last to come forward and speak out.

There was an acknowledgement that the community and voluntary sector (CVS) were working to tackle the impact of social inequalities on families but that they could not fix, and should not be responsible for fixing, the expanding inequalities within society. The literature on family support is very clear – poverty is a contributing factor in child abuse and neglect (Bywaters, et al., 2016, Morris et al., 2018), and even small improvements in families' material circumstances can reduce their need for support and intervention. Morris et al. (2018) contend that poverty may become invisible in family support practice because of the pervasive nature of poverty's influence, the sheer number of families living in poverty, and the lack of power that individual family support workers and organisations have in changing systemic inequalities and social and economic policies that push families into poverty and keep them there. Poverty is described as the "wallpaper of practice: too big to tackle and too familiar to notice" (Morris et al., 2018, p18).



Disability & health issues

Many of the organisations specifically worked with families with a child and/or parent with a disability or developmental difference, including Autism, parents with a learning disability, physical disabilities or specific health issues, for example HIV, mental health problems or complex and sometimes life limiting medical conditions.

These families needed specialised support in addition to the supports provided to all families.

Poor mental health was highlighted by almost all organisations as an issue facing families. While some organisations were specifically working to support families' mental health and wellbeing, others were surprised by the level of need within families, which affected both adults and children in the family:

I didn't envisage that there would have been quite a lot of mental health, low level anxiety, you know, OCD and for such a young age group

...we were dealing with people at high risk. Fathers high risk, particularly suicide ideation

Trauma

The majority of organisations mentioned that the families they supported had experienced trauma, particularly those families with a child on, or at risk of being placed on, the child protection register. The Adverse Childhood Experiences (ACE) study (Felitti et al., 1998; Dube et al., 2003) has been influential as it established a strong, cumulative relationship between the number of childhood adversities a person experienced and a wide range of negative outcomes in adulthood. Typically, ACEs include child maltreatment, family separation, parental substance abuse and mental illness. However, ACEs were only one source of trauma for the families that were reached by the programme. Most organisations were aware of the presence and impact of ACEs, but there were some types of traumas that are not captured by ACEs, such as having a refugee experience, having a child born prematurely or a child with a serious or life limiting condition. So, while the ACEs concept is helpful, it is limited. Other types of trauma are very relevant and need to be taken into consideration. Trauma can affect individual members of the family, and the family as a whole, and it is recognised that trauma can have intergenerational impacts (Flannagan et al., 2020; Goodyear, Furness & Foster 2019; Yehunda & Lehrner, 2018).

Stigma, Exclusion and Discrimination

Families who are members of a marginalised group can face the added burden of stigmatisation, and discrimination based on their membership of that group. For example, in our data, newcomer families had to deal with racism in addition to the difficulties faced when moving to a new country with a different language and culture. Organisations told us that families who faced stigma, exclusion and



discrimination included newcomer families, families living with HIV, disability or mental illness, single parents, LGBTQ families and non-traditional families.

Isolation

Families accessing the projects funded by Reaching Out, Supporting Families, felt isolated from their peers or community. The reasons for this included physical location, particularly for those living in rural areas, stigma or lack of understanding associated with their or their child's needs. Other practical barriers to being part of their community included lack of access to transport, the accessibility of buildings for children and families with disabilities and limited access to reliable internet for making use of online information and services:

that isolation grows from the societal stuff, as well as the practical stuff of being in a rural or even an urban area, where you have to travel with your child, if you don't have a car[...]particularly in Northern Ireland, if you don't have a car, you can imagine trying to travel on public transport with a child with sensory issues, with autism, you know how difficult a job that is, actually.

Intersecting adversities

Organisations told us that families were often dealing with more than one adversity. Combined or intersecting adversities can fuel each other, pushing families further into disadvantage and isolation, compounding and amplifying their hardship. This is illustrated by quotes below from two different organisations working to support children and families with disabilities:

families in poverty they, their social isolation, is more significant, you know, because they, they don't have money available to send their child to the leisure centre, the youth club, or the community group

you would find that a lot of people, you have had to give up work, if you have a child with complex needs. Definitely one person in the house, more often than not the mummy, gives up work and you can find in affluent areas, then you've got somebody in a big house, paying a mortgage and suddenly isn't working. And then the cost of raising a child with a disability is obviously very high.

It is well established in the wider evidence base that families coping with multiple adversities are much more likely to be knocked off course by the normal slings and arrows of life (e.g., Powel et al., 2020; Felitti et al., 1998; Dube et al., 2003). For families facing adversity, "multiples matter" (Spratt, 2012). As Davidson and colleagues (Davidson et al., 2012) point out, individual adversities may not simply 'add up' in a linear way to cause poor outcomes for families and individual children, instead there is a complex interconnected relationship between adversity and its action on each member of the family and the family as a whole (Sabates & Dex, 2012).



Marginalised families who are already facing adversity are more likely to be engaged by social services in their statutory duty of monitoring and supervision, with the consequent presumption of poor parenting and surveillance (Herrera-Pastor, Frost & Devaney, 2019). This type of statutory social service intervention can represent an additional adversity for families.

Overstretched and under-resourced services

Providing support and early intervention with a view to preventing families reaching the point of having to engage with child protection services was seen as a form of anti-oppressive practice. The organisations told us that their ability to deliver early intervention and prevention services was limited by the expanding needs families were presenting with and the reality that both CVS and statutory services were overstretched and under-resourced.

Difficulty accessing appropriate services and supports in a timely manner was identified as an adversity in and of itself, particularly by projects working to support families affected by poor health or disability. Organisations also told us that bureaucracy adds to families' stresses when trying to navigate services.

these people have enough stress in their lives without a load of forms, and they find that whole process really stressful.

This bureaucratic process may have emerged out of a need to manage access to overstretched services/support, rationing limited resources (Devaney, 2019). Organisations working with children with a disability told us that families seeking access to specialist support had to overcome numerous obstacles before they could even be considered; years long waiting lists, parents' concerns about their children's needs dismissed or minimised, and parents not respected or listened to:

what we hear from professionals is, or what parents are saying to us at times is that I'm coming, you know, they'll say that you're coming across as, as aggressive, when actually all the parent is trying to do is get across their point, but nobody's listening to them.

What needs did families have?

The range of needs was large, but below are just a sample of the needs articulated by the organisations we spoke to. Families needed **practical**, **social** and **emotional** support.



The crosscutting message around family needs was that it can't be a 'one size fits all' approach. **Different families have different needs.** For families with a disability this was even more pertinent as children often have a unique combination of needs. These **needs change and evolve over time** as children grow and develop and the family circumstances change:

transitions for families; going from that into school, from nursery into school, from school into secondary school [...] these are always the places where we find families coming back for support, in those transitions.

The needs of a family may not be the reason they initially come to the service:

the presenting issue was never what the actual issue was.

For example, a charity with a specific focus on health discovered that families mainly needed financial support, help with siblings or respite and did not have as much need for services for the index child. Families coping with multiple adversities, or those carrying previous negative experiences of support services, needed more time and a sense of trust and safety before the deeper needs emerged:

so much can emerge and unfold that isn't necessarily on the text of the referral form.

However, for some groups of families the needs were clear and parents were crying out for support. For others much more time was needed to build a relationship and softly engage with a family before the needs were even acknowledged and only then moving to engaging in support to meet those needs. Organisations designed services or activities to engage families, such as benefits advice, complementary therapies or fun days, as a means to begin to build a relationship with families and allow time for trust to develop before engaging in more targeted or therapeutic services:

there are almost two types of, kind of, there's kind of that where you're going in and the parents aren't aware of their need.... And then you have other {sp} families who are, like, crying out for things. And as soon as they hear it will jump on the bandwagon or want to jump on it and want to have it, because they're acutely aware of their children's needs, and the impact of getting that additional support might have

From some organisations, but not all, there was a strong sense that they were meeting needs that could not be met by statutory services because of sustained funding cuts. The needs of families were growing but statutory services have not been adequately funded to enable them to expand in line with growing needs. Organisations gave examples of waiting lists that were years long, families having to get to, or 'go beyond crisis point' before they could access statutory services. Almost all organisations cited difficulties accessing mental health services, for both children and adults in the family. Waiting lists for families with a child with a disability, autism services or special educational needs were also commonly cited by organisations working with these families. This phenomenon is not unique to Northern Ireland, with Joseph Rowntree Foundation

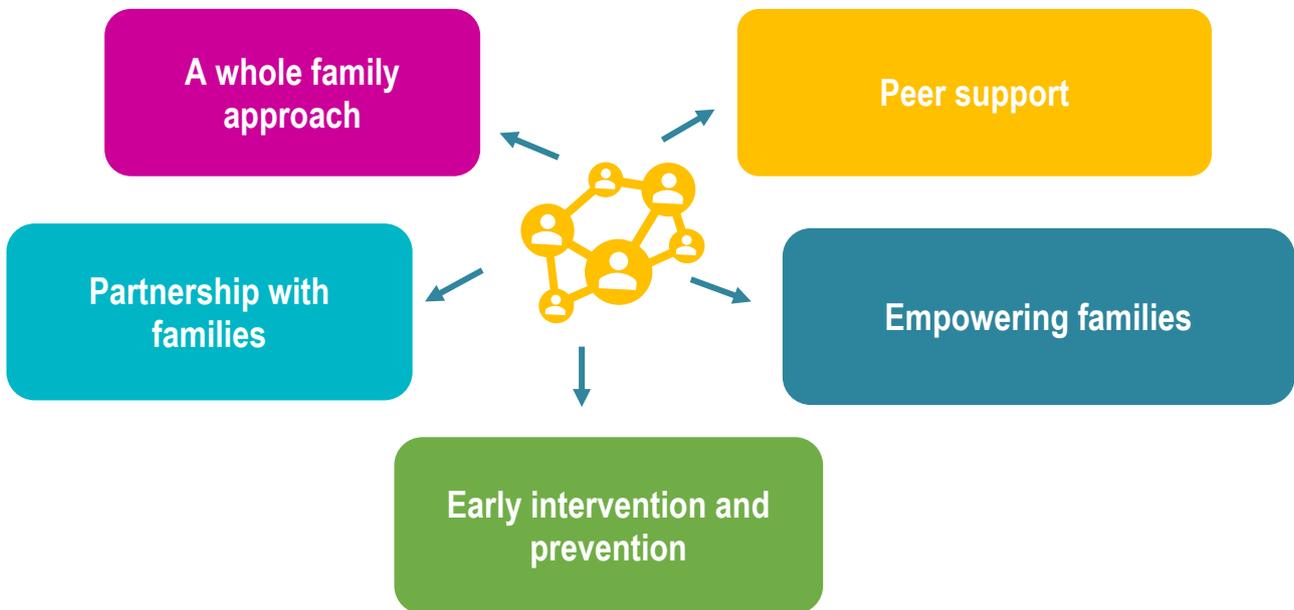
and others (JRF, 2015; Carter 2019; Edwards 2020) acknowledging that funding cuts have impacted heavily on the availability of statutory services. As a result, the workload of the community and voluntary sector has expanded as CVS organisations step in to fill gaps in statutory services. In our data there was a clear perception that the CVS expanded their offering and invested in their staff so that they could support families as best they could:

as the need has grown, and the lack of resources in statutory sectors, the referrals are then coming to the projects that we're funding, which means the demand on them is greater. So they're having to change what - they're changing like their criteria as well, to try and respond to more families coming through so that they're now helping the families who are in greater need, so what they thought - the families they thought they were going to help aren't actually the families they are helping now, because of the demand that's being put on the services, and they're having to adjust as well in terms of their staff training, and to respond to that need.

While CVS services were able to fill gaps, to a certain extent, there was some evidence that 'mission drift' occurred within the CVS organisations, as they moved away from their initial remit of family support and early intervention and prevention.

What does good family support look like?

We asked each organisation what good family support looked like to them and captured the cross-cutting themes that emerged.



A whole family approach

A strong theme within the data we gathered was the importance of a holistic approach – in the sense of seeing the whole family, understanding their needs as individuals and as a unit:

the individual who needs the support will have a ripple effect, so to speak, have a wider impact on the rest of the family, and the people who's around them. And it's really important that they're supported as well. Because if they're not supported then long term, there's going to be many problems that arise from that as well.

A whole family approach does not mean that support or intervention is offered to everyone, rather that there is a holistic approach to assessment – looking at the needs of the family as a whole to identify how the family can be supported most effectively. The following example illustrates that at its most basic level, where an organisation focused on one aspect of need, it quickly recognised the importance of seeing the wider picture for the family:

you can't be offering something around their child's vision or hearing loss, if there's no food in the cupboard, and they're sitting, freezing, you know

Indeed, many of the organisations working with children with disabilities learned that they could effectively support the child through offering support and respite to the parents and siblings caring for the child with a disability as this allowed the family to function better as a whole:

we find that in a lot of charities, as well as services, that they will be focused on the disabled child. And yet, the support around that disabled child is the family. ... If they're there to support their child, then their child will be well looked after.

if they're not supported, you know, your oxygen mask, if you haven't got your oxygen mask on first, then how can you help anybody else? So, if you don't help these parents, how can they help their kids?



There was a perception that if there isn't a whole family approach then there may be many organisations or individuals supporting the family with 'bits' here and there. This can lead to conflicting advice, inadequate support, and ultimately the family's needs as a whole cannot be addressed. That's not to say that any one organisation should be tasked

with meeting every need a family has – but that the aim is to understand the family as a whole and in doing so, match the family with appropriate supports:

for too long, we've seen too many people going around tens if not dozens of places. If you take a family unit for bits of their self. And there's nowhere where it's kind of all comes together.

Another positive effect of a whole family approach is that it removes the burden of responsibility for the family's difficulties from the child. The following example illustrates that the child may not be the one who needs support:

sometimes the single parents or maybe a parent, where there's a learning difficulty there or learning disability, you find that they have no confidence in their own parenting skills. So therefore, the child doesn't have confidence in their parent and sometimes it's pulling that back together, it's making that relationship you know, work. So, it's family support is, is looking at the whole family, it has to be the whole dynamics.

This shift in focus from the child to the wider family was challenging for some parents. They needed to actively engage to be part of the solution to the presenting problem. For some the difficulty was in recognising that they needed or deserve support too, for others they wanted the child to be 'fixed' by the support given and didn't recognise their own role in the process. Some organisations learned to make the whole family approach and the expectation for parents to engage clear from the outset to overcome that resistance:

going forward, we wouldn't ever just offer support or recommend the support is offered to the child only.

Partnership with families

Working in genuine partnership with families was an aspiration of most organisations. Partnership, for the organisations we spoke to, had two aspects, partnering to co-design services, and working together with families to support the needs of the children in the family.



Co-design required deliberate and ongoing engagement with families to really listen to them, understand their needs and in some cases, organisations were flexible enough to successfully enable families to lead the design of services. Across the Programme there were examples of co-design processes being used to continuously improve services. Engagement and continuous improvement through co-designing with participants created services that were needs-led and utilised the strengths of parents and communities to the benefit of both:

The [advisory group, engaged in co-design] parents have gained confidence and self-esteem; they have successfully achieved qualifications as well as attending non-accredited programmes; they engage with their children's schools and communicate confidently with teachers; and have embraced the cross-community element of (the project), which is now taken for granted. The parents are actively taking on roles within their community; and have a voice that is heard in terms of developing opportunities that meet the needs of themselves and other local families.

The client-led nature of service delivery was considered to build the confidence of families as it contributed to the creation of a positive environment, where the families' opinions are valued and nurtured:

Our families have been invisible for so long. They are always apologising for wasting your time when they come for help. They have a very low value of themselves. We are building their self-esteem and confidence. The evidence clearly shows that they are more affirmed in the authenticity of their family and therefore more confident.

For many organisations however, co-design was not a feature of their work at the beginning of their projects. They felt the organisation knew what was needed, they had the solution, and the task was to deliver that solution. For some, the reality was very different. They quickly learned that they needed to invest time in working with families and building relationships:

some parents just aren't ready to talk about it or not talk about it in depth. So, you definitely have to build up that relationship with them [...] as time goes on, and you gain their trust, they maybe open up more about what their needs are.

Only then did they learn what was needed. For some this meant changing what services they offered, for others they changed how they delivered the services and for some it was both. Flexibility on the part of the organisation was essential to facilitating genuine co-design with families. Flexibility and changes made as

part of a process of continuous improvement were often informed by direct feedback from parents and families and/or in response to the complexity of presenting need. The ability to be flexible in design and delivery of services was considered essential to encouraging participation. Organisations' capacity to change their offering to reflect the needs and interests of participants was said to give families a sense of ownership of and responsibility for the services they availed of. The flexible funding for the Reaching Out, Supporting Families Programme overall was vital to enabling this flexibility.

Working together to support the children: The second aspect of partnership with families was working



together to support the child. An enabling factor for partnership working with families was adopting a relationship-based approach. Investing time and effort in building and maintaining relationships with families allowed them to feel safe and trust the organisation. This in turn enabled families to engage with the services offered.

The major advantage that the CVS has in family support is that engagement is, by and large, voluntary. In statutory child protection services, families may be involuntarily engaged with services ('involuntary service users', Smith et al., 2012) and in the case of child protection, services have the power to remove children from the family. This asymmetry in power works against genuine partnership working. Conversely, CVS organisations are well positioned to support and enable engagement between families and statutory services, because of their role in guiding/supporting/walking alongside the parents during this engagement.

We found good evidence of organisations working to help people to positively engage with statutory services, supporting the family and the service to work in partnership by empowering the family to navigate the system. This included practical support in filling out forms, working with statutory partners to make their services more accessible to families or coaching families in how to positively engage with services. For example, one organisation offered parents a personal development programme to help them be more effective advocates for their own family:

they'll say that you're coming across as aggressive, when actually all the parent is trying to do is get across their point, but nobody's listening to them. So, they have to either raise their voice or use more language that's actually trying to get across [that] I'm struggling here and we're in dire straits [...] what the personal development program is trying to say is, here's how you can [...] keep a very measured tone in your voice and all these sorts of things that parents have to learn.

Early intervention and prevention

There was broad agreement among the organisations that they set out to work with families to prevent them from reaching a crisis and help them address the multiple adversities they were facing. Organisations recognised that putting supports in place early in a child's life, and/or early in the genesis of a problem, was likely to lead to better outcomes for the family in the long term compared to intervention or treatment after the family reaches crisis point. The evidence confirms that early intervention can work; it is less expensive than later intervention (e.g., Webb & Bywaters, 2018). However, the number of families in need and the extent of their difficulties was expanding. CVS organisations acknowledged that statutory services were under the same pressures and the evidence base strongly suggests that this is an outworking of austerity policies (JRF, 2015).



it comes down to money. And so, the statutory sectors are supporting those families who are really at crisis point, instead of families who are approaching crisis point. And actually, if they supported families before they got to crisis, they wouldn't be at crisis. So, it's just that, that vicious circle really; step in early enough; wouldn't need so much additional support. You know, they wouldn't need maybe social services and carers and it would actually save them money in the long run.

Organisations endeavoured to offer early intervention and support in order to prevent families reaching crisis point. In an ideal world this would ultimately alleviate pressures on statutory services or services offering a higher 'tier' of intervention. However, organisations felt that they were having to work with families who were already in need of a higher tier of support and intervention than the organisations anticipated. This was partly due to the expanding needs within the community and, in part, due to the pressures on statutory services, meaning families were unable to access the support they needed when they needed it. The CVS then extended their services to 'pick up' families who could not get access to statutory services and in turn this limited their ability to do the early intervention work they set out to do.

Waiting lists for statutory services, particularly for diagnosis for children with disabilities, autism or suspected developmental disorders were a commonly mentioned barrier. It was reported that children could be on waiting lists for years and parents felt they could not get access to help and support for their child in health or education settings until they had a diagnosis. Organisations reported that this left parents in limbo waiting for access to the help and support the family needed.

Waiting lists for access to supports provided by the community organisations also emerged as a theme for the projects participating in the Programme, with some struggling to navigate high demand for their services. This meant that for some families, by the time the organisation responded to their needs, the family circumstances had deteriorated to the point that they required a higher level of intervention and support. Some projects responded to the challenge of waiting lists by agreeing a method of prioritisation, so

that those families considered to be most in need of support could access it more quickly. Others felt compelled to close their waiting lists for periods of time to be able to cope with the demand.

There were strong positive examples of how partnership between CVS services and statutory services improved the ability of both to support families. Working together to build a mutual understanding and respect for the unique role they can each play in supporting families and ensuring no families fall through the gaps. The evidence gathered on partnership working between organisations and agencies to support families will be explored in more depth in a separate paper.

Empowering families



A very strong theme that emerged from our data was empowerment of families. This is linked to ‘strengths-based practice’ commonly cited in the family support literature; empowerment of families can be achieved through a strengths-based approach. A strengths-based approach was a reaction to the ‘deficit’ model where family support sought to ‘fix’ deficiencies within the child or family (Canavan,

Pinkerton, Dolan, 2016). A strengths-based approach seeks to build the family up by identifying the strengths and supports that they have within the family and wider community that they can draw on to overcome the challenges they face. Within our data, organisations did not typically use the term ‘strengths-based’ but did consistently refer to empowering families by supporting parents to rebuild their confidence and build their capacity to advocate for themselves.

Organisations were very aware of the need to empower families in order to reduce their risk of becoming dependent on the service. For some organisations, they struggled to step back and resist the urge to jump in to ‘fix’ things for families or advocate on their behalf. Supporting families to build their knowledge and confidence to advocate on their own behalf may take more effort, but families will be able to leave the service with the confidence to sustain their positive progress (Dunst & Trivette, 1987).

Services also had a strong focus on equipping families with the knowledge and skills they needed to make and sustain positive changes. This ranged from simple provision of information and signposting to resources and additional services or benefits the family could access, to intensive work with parents to improve their parenting skills. Within that, however, was an acknowledgement that some families would need continued support:

the learning was that some families need a short, sharp intervention, where you're in, you're out, 12 weeks down the line, you close, you never hear from them again. other families will dip in and out of services, their whole journey of parenting.

As one organisation described it, they left a “help seeking legacy” wherein families were left knowing that they could get help and support and would be more likely to ask for help sooner, before they reach or breach the point of crisis. This help-seeking legacy was seen as one positive impact of the project.

Peer support



Peer support was seen as a powerful self-sustaining source of support for parents without the need for continued investment by the service. For those parents who emerged as peer leaders, the experience further built their confidence. For participating peers, peer support provided a normalising influence, helped to reduce parents' sense of isolation and 'otherness', bringing a sense of belonging and feeling understood in their shared experience. Peer groups also functioned as a trusted source of information, strategies, and resources. Organisations working with whole families acknowledged that peer support was useful for children as well as parents and for the same reasons. Establishing peer support was undertaken by many organisations, some planned and supported with training for peer leaders, others adopted a more 'organic approach' where peer leaders were expected to emerge from peer groups set-up by the organisation. This more organic approach was less successful, indicating that peer support requires planning and support from the organisation to be successful and sustainable.

What difference can good family support make?

To understand what difference the Reaching Out, Supporting Families Programme was making, the CES team analysed the annual self-evaluation reports submitted to the Fund, conducted regular interviews with projects, and facilitated a series of focus groups and network meetings throughout the five years of the programme. The most frequently reported changes for families fall broadly into three categories.

Increased Confidence

- Improved **self-esteem** for parents and children, generally feeling better about and within themselves.
- Improved **confidence in parenting/caring** role through a better understanding of their child's needs and strategies to address those needs.
- Improved **social confidence**, including the ability to seek support and engage in education.

Enhanced Wellbeing

- **Improved relationships** between children and parents, as well as other family relationships; better communication and a greater sense of trust.
- **Better health** both in terms of physical and mental health.
- **Increased ability to cope**, including feeling more resilient and reduced levels of stress/anxiety.

Reduced Isolation

- **Building relationships**, making friends, development of peer support and greater connection to a community.
- **Shared experiences** of support received through sharing knowledge and experience in a safe place.

In addition to these broad findings, there were many examples of where projects have made a contribution to families achieving their desired outcomes. A few examples of this include children meeting personal goals, children no longer on the child protection register, parents retaining care of their children, parents successfully managing relationships with education and social work professionals, families from across the sectarian divide coming together for camping trips, and parents attending training and gaining employment or volunteering.

Conclusion

The Reaching Out, Supporting Families Programme has engaged and supported a range of families experiencing a diversity of needs and intersecting adversities which included, but were not limited to, poverty/financial pressures, disability and health needs, trauma, stigma, exclusion, and discrimination. These challenges were situated within the wider context of structural and societal inequalities.

An inability to access appropriate and timely services/supports was identified as an adversity in itself that contributed to families' isolation and disadvantage. Organisations often identified their project as being set up in response to a gap in services and supports for families or described how their service had adapted to respond to increasingly complex and high levels of need.

Providing a service that meets assessed needs is considered fundamental to effective family support (Weston and Scott, 2018). Consistent with the literature on effective family support practice, the learning from across the Programme tells us that a 'one size fits all' approach to supporting families is unsuitable. Services need to be flexible and agile to adapt to individual families' circumstances so that their response can be needs led. Many of the organisations emphasised the importance and value of flexible and longer-term funding in enabling them to flex and adapt to unanticipated challenges, such as the increasing complexity of presenting need, or a sudden change in service provision or service need, as exemplified by the Covid-19 pandemic. The Reaching Out, Supporting Families Programme was designed to allow organisations the time and funding necessary to evaluate and develop the evidence base for what worked for the families they served.

Consistent with the literature, the learning emerging from the Programme demonstrates that the CVS is well positioned to generate trust and deliver flexible services and supports to families in need (Weston and Scott, 2018). The Reaching Out, Supporting Families Programme, and the organisations funded, acknowledged the importance of adopting a holistic 'whole family' approach to support which aims to work in partnership with families and cognisant of family needs. Supports grounded in relationship-based practice were considered key to enabling a collaborative approach. Funders and service designers should be aware of the necessity of investing time and effort in creating an environment of trust and safety so that families and services can identify their needs and design appropriate supports.

Services should work to support the empowerment of families through adopting a strengths-based approach that is built on the family's competencies, one that "supports families to make decisions for themselves, and focuses on enhancing the strengths of families, including cultural strengths, rather than fixing deficits." (Smith & Davis, 2010). A strengths-based approach such as this is linked to partnership and family empowerment as it advocates choice and participation by encouraging families to identify their own needs and solutions (ibid). It seeks to develop and build upon families' existing skills, confidence and capacity to cope.

Many of the interventions implemented within Reaching Out, Supporting Families projects included a focus on working in partnership and supporting families to develop new skills and coping strategies.

Organisations also worked to strengthen families' support networks by building connections between families, schools, and the wider community. This included the development of peer support networks, but these require funding and resourcing so that they can function effectively and be sustained. Interventions and approaches that aimed to equip children and their families with the knowledge, skills, and social support networks to build resilience and capacity to cope with life's challenges were linked to empowerment and considered to support sustainable change within families.

Approaches that connect families to supports are further supported by the theoretical underpinnings of good family support practice which emphasises that the family does not exist in isolation. Rather, it is situated within, and strongly influenced by, the presence or absence of community-based relationships such as extended family, neighbours, and communities as well as a variety of social institutions (Herrera-Pastor et al., 2020). Peer support and opportunities to meet with peers who share similar experiences was considered an important method through which families could be supported, as it served to reduce isolation and contributed to a sense of belonging and 'community'.

Overall, this paper focused on capturing the learning on what good family support looked like among participating organisations that represented a cross-section of CVS organisations working in family support in Northern Ireland. We found that families were coping with a range of intersecting adversities and had a wide range of needs. These needs emerged and changed over time and there was a sense, from participating organisations, that needs within the community were expanding. It was widely recognised, by the organisations and in the wider evidence base, that family support should adopt a 'whole family' approach, where the family is supported, as a unit, to provide the best possible environment for the child or children. In order to support families effectively, services had to be needs-led. To do this well, organisations had to be flexible in what they did and how they did it. Organisations tried to adopt an 'early intervention and prevention' approach, supporting families before they reached the point of crisis, by filling gaps in existing services in the community. They had to work with families, to design services that met the needs in the community and to work in partnership with individual families to empower them to support their children.

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