

Supporting Families Service (SFS) consultation report 23/11/17

The consultation period took place between 26th September and 21st November.

- 10 people attended the market place event held at City Hall on 13th October; 3 BCC staff, and representatives from three separate voluntary sector organisations. They gave their views on the 9 questions asked.
- 5 people responded to the online survey. A PDF report is available on request.
- One staff team from one of the current providers emailed their collective responses.
- 24 parents were consulted in Southmead and Hartcliffe (see appendix 1).

Q1. What views do you have on evidence based family interventions?

As a result of the views gained here, the final plan has an additional point (2.3.) setting out that the new service provider will be expected to use evidenced informed practice with children and families, drawing on three sources of evidence:

1. **Professional judgement from experience**
2. **Relevant evidence from policy and research**
3. **Service-user views (Broome, 2014)**

Q 2. Do you think that using the model of predictive analytics will be the best way to identify and support families?

Mixtures of views were given, but largely favourable with appropriate checks and balances. This will be made clear at contract award, in the meantime, the approach will be defined as ‘targeted’ and referrals may also come from Early Help, Safe Choices and Youth Offending Team - see 2.8 on the commissioning plan.

Q 3.a. What priority groups do you think we should be targeting? 3b. We have the Family Outcomes from Bristol's Family Outcome Plan which are largely dependent on data sets – what else is there that families require support for?

The responses were largely in agreement with the target criteria set out, in addition, some family criteria were suggested that we have added in family criteria for a target client group, see commissioning plan 2.7.

Some respondents raised the need for soft outcomes and support for neglect. The other outcomes suggested are already identified in the Family Outcome Plan. The council is considering implementing the use of Gradedprofile2 to support assessment of neglect. Soft outcomes will be measured in individual family action plans as progress towards goals.

Q 4. We intend to offer one city wide contract and will need to manage transition from a larger service to a smaller service. a. What is the best way of implementing this? b. What should the communications be? c. What risks and issues do we need to be aware of and plan for?

A number of concerns were raised, including that the service was not deliverable within budget identified, that the loss of jobs means losing valuable staff. A range of other risks were identified around moving to a smaller service. Risks for a city wide service also included increases in costs through travel, time taken to implement the move to a centralised smaller service bearing in mind one year contract and no guarantee of extension to two years. One responder suggested focussing on one area of need such as missing from education. Most responders flagged the importance of effective communication with staff in particular to maintain morale and well-being.

Q 5.a. Do you think these numbers are achievable? b. What are the optimum number of cases per case worker and optimum period of time to work with a family?

Again a broad range of answers; agreement that 10 cases per fte worker about right, one respondent said caseloads should be 3 or 4, another said 20-30. Most talked about the importance of flexibility regarding length of time case open. Some people said the numbers were not achievable, especially given the length of contract, one respondent said they were.

Bearing in mind the length of contract, the numbers in the plan has been amended down to 70 families, however length of intervention has been reduced to 4 – 6 months in line with whole Children and Families' service remodelling (*Strengthening Families*).

Q 6.a. We think co-location with multi-agency, inter-disciplinary teams is a good idea.
Do you agree?

There was no conclusive response to this question, a mixture of don't know, yesses and a no. We have decided to leave this negotiable. See section 9.2 of the commissioning plan.

b. What would we need to plan for? Where?

One respondent suggested locating in the South where there is most need. Another thought central Bristol made sense for ease of getting to all parts of the city. Another felt it would be better to offer a service in one of the areas of the city and that city-wide unrealistic. Remote working also an option with risks around team cohesion and staff wellbeing a consideration.

Finally the issue about being collocated in a local authority building was raised as a concern if being seen to be part of 'social care' would stigmatise the provider and thus hinder engagement.

We will consider the options with the successful provider. See 9.2 of the commissioning plan.

Q7. a. Please state whether you agree with the outlined expected standards proposal?

Again, a range of yes, no and don't-knows given. One respondent talked about the importance of experience and how qualifications can be gained in post. They also raised the question of the competitive interview process for staff, what would it be based on?

Another respondent said clearly that we should allow the provider to have the flexibility and insert performance outcomes in the contract.

The commissioner agrees with the final point with the caveat that the service's effectiveness relies on the skills and qualities of its whole family workers; this is defined as a single dedicated worker who is the family's main point of contact. The worker supports the family as part of a maximum case load of 10 over a period of time. Their role is to "manage or grip the family's problems, coordinate the delivery of services, and use a combination of support and challenge in helping families to change their behaviour and develop capacity and resilience." (From glossary of terms in Troubled Families Practitioner Map, Early Intervention Foundation). The provider would need to

ensure staff have the appropriate skills and values to perform such a role, this includes ability to analyse and write assessments and use relevant IT to support case management. Broad agreement (workforce development leads across Local authorities) has been gained that this role is considered a 'level 4' minimum in terms of ability to analyse. Opportunities to gain qualifications at this level are recommended where the worker does not already have them. This is now addressed in the commissioning plan, see section 10.2.

Q 8. Primarily we are looking for a qualified workforce, our proposed requirement (for social value) is for providers to offer peer support or volunteering opportunities. As a potential provider do you think this would cause any potential problems in the contract?

The consensus was in favour of this idea with the caveat that a provider should offer training and support for volunteers and this takes time. That said, as the contract is only for one year, recruiting and training new volunteers may be considered an inefficient use of resources. Due regard to current SFS volunteers should be paid. In the specification we will ask providers to consider how families will sustain progress after intervention. See section 14.3.

Q 9. What else needs to be covered?

Feedback on the consultation was requested, as was forward planning beyond the yearlong contract. A one year contract was seen as highly risky especially bearing in mind TUPE implications and suggested it could be a market failure. Relationships with healthcare providers and schools were also expressed as an important element of this contract.

The question of financial and operational viability was raised bearing in mind a one year contract and finally a question, "How would the competitive interview process be managed? Will families be involved? If so, how will the commissioner ensure that they are fairly briefed and prepared for being impartial?"

There are no plans at present to interview providers or to involve families in the assessment of tenders' process.

Parent consultation

These were held at Children's Centres before or after a parenting group was held. See appendix 2 for detailed results of the consultation. The main points I summarise here;

- 1. Many parents felt they had to wait for things to get bad enough to get 'early help'. In other words they felt early help needed to come earlier.** See also point 4, this is addressed in the service specification, in service description details. See 2.2, 2.3, 3.5 of commissioning plan that puts the onus on a new provider to address this issue.
- 2. Parents favoured parenting courses, assessments and goal setting over other forms of support in early help services. Key workers, Team Around a family meetings were also favoured by the majority. Volunteers were favoured by some but not a majority, that said, only 11 out of 24 people had had experience of volunteer services. All of them had attended parenting courses!**
- 3. Parents said they would go to early help to help with their child's behaviour (which is the main reason why parents attend parenting courses), helping their child to attend school, housing, debt, benefits and budgeting advice, physical and child and adult mental health and family conflict or violence. A few people would go to early help with teenage issues (most parents had young children). Most parents chose not to answer the question around topics they would go to an early help service for.**
- 4. Most parents feared asking for help; they felt embarrassed or judged. Some felt more comfortable about asking for help because they knew and trusted the person they were asking.** This is addressed in the commissioning plan 2.2, 2.3, 3.5 and service specification in service description details.
- 5. There were mixed responses to the question *when you asked for help, did someone explain what sorts of services were available? What were you hoping for? Did it match your expectations?*** See commissioning plan 3.5. This is addressed in the service specification in service description details.

Appendix 1.

Badocks Wood CC IY parenting group (19 Oct 2017)– no.s participating = 18.	Hartcliffe CC IY parenting group (17 Nov) – no.s participating = 6
If 0 is this hasn't helped and 10 is the thing that has helped the most? numbers in red from people who have had this type of service. Shades of green in responses highlight the most popular activities.	
If you haven't experienced these things, feel free to put a sticker where you think it would be helpful (friends and family view?)	
Key worker / support worker approach	
<p>7 on 5 or more. 2 on zero, 2 on 5, 1 on 6, 4 on 10. Comments: <u>Not so well</u> Parent named a worker. <u>Worked well</u> It really helps coming into the home – not as regular as I would have thought. Referred me to a parenting class. Help has been fab.</p>	<p>3 on 10. 4, 2, 3, 10, 10, 10 Comments: <u>Worked well</u> Having a support worker can help with parenting. Thinking my son had ADHD when he didn't. Turns out its parent skills needed. Father's worker is brilliant (my support worker).</p>
Assessment (Single Assessment Framework), ie each family member having a chance to tell their story and thinking about what has been tried and why it worked or didn't work	
<p>12 indicators 5 or more. 3 at 5, 1 at 10, 5 and 3 spread between 6 and 9. Comment: <u>Not so well</u> Not always heard but listened to. Hard with big difference at home and school.</p>	<p>All 6 indicators on 5 or more. 5, 5, 5, 9, 10, 10</p>
Goal setting - action plans	
<p>12 indicators at 5 or more. 4 around the 9 / 10 mark. 3 at 7. 1 at 5. 1 at 5, 3 at 6 / 7. Comments: <u>Worked well</u> Goals helped me keep on track and keep going. Parenting course will help me with what I need to do. These are good as long as it's understood so many things have been tried.</p>	<p>All 6 indicators on 5 or more. 9, 9, 7, 5, 6 (all experienced this) Comment: <u>Worked well</u> Setting goals and writing them down can help you commit / prepare to succeed.</p>

TAF / multi-agency meeting	
<p>13 indicators on 5 or more. 10 at 5/6. 1 at 3. 1 at 6. 1 at 7. 1 at 10. Comments: <u>Worked not so well</u> Child needs play therapy. Health visitor said its social worker's responsibility to sort. S.W. said H.V.'s responsibility. Result = NO SUPPORT!! <u>Worked well</u> My son has extra help in school if he would like to speak to someone less involved in the issues.</p>	<p><i>5 indicators on 5 or more.</i> 0, 5, 8, 9, 10, 10</p> <p>Comment: <u>Worked not so well</u> Only works if whole family gets involved.</p>
Parenting courses / group work	
<p><i>16 indicators at 7 or more.</i> 2 at higher than 10! 4 on 10. 9 between 7 and 9. 1 at 7. Comments: <u>Worked well</u> This parenting course has been recommended by my child's health visitor – and my first contact with the Early help service. A very informative, useful, non-judgemental service / group / environment. Not all info has been relevant to my situation, but I'm here with an open mind ready to 'cherry pick' what I need. I am not aware what other services / help is available to my family from Early help. Surprisingly this is a really good course. I would recommend and have actually benefited from it. Difficulty is when it's always the first recommendation – it can have a negative feeling (judged). Course has helped me bond better with eldest daughter. It has been useful to come to a group with my wife and discuss with others – having the opportunity to take time off work to do this has been invaluable. Understanding my son bit better he has delayed speech and being tested for autism. Parenting course helps with having the right tools to keep children happy, safe. Course has really improved a bad relationship with my son, helped in teaching me to stay calm, spend more quality time with each other and talk</p>	<p><i>6 indicators at 9 or more.</i> 10, 10, 10, 10, 10, 9</p> <p>Comments: <u>Worked well</u> Parenting courses can help with family problems Realising you are not alone.</p>

<p>more about problems. Have attended Triple P course and now Incredible Years. Have found the advice and support invaluable. 20 out of 10. The parenting course has helped me so much I didn't know the help was out there and when I was informed of the class I was so happy and grateful the course exist. I would be lost without it.</p>	
<p>What do you think about volunteers such as homestart or peer support ie another parent volunteer helping you?</p>	
<p>10 indicators at 5 or more. 1 at 1. 3 at 5 / 6. 5 at 6/7, 1 at 8, 1 at 9. Comment: <u>Worked well</u> Action for Children little bit help.</p>	<p>2 out of 6 indicators on 5 or more. 1,2, 2, 3, 5, 6 Comments: <u>Not so well</u> Patronising Only works if work with you more than 6 weeks (Homestart only 6 weeks).</p>
<p>What sort of topics would you go to an early help service for help with?</p>	
<p>Helping your child attend school 3 (1 had done this)</p>	<p>3 (2 had done this)</p>
<p>Improving child's behaviour 7 (4 had done this)</p>	<p>5 (all 5 had done this)</p>
<p>Debt and budgeting and benefit claims 2</p>	<p>3 (2 had done this)</p>
<p>Housing 4 (2 had done this)</p>	<p>3 (1 had done this)</p>
<p>Child and young people's mental health 5 (3 had done this)</p>	<p>3 (1 had done this)</p>
<p>Parental mental health 4 (2 had done this)</p>	<p>4 (2 had done this)</p>
<p>Physical health</p>	<p>5 (2 had done this)</p>
<p>Family conflict or violence 5 (2 had done this)</p>	<p>5 (2 had done this)</p>
<p>Teenage issues 1 (1 had done this)</p>	<p>2</p>
<p>Other 1</p>	<p>2 (one added note to say 'all')</p>
<p>Focus group discussion (qualitative) The bullet points in bold have been built into the commissioning plan and service specification</p>	
<p>How do you feel about asking for help? Who would you go to?</p> <ul style="list-style-type: none"> The key worker or support worker will have or adopt principles and values such as, recognise and acknowledge that those in a parenting role have unique knowledge and information about children, and are their primary educators and work respectfully and in partnership with families, encouraging independence and self-reliance 	
<p>Judged, listen don't hear. Working in the home helps.</p>	<p>Embarrassed, failure. Asked for help from child's nursery</p>

<p>Ask for help and told not bad enough. I had to cry for help to get it. No shame in asking for help. Intervention needs to be earlier. It's a plaster on a wound when left late. Worried about being judged that I can't cope. Afraid that my family will break down.</p>	<p>Just give your child time, don't want time, want to stamp it out now. Asked school – good relationship, but not v good, made me feel like not a problem because child very good at school, don't recognise problems at home. All look down at you so don't ask for help, just look up on google. Help forthcoming – said struggling at parents' evening. Asking for help can get you help but in the wrong places – can get wrong outcome, ended up on SS register, I'm not a bad mum, won't say anything to workers. Nice churches with food banks. FSWs here at the nursery are amazing, even though my child doesn't come here anymore, I can still call them up. Go above and beyond here.</p>
<p>When you asked for help, did someone explain what sorts of services were available? What were you hoping for? Did it match your expectations?</p> <ul style="list-style-type: none"> • The provider will work with partners in Bristol to develop and communicate consistent and clear messages, including managing people's expectations about what services are available and for how long 	
<p>Police offered to refer me for help and explained what was available. Friends told me about what early help could offer. AfC offered early help prior to diagnosis; didn't give the help that was needed. I wanted help from CAMHS and they suggested parenting. Early help 'see' themselves. Early help listened. School referred me, no explanation about what Early help could offer.</p>	<p>Time frame is helpful, short notice to end isn't helpful I rang FR, was struggling with my children, someone ran and said this what I can offer and then I had them for 6 months (Barnardos), just wish it was a bit longer, went downhill so I had to ask for help again – First Response – then got on this parenting course. No one at school could explain what was available. I don't ask for help – they just put the negatives about you than listen to the positives. Found this course through social services – it has helped, I don't go out and ask for help. HV able to explain what was available.</p>
<p>If you have had help, was the time given about right? Too much? Too little</p> <ul style="list-style-type: none"> • The provider will work with partners in Bristol to develop and communicate consistent and clear messages, including managing people's expectations about what services are available and for how long • The provider will use Signs of Safety methodology to build on the strengths of people and communities • The provider will use evidence informed practice including service user views 	

<p>I had a change of key worker 3 times. I needed a full year because I had lots of issues that needed addressing (and worker changed). Felt rushed; had help from BDP, NL, School, AMH.</p> <p>Don't know if there is an action plan – if there is I haven't seen it. (Has FSW in North early help).</p> <p>The question, "what have you achieved?" made me feel confident about myself. I didn't realise how much I did and when I said 'you did', she corrected me and said 'I did' meaning I did it not her. Early help was a lifeline. It needed to get that bad for things to change.</p> <p>Children's Centre is good at singing and friendly but they don't ask the important questions.</p>	<p>Too little when it needed it to be and loads when it was too late.</p> <p>Easily accessible would also help.</p> <p>Referred to EH by hospital – what can you offer (dad asked), will get someone to ring you – no one phoned back, HV said EH had closed the case. Then get referred again.</p>
<p>How important is the place we work in to you? Do you prefer working in your home or a setting? Are the appointments at times that are convenient to you?</p> <ul style="list-style-type: none"> • The provider must have the ability to work in a family's home whilst being able to contribute to the design and delivery of services 	
<p>Feel more relaxed at home.</p> <p>Better for children (as long as adults aware of sensitivities).</p> <p>Feel anxious about going to places I don't know.</p> <p>Childcare can be an issue.</p> <p>Children's settings are friendly but can be noisy, prefer to offices.</p> <p>Daughter 'hates' anywhere 'professional'.</p> <p>They see it, said it, let us do it and made it worse. They see us making mistakes and let us. We had three different plans, could look at previous plan and talk about the changes to help understand. They weren't dated and signed and no one saw the problems I had with my back and depression.</p>	<p>Prefer they come to my house.</p> <p>Both – like parenting course because not alone and hear the views of other people.</p> <p>Child in familiar surrounding at home.</p> <p>Child more likely to be 'themselves' in the home.</p> <p>Rather be out if not with a child.</p> <p>Don't mind.</p> <p>Good to have a choice.</p> <p>Good to be in home.</p>
<p>Sustaining change – how?</p> <ul style="list-style-type: none"> • Service users are able to identify where to get help to sustain changes or if they need help in the future. 	
<p>My partner attending the parenting course helps. XX (Parenting Practitioner) encouraged us both to attend. IY is helping more that teenage life and it's good to understand why (my partner helps with this).</p> <p>XX (Key Worker) made sure everything in place and smooth transition to exit. I attend BDP regularly still, SENCO is helpful.</p>	<p>Meeting up as a group every month or two months would help.</p> <p>Facebook groups.</p> <p>I do everything on my own.</p> <p>None of the group felt they had someone they could talk to.</p> <p>Deal with it myself.</p>

<p>School / relatives/ Health visitor. Parenting courses should be compulsory for all parents. It makes a difference, I look back on things I did wrong and can improve. XX (Parenting Practitioner) is amazing. You can train children to be decent people if you are trained yourself. I didn't have a good role model, my role models in violent abusive relationships.</p>	
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