**FOCUS ON FAMILIES CONSULTATION REPORT.**

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**Introduction**

The purpose of this report is to document the findings of a consultation into the level of satisfaction with and successes of the Focus on Families project hosted by the Knowle West Health Park Company.

This was an internally conducted consultation by the Focus on Families manager, not a full length external evaluation considering the purpose of the project and its validity, as had been conducted twice in previous years.

Focus on Families is a project which is funded by the Big Lottery ‘Reaching Communities’. It provides free counselling, family support programs and psycho-educational workshops and courses for those living within areas of high health inequality within south Bristol. Focus on Families has just entered its 6th year of operation, at the end of which, the current funding comes to an end. This consultation and subsequent report, was completed in order to ascertain how, in a co-produced manner, to most appropriately continue the journey of Focus on Families.

For Focus on Families to continue into the future, it is imperative that the project not only delivers a high standard of service, but that that it is adaptable to changing need, considers and acts upon the feedback from service users, partners, practitioners, stake holders and referrers alike, and continuously seeks supporting evidence to make necessary changes.

Conducting this consultation, I, as the project manager have had the luxury of having extensive understanding of and insight into the mechanics of the services it provides, in addition to excellent relationships with the partner organisations we have service level agreements with. In completing this consultation, having this position has allowed me to make re-referrals for some service users who are again need of Focus on Families services, advise others appropriate to their current needs, discuss areas of perceived potential improvement with those who had identified it and also gratefully receive and acknowledge the comments of praise and thanks.

**Methodology.**

This consultation was split between seeking feedback from service users, partners, practitioners, stakeholders and referrers.

With the exception of the service users, all were contacted via email and asked if they would be willing to complete a questionnaire.

Service users were contacted by phone and spoken to in person by myself. They were then asked if they would be willing to spend a few minutes with me over the phone going through a set of questions.

There are several points I wish to make and comment upon, but the appropriate place to do this is within the ‘Findings’ section.

Copies of the questionnaires asked / delivered are part of this report as an appendix.

Email questionnaires.

There were three groups of people to whom I sent appropriate questionnaires. These were;

**Partners**

**Practitioners**

**Stakeholders / Referrers**

The response rates for each of these groups was reasonable, but was not as high as I had hoped for. Some of this can be attributed to the fact this consultation was conducted over the school summer holiday period during which many people have time away on holiday, but more significantly, a substantial number of practitioners and stakeholder / referrers do not work over this six week block. This includes the majority of referrers associated with education, from whom we receive a large proportion of our professional referrals.

The partners are those organisations / individuals with whom we have a Service Level Agreement, to deliver services as part of the Focus on Families project.

There are 6 partners, and of those, 5 returned completed questionnaires, a response rate of 83%. The partner who did not respond is a partner who is unavailable during the summer holidays.

There are 5 practitioners, who are not also themselves partners, not including the varied practitioners who all contribute to the parenting programs run at the Children’s Centres. Of these 5, 3 responded, a response rate of 60%. As afore mentioned, many of the practitioners do not deliver services during the school summer holiday period due to a poor attendance rate from clients, so overall, I consider a 60% response rate was reasonable.

It is impossible to create a definitive list of all our stakeholders and referrers because, as a result of our open referral process, the number of different referrers we have grows on a daily basis. For this reason I contacted all stakeholders / referrers who form part of our Focus on Families mailing list.

(The mailing list showing the organisations contacted is also available as an appendix)

There are approximately forty email addresses on that list, but that does not necessarily mean all of those listed have used our services by making a referral. Incidentally, this consultation illustrated to me the high level of change to personnel that have occurred, as a result of the number of invalid email addresses and bounce backs I received informing me that certain individuals had moved to other positions and ‘out of office’ replies. Due to the low number of returns from this group (again, not forgetting that a proportion of them would have been likely to be on annual leave) I sent a follow up email reminding people of the request to complete and return a questionnaire.

In total, I had a return of just 6 completed questionnaires from the stakeholder / referrers group, approximately a 15% return rate.

Client Telephone Interviews.

A list of 60 names and numbers were obtained from the Focus on Families referrals overview who had at the minimum completed part of the course of their allocated sessions, if they had not completed fully.

Of this list, after several days of making phone-calls over different days and several times of the day, I managed to complete a total of 21 client questionnaires, who between them had used 24 courses of service.

Of the 39 clients I was unable to complete telephone interviews with, 11 numbers were no longer in existence, and 13 clients I discovered had not yet completed their sessions, so it would have been inappropriate to ask them to complete the satisfaction feedback questionnaire. Of the remaining 15, I was unable to get an answer from them despite attempting several times. There was the question of whether it would be appropriate to make a home visit, but due to the confidential nature of counselling, and there was no reason why other householders should be aware of the individual having received a counselling service, I deemed this to be inappropriate. So of the 36 contactable, appropriate clients whose sessions had come to an end, I received a response rate of just over 58%. 100% of individuals who I spoke with were happy and willing to complete the questionnaire.

**Findings**.

Partners.

This group are those who hold Service Level Agreements with KWHPC to deliver services under the Focus of Families umbrella.

6 partner were consulted, 5 responded.

100% of partners would like to be involved in Focus on Families post March 2016.

All partners reported that they would work with KWHPC in the future, and all partners stated that they would recommend KWHPC as a partner organisation.

Overall, 100% of partners found that KWHPC were clear and good to work with.

They also found that there are particular issues within south Bristol that are best addressed within the locality, with 3 partners rating their strength of conviction (about keeping services locality based) as 10/10, 1 as 9/10 and 1 as 8/10. This highlights the perceived significance and importance of having a locality based service such as Focus on Families.

When asked

**‘What services would you like to provide and how can you evidence the need for those services?’**

100% of partners stated that they would like to continue delivering all the services they already did under the Focus on Families umbrella.

Some examples of awareness of changing need within the community and evidence of the increasing need for their services include;

*“All of these services are heavily in demand in the south Bristol area as is evidenced by the waiting lists that we have for referrals for the service. There is also a gap in provision of these services in Bristol in general e.g. there are no other providers of counselling for sexual abuse victims under 12 in Bristol or the surrounding areas and other providers of services for men and the over 12’s also report high numbers on their waiting lists.”*

*“Statutory mental health services are completely overstretched with very long waiting lists. The FoF project is complimentary to statutory mental health services and it also addresses a gap in provision.”*

*“It is evident that people want local, community services that they can access easily”*

*“In terms of evidencing need, there are always waiting lists for counselling… so demand continues to be high. There are high numbers of self-referrals and GP’s, social workers, health visitors and other professionals are aware of the service and make referrals because they know the service is good and is accessible for local people who don’t have their own transport, have small children and very little money”*

*“Over the past 5 1/2 years there have been continual referrals from the Early Help team, Social Care, schools, GP’s health visitors and self-referrals. There is always a waiting list and engagement by families is good demonstrating the use that they find for it.”*

These statements demonstrate just how in touch these partner organisations are with their grass roots, with the ever changing need of their local community, and that they wholeheartedly value the opportunity Focus on Families provides to those in need.

When asked

**“Thinking about your current service delivery, if we made one change to it, which could really improve outcomes, what would it be?”**

The overriding theme was that when dealing with a client who had more complex issues that it would be most beneficial to that client that the number of sessions could be extended appropriate to need.

This echoes the statements of those clients who found that Focus on Families did not help them as much as it could have, because they considered they needed more sessions to be able to address their issues in full.

Practitioners

 Of the 5 practitioners who were approached, 3 responded with completed questionnaires.

100% of practitioners rated as either being very good or excellent in the following areas;

That KWHPC was clear and good to work with

That KWHPC was an organisation they would work with again

That they would recommend KWHPC as a partner organisation

That the range of services provided by FoF was appropriate to local need.

When asked

**“To what extend do you think the Focus on Families service you deliver has benefitted the client group?”**

Some responses included

*“The feedback I have had has been mostly very positive, in terms of giving people a space to think about their problems with someone who has time to listen. People report an increase in self-confidence to deal with things, and a lessening of anxiety”*

*“I think this type of intervention is incredibly important to this client group where family therapy is often not available unless there are severe mental health issues (CAHMS)”*

*“Given the fact that many school counselling services have a long waiting list, I think the individual play based counselling is very important. Often children and young people have experienced complex issues out of their control. Being able to address these at a young age is very important before they develop into more complex mental health needs.”*

Stakeholders / Referrers

6 stakeholders / referrers responded on behalf of their organisation.

100% of stakeholders / referrers would make referrals in the future for all of the below listed services (that were applicable to the age range of their clients)

Play Therapy

Family Therapy

Women’s Counselling

Women’s sexual abuse counselling

Men’s Counselling

Men’s sexual abuse counselling

Children’s counselling (sexual abuse)

Counselling for young people

Group work.

All respondents found the referral process either easy and accessible, or very easy and accessible and that overall the referral packs were clear and informative.

Respondents ratings of their overall experience of Focus on Families ranged between 8/10 and 10/10.

When asked

**“What could we do to improve FoF?”**

Suggestions included

*“A letter of correspondence saying you have received the referral and when therapy/intervention has ended would be helpful, as per consent form the client”*

*“Additional resources would be beneficial to service users and reduce wait time to access specific services”*

*“Bereavement counselling”*

*“The geographical limitations associated with some of your services means they are not accessible to all clients….extending that area would be helpful”*

In assessing current service delivery and its limitations, we have identified all of these issues as being issues we hope to rectify should we secure future funding for Focus on Families.

In response to the question

**“Is there anything else you would like us to provide or to say about the services?”**

Statements included

*“FoF are an invaluable service for Early Help and the vulnerable children and families that we seek to support. Many of the problems identified result in a huge need for therapeutic intervention which cannot be accessed through universal services or only at a cost that is well beyond the financial capabilities of most of these families. As a consequence, therapy is often seen as not being ‘for them’, they do not engage and hence sustainable change cannot take place. However, we do not experience this problem with FoF. As a non-statutory, locally based and dynamic organisation, families feel happy to try the services on offer as they feel it is not stigmatising in any way, fully confidential and of excellent quality. Families feel a local ownership of the organisation and feel welcomed and supported by the staff that they encounter there. We are constantly surprised by the high levels of engagement of some very chaotic and alienated families/individuals that we refer and by the amount of positive outcomes and sustainable change achieved.”*

*“I think that it is a great service and there is a great need for it.”*

*“We have always found FoF great to work with, the services provided to our families are delivered in appropriate ways and families report the benefits of having such a great local resource.”*

Client Telephone Interviews

Of the 21 clients that completed questionnaires via telephone interviews, 18 had used just one FoF service, the other 3 (including other family members) had used 2.

The clients spoken to had used a range of the Focus on Families services, detailed below

6 clients received Play Therapy

10 clients received Women’s Counselling

2 clients received Men’s Counselling

2 clients received Family Therapy

1 client participated in the ‘Making Changes’ course

1 client completed the Nurture Program

2 clients received Women’s Welcome Counselling

17 of the 21 clients, 81%, felt that the Focus on Families service had helped them. For the 4 clients who did not feel that they had been helped, 2 stated that they just didn’t relate to their counsellor, 1 decided early on in their sessions that ‘counselling was not for me’ and the other stated it was simply because they felt they would have benefitted more from additional sessions, that the allocated sessions did not continue long enough.

20 of the 21 clients, 95% stated that they would recommend Focus on Families to friends and family if they needed support.

When asked about the length of time they had to wait for services to start after their referral had been received, 100% clients thought that the length of wait time was either short or about right. No-one though that they had to wait an unreasonable amount of time.

When asked about the length of time their course of sessions lasted for, 14 clients, 66%, considered that the length of counselling was about right, 5 clients, 24%, thought the course was too short. The remaining 5 clients, 24%, did not answer this question because they did not finish their course of counselling through their personal choice.

19 of the 21 clients, 90% described the response and information they received from Focus on families regarding the service they were to receive and its process as clear and helpful.

The next series of questions put to clients were to ascertain the degree of positive changes that the service had facilitated or influenced directly in an individual’s life.

They were asked

**“Did FoF made a positive change in terms of your own health and wellbeing?”**

16 clients, 76%, said that yes it had, and 5 clients, 24% said no that it had not, either because they found that the number of sessions they had were too few, or that they had not completed the course of sessions.

**“Did FoF make a positive change in terms of your own family relationships?”**

14 clients, 66%, said that it did, 1 client said that question was not applicable to them and 6 clients, 29%, said that it had not, again because they considered they needed more sessions or had left the intervention early.

**“Did FoF make a positive difference in terms of your ability to cope with day-to-day life?”**

15, 71%, responded that it did, whilst the remaining 29% could not say that it had because of either receiving too few sessions or finishing prematurely.

**“Did FoF make a positive change in terms of reduced social isolation?”**

5 clients thought that question was not relevant to them, 7 clients, 33% thought that it had not, for the same reasons as the above questions, and 9 clients, 43% thought that it had.

**“Did FoF make a positive change in terms of reducing behavioural problems – being able to solve problems better?”**

Once again, 5 clients, 24%, said the question was not applicable to them, another 24% thought that they had not had enough sessions, or had left too early to say that a difference had been made, the remaining 11 clients, 52%, stated that the positive difference had been made.

Finally, each client spoke to was asked whether there was anything else they wished to say about the service they had received, whether we should offer any different services, or if they had any recommendations to improve the service.

Some of the statements and suggestions follow.

*“I don’t really know – because we haven’t needed anything else – I’m not sure what we might need. Perhaps some kind of follow up if there were problems in the future”*

*“Longer counselling. It did help me overall – but not to the extent I needed because the length of time was not enough for me”*

*“My counsellor was excellent! I would definitely recommend your services and have done already!”*

*“When receiving play therapy, when a parent has a younger sibling with them waiting, there is little for them to do to entertain them, no crèche etc.”*

*“I didn’t feel my son responded well to a female counsellor, he would have preferred a male.”*

*“No, the counsellor was very flexible and worked around my times.”*

*“No!! I got out of my relationship. The course could not be improved. It was brilliant!”*

*“A follow on service for when the counselling ends, because while the counselling was going on, there were positive changes, but they reduced a few weeks after counselling stopped.”*

The benefit of the service manager conducting this consultation was that I could offer support and advice to those clients who made comments or suggestions. A number of clients indicated that they were continuing to have problems as they felt the counselling had not been long enough. I was able to advise these individuals that if they felt there were still issues to explore, they were more than welcome to re-refer themselves, that because they had received a FoF service once, that did not mean it was their limit. Few clients realised this and were incredibly grateful for the information.

For the Mum who felt her son needed a male play therapist and this was the reason he did not progress, I was able to tell her that we now also have a male play therapist and I asked if she would like her son to be re-referred, she did and he is now waiting to have more counselling.

**Summary / Recommendations**

The overwhelming sense from referrers and stakeholders, partners, practitioners and clients alike, is that all of the afore mentioned recognise the need for a local community service, such as Focus on Families, that all involved can invest in, benefit from and feel empowered to do so.

Being based within an area of such high health inequality and social deprivation, it is clear that all involved understand that the clients that Focus on Families assist, simply would not have the means to access any type of similar provision that was not within their locality. The waiting lists that Focus on Families carry consistently demonstrates that the need within the community is ever present. The engagement from the majority of clients proves that to them the service is invaluable. The number of referrals from both individuals and professionals continues to increase, showing both the commitment professionals have to the service but also that there is no other provision like Focus on Families to compliment statutory services.

***“FoF not only has great links with a wide variety of service providers, but also has the fantastic situation of being situated in KWHP, hence families / individuals can receive targeted support through FoF and then go on to access the range of other activities and services on offer that can help them carry through changes in their lives, becoming more active, more engaged with others and better equipped to take positive steps in their life.”***

Through my discussions and email correspondence with clients, partners, practitioners, stakeholders and referrers, it is clear that overall there was nothing but praise and gratitude for the services given, the staff involved, the referral process, the waiting times and the ease of access.

However, as Focus on families is a needs led, flexible project, I would like to make the following recommendations, based upon the feedback I received throughout this consultation.

1. That consideration should be given to lengthening the amount of sessions an individual receives, based upon their personal circumstances and complexities.
2. That consideration be given to widening the geographical area that Focus on Families serves, although the target client groups should still be those faced with severe health inequality and social deprivation.
3. That there should be excellent communication with referrers throughout the process, in line with client consent.
4. That all clients should be contacted approximately 12 weeks after their intervention has come to an end to determine if any follow up is required.
5. That if a client drops out of their intervention, they should be contacted by the Focus on Families manager to ascertain if there had been a specific issue with the service that could perhaps be overcome to enable the client to remain having that or another intervention.