

Ruchazie Family Centre

Evaluation

Year 1 report

2015-2016

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March 2017

Executive summary

The University of Stirling was commissioned to undertake an evaluation of the extent to which these activities extended the support available to families. Initial consultation with the Family Centre manager identified several areas for the evaluation to focus on which included looking at the extension of the nursery provision, parents groups, and the involvement of parents in the life of the Family Centre. The evaluation team developed a programme of work and this report focusses on the interviews with parents attending the groups as well as observations of the groups. In addition interviews were carried out with several staff members.

The Ruchazie Family Centre was awarded funding from the Big Lottery Funding in 2014, to extend the nursery provision and develop wider family support activities. The nursery provision has extended to provide additional places for babies and toddlers and focusses on child development, play, communication and nurturing activities as well as supporting parents to manage their children's behaviour and developmental needs. In this respect parents are provided with strategies for meeting their children's needs which are mirrored in the nursery, and parents are able to access the wider family support activities available in the centre. Children's development and achievements are captured by the nursery staff in several ways and shared regularly with parents in written and verbal forms. Parents are welcomed into the nursery regularly and individual plans are developed to support the work being carried out in the nursery. The Funding from the BLF is also being used to develop and deliver a wide range of family and parenting support activities. The Family Centre is perceived by parents as being a welcoming and accessible space for them to access support, seek advice and gain skills and confidence in their parenting. The staff providing support are described as accepting, non-judgemental and responsive to the changing needs of parents. Parents described the work of the centre as essential to them, reducing their isolation and enabling them to seek support. The Family Centre engages with parents and encourages them to contribute to the work of the centre through informal peer support, and through the Voices for Change group. The Family Centre manager along with the staff team endeavour to promote an enabling environment which encourages parents to identify and build on their strengths, recognising that whole family interventions impact on children's overall well-being in line with the principles of GIRFEC.

The recommendations and ideas for action included in this report are designed to stimulate discussion amongst the parents who use the family centre, the staff team and evaluation steering group. Longer opening hours particularly at weekends could be achieved by encouraging greater parental involvement and our report suggests a pilot project to determine the uptake of services provided at weekends and potentially in the evenings. Similarly parents recognise their own aspirations to develop and hone their parenting capacities, share their expertise and experiences with others and offer mutual support to other parents. This might be achieved through developing a partnership with a local FE college provider to support parents to gain initial/foundation formal qualifications. Our work in year one did not analyse the quantitative data based on the various outcome measures used to identify children's developments and achievements and this should be a key focus of the evaluation in the second and subsequent years.

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Introduction

In 2014 the Quarriers were funded by the Big Lottery Fund (BLF) to extend their work at the Ruchazie family centre to engage more widely with parents/carers and their children. The University of Stirling was commissioned in 2015 to evaluate the programme between 2015-2019. This report is based on our initial findings from our work in the first year of the evaluation programme.

Methods of data collection and analysis

Ethical approval for this study was granted by the University of Stirling Ethics committee in 2015. Our approach to designing the evaluation in the first year (2015-2016) draws on traditional qualitative data collection (focus groups, 1: 1 interviews with staff, people who use services, observations of activities and examination of publicity and information materials provided by the centre) and will extend to include action research methods (Bradbury and Reason 2003) and critical reflection (Fook 2006) as the evaluation progresses. Action research is an appropriate methods of data collection as it involves service users, and providers working alongside each other to gather data which highlights processes of engagement and exchange. Critical reflection is used in this evaluation report to engage with service providers, feeding back on key themes and issues which emerge in the qualitative research data, and encourages them to consider how they might implement change to tackle issues or move developments in the service forwards, in many ways the critical reflection approach is designed to shift thinking about ideas and facilitate change in a non-threatening but challenging way. We were keen in the first year to get some sense of what the centre does, who it works with, how parents use the centre, and what helps or supports them.

All parents and staff members participating in the evaluation provided written consent. All of the qualitative data collated was anonymised, stored on password protected systems available only to the research team and pseudonyms have been used in this report.

Findings

- Focus groups (See Appendix 1 for questions)
- Two focus groups took place with mothers and father separately.

Nursery provision

The parents, who participated in the focus groups and interviews, spoke highly of their experience of using the nursery, staff made them feel welcome and they felt that the nursery provided good quality child care, which supported their children acting as a stepping stone for parents to participate in wider family/parenting support. Parents described how the nursery staff had supported them to manage their children's behaviour, and they particularly appreciated nursery staff joining in wider family centre activities. One parent was encouraged to volunteer in the nursery and she found this a helpful experience building her own confidence in her parenting. It was noted in the record of the Voices for Change meeting that there was a waiting list for the nursery for the 0-2 year olds and the care Inspectorate has been approached regarding extending the facility to provide additional places.

Mother's Focus group

Nine women participated in the mother's focus group. Many of the women in the group had been diagnosed with, or were experiencing mental health problems, and were referred to the centre, some were signposted to them by professional in the community. The focus group encapsulated their views about the centre and its services as: "It's about family" "Making friends" "A good friendly place and environment"; "Everybody helps each other" and "Working together", essentially the centre was described as being about **community**. The group suggested that there was some uncertainty about who could access the centre, and this had led some of the women to avoid coming along as they were concerned about statutory social work interventions in their family and particularly about their children. Belonging, responsiveness and reducing social isolation were three key themes emerging in the mother's focus group discussion discussed below. In addition some of the issues raised by the mothers relate to the sustainability of the centre and how they envisage being able to continue their own personal development beyond their immediate needs for day to day family support.

The first theme to emerge from the discussion was **belonging**. The mothers were particularly appreciative of being able to access support when they needed it, and this reduced their feelings of isolation, specifically, the group enabled the mothers to understand that they weren't alone with their concerns and issues as other parents were having similar experiences, and could offer advice and support. One mother Sandra described her how alone she felt initially when she moved to the area and "kept going" with the groups. Tracy described herself as feeling "a bit lost" but she was able to ask for help at the centre and is finding now that she can talk to other people and make friends. Lauren felt that when she started to come to the centre she was at her "wits end", she was taking medication for depression which wasn't helping. The centre helped her with appointments for her son's health condition. Annie was a care leaver and a new mother when she started coming to the centre, and was struggling as a new parent, she felt safe in the centre, and the support she received helped her to "grow up". An additional indicator of the feelings of belonging were in the practice mothers had adopted, modelled by the staff, of welcoming new members to the group, showing them around the facilities, remembering their own feelings of anxiety and reluctance to join in with the group initially. It was important for these mothers to be known by the professionals who were working with them in the centre, and they didn't feel that professionals in the wider community had this knowledge about them. Having face to face opportunities to talk to the staff was valued, as other professionals in the community were not accessible in this way. The relational qualities that staff brought to their interactions with the mothers was deemed hugely important in the mother's continued engagement.

A second theme emerging from the focus group was the **responsiveness** of the staff in the centre who made themselves available despite mothers knowing that this was a busy environment and staff were perceived as having many demands on their time. Despite this however mothers felt that staff were interested, approachable, welcoming and engaged with the women, evidenced in their willingness to offer 1:1 support sometimes at short notice, particularly when mothers were in crisis. One mother described how she was anxious about her ex-partner being released from prison, and needed help to access benefits as she had difficulties in contacting agencies on the telephone. The staff at the centre assisted with this, "they'll not have you walking away, and you go away feeling more confident; if you're upset someone will help by talking to you and trying to calm you down".

Mothers in the focus group described how difficult it was to access other professionals (Health Visitors and Midwives) and knowing that many of the staff were from professional background was reassuring as they felt the advice and support they were able to access was high calibre. The mothers knew the first name of the manager, knew that they could make a complaint to her directly and were confident that she would act.

The mothers described how much they appreciated the wider activities available at the centre and family days out during school holiday and Christmas, homework clubs for school aged children, providing play opportunities for their children enabling them to make new friends. These additional activities reduced the **social isolation** mothers experienced, partly because cost would preclude mothers being able to access some of these activities, and partly because the mothers weren't able to organise these individually, and so being part of a group was helpful.

The mothers group discussed several ideas for how the centre services could be developed and were willing to contribute to this: giving something back was seen as a positive step for the mothers who wanted to offer help and advice to others. One mother had undertaken baby massage training and now trained other mothers in these techniques. Some of the mothers participated in the Voices for Change steering group ensuring that parent's views are fed into the planning and development of the centre services. Amongst the mothers there was a desire for the centre to be **sustained** and they described a range of activities and ideas for the future, including increased provision of activities for school aged children and better facilities for baby changing. The request for additional space for baby changing in the family centre facilities is currently being addressed

In addition the mothers were keen to have training and development opportunities, for future educational and employment aspirations: including sign language, first aid, ITC and confidence building.

Father's focus group

Seven fathers participated in the focus group.

Reducing isolation was a key reason for the father's engagement with the centre, together with diagnosed or experiences of mental health issues (mainly depression). Some of the men were referred by health and social care agencies, whilst others had heard positive things about the centre from other men in their communities.

Father described their continued engagement with the centre and with this group in terms of **feeling safe**, they desired a space which would allow them to be frank about their concerns, anxieties and worries about being fathers and the group provided this. Coupled with this was the familiarity they experienced at the centre described as: "feeling like home or being at a friend house"

Fathering, becoming a father and being a father with other men was a key theme expressed in this group. The complexities of being a father in their families included, being stigmatised, not knowing how to be a parent, having had no or inadequate role models in their own childhoods, and this led the men in this group to desire to be better fathers. Forming appropriate nurturing and safe attachments and bonding with their children was deemed important, for example, one man Stuart described how his own levels of stress had led to his partner taking care of their infant daughter and he had wanted to get involved but was unsure how to and feared that he would be viewed with

suspicion if he took care of his child's physical care needs (nappy changing and feeding). "Being with other guys", "talking to other men", sharing experiences, concerns and anxieties about their roles had helped Stuart to understand how to participate in his child's care and develop a positive and safe relationship with his child.

A recurrent comment from the fathers in this group was how the centre, and the father group specifically provided them with **Me Time**. With all of the men experiencing some form of mental health issues which at certain times dominated their lives, the safe, nurturing and accessible environment created by the staff allowed them to relax and be themselves. Having this time and space for discussion, socialising and reflection was highly valued, as was the practical support and advice they received from the staff team and other fathers.

The fathers had learned that **respect** was multi-dimensional: they respected each other's views and opinions, listened carefully to each other and encouraged each other to share and express themselves. Some of the men in the group having experienced mental health issues had low self-worth in terms of their fathering capacity and the group had supported them to develop respect for themselves. The men talked with and about the staff and their work and commitment with respect, they appreciated the time they had in the group and made good use of this, sticking to topics and focusing on the group activities.

The fathers appreciated the fun side of the centre activities, camaraderie between the staff and themselves, contributing to the centre by participating in the Voices for Change group and making decision about how to spend an allocated budget as well as contributing to the planning of activities and ideas for activities. The men found that being involved in the centre had helped them to be parents and make more of themselves. There were no particular changes the men discussed except that they wanted the centre to remain and continue. Before there was a centre there were flats above shops with nowhere for parents to meet.

1:1 Interviews

Interviews took place with mothers and fathers as well as the centre manager and a senior family support worker.

Parents' interviews: (See Appendix 2 for questions)

Across the data, the parents who acknowledged that their own mental health needs and need for support attended the centre for similar reasons – support with a child, to rebuild confidence, tackle some of the symptoms of depression, and reducing isolation. One father commented that it allowed him to: "let off a bit of steam". An important aspects of engagement with the centre was the: "welcoming atmosphere", "you can just walk in", and "being visible" to staff and peers. The benefits and life changing effects of accessing the services at the centre was apparent in all the interviews. For instance, all the parents spoke of the centre changing their lives, helping them to become better parents, boosting confidence and self-esteem. The staff were perceived as committed and dedicated, recognising when something was wrong and checking this out proactively with parents, listening and helping to solve problems.

Working on attachment and building relationship with children was important to one father who now felt he had a good relationship with his child and recognised changes in her too, with a growing interest in arts activities she accessed at the centre. Another father described how his child's social skills had improved, whilst a mother stated that: *"they've helped me to realise that I can do it"*. Some of the parents now work with the centre on a voluntary and paid basis. There was a willingness amongst the parents interviewed to contribute to the work of the centre through small projects or sharing knowledge and expertise of their own, particularly amongst their peer groups.

The negative perception of the centre in relation to social work involvement was raised by some of the parents. This initially put some of the parents off attending, but once they learnt more about the centre they started utilising the services and encouraged others to do so. Word of mouth was described as the main method of advertisement and raising awareness about the centre and the services it offers. The parents felt more needs to be done to raise the profile of the centre locally as many parents still do not know about it. Peer referrals were a key way in which parents came into the centre, and parents sharing their positive experiences amongst their wider networks helped to reduce the stigma of accessing support.

Centre manager interview:

The centre manager discussed the importance of structures within the centre and several meetings were held with the staff group to ensure consistency in their approach and for sharing information. The centre manager described trying to achieve balance in the work of the centre which was to support children, sometimes this would be therapeutic and mostly would need to involve parents as well. She was trying to respond to the demand of parents for activities for children, and for themselves, which could be accessed elsewhere (local community centre and faith group activities) whilst also trying to offer a responsive and therapeutic action focused family support service which needed to deal with attachment and bonding issues between parents and their children as well as more practical parenting support and advice. The centre manager had tried to address parent needs for support with ITC skills and had realised that territorialism prevented parents from accessing activities in local community centres. The centre manager also described a holistic approach to practice, supporting parents to enable children to develop. Responding to referrals and assessment with practical and emotional support drawing on the range of resources available within the centre and clear targets, for example where a family home is chaotic and lacks structure then supporting parents to establish and maintain routine will be a focus of the initial intervention as this will benefit the child/children and the parents.

The centre manager aims to encourage an environment of trust and reciprocity between the staff and the parents, much of this was achieved through parents being able to access the various facilities within the centre independently, and creatively through the provision of food for communal meals and tea/coffee breaks. Whilst the centre manager described using food as a pull factor for some families, this was not the only reason parents came to sessions with their children. She described how one of the fathers who was training to be a chef delivered a workshop for other parents, and the culture and atmosphere which the openness of this area achieved. Parents are able to help themselves to the kitchen facilities and share these with the staff, where informal discussion and interventions start and continue more formally. This might also be the reason why some of the parents in the focus group felt that the centre was safe and familiar. The approach here reflects the mission of the centre that strengthening families strengthens communities and supporting and enabling parents is key to supporting children.

In terms of outcome measures the centre manager described how the current measures are being developed so that they focus on outcomes for the child. Currently measure focus on outcomes for parents but moving towards a child focused approach will better align the work of the centre. The centre manager drew on a recent case of a woman who had three children and had left a violent relationship. The centre were supporting the children with nursery attendance and supporting the mother with accessing wider support, as well as working with social services to ensure that the children were protected when the woman continued her relationship with her violent ex-partner. In The provision of nursery places for the children allowed the mother some respite, and to access support to help her for example attending the well-being group which is co-facilitated by Women's Aid and also facilitated the children to develop emotionally and socially. The centre work with parents and children on a drop in bases and also those in complex situations and being child focused often requires sustained support to parents to assist them to develop coping strategies and access support for other agencies. The nursery staff are working with children from families where there are complex issues, and have developed activities to support children's well-being and where appropriate take a safeguarding role (i.e. in cases where there are child protection concerns). It is not clear how evidence of this work is captured for reporting to child protection referring agencies

Supporting the staff team through regular focused supervision was a key area of work for the centre manager, who had a good grasp of the cases her staff team were working with, and the provision of supervision enabled the staff team to process their own reactions and feelings about cases they were working with as well as enabling them to consider their approach and plans for moving forward with families and particularly dealing with endings as families start to heal. The centre manager described the importance of providing a safe reflective space for the staff team to share their concerns and anxieties about their work and their interventions, as well as opportunities to celebrate and acknowledgment achievements and positive outcomes. Staff retention was important as parents built relationships with workers and on occasion came back to the centre for support when they experienced difficulties. At present there is no way of capturing these contacts

Senior Family Support Worker

In discussing her role the senior family support worker reported that families she was working with had complex and enduring problems, mental health problems, and at the forefront of these and as a result *"are overwhelmed with life"*. Parents may have had deficits in their own parenting which left them ill equipped to cope during times of stress and uncertainty, and some have literacy problems which they sought support for and then began to access or were referred for additional support or mental health assessment for example. Work with families begins with a robust initial assessment, when it might be necessary to involve other agencies, but the worker would remain in contact with the family. Being non-judgemental in the approach to working with families and valuing them was key to their successful engagement and parents continued participation. Advocacy was also an important feature of the work with families and working *with* and *"standing alongside people taking their hand and walking along the road"*, being transparent, honest, nurturing, explaining processes as well as respect for families making their own choices and decisions, particularly where families had experienced being *"let down"* previously.

Seeking support was difficult for many families who had previous experiences of statutory social work services, and put off accessing support from the centre as they weren't aware it was a voluntary sector organisation. The worker recognised that she might not have all the answers to help a family but was confident in her approach to telling a family that and looking creatively at how

they could work together on issues and problems and that it would take time. Being available for families when they needed support was crucial. This availability could begin at 8.30 in the morning when parents arrived at the centre, and being able to access support helped parents to cope and potential crisis situations de-escalated. Being available to parents and families when they have closed the case was a feature of the work deemed important by the senior support worker, and becoming a go to support service for families who trusted the staff and the organisation. Parents who had received support were also encouraging other parents to self-refer adopting peer support strategies.

The naming of the activities was important and whilst the work which is carried out is family support and parenting training, the activities were called something else to encourage participation and reduce stigma attached to “parenting classes” which put parents off attending as they found it patronising.

The support worker drew on several examples of impact of the work of the centre including peer referrals as above and changes in parenting behaviour developed through direct and family group work, for example in improved relationships between parents and their children, improved behaviour management and confidence. This was also apparent in the more practical changes evident in children’s eating habits through the provision of a healthy eating group, and better physical self-care for parents. These activities also reduce isolation as parents are encouraged to lead and participate in the groups sharing their existing knowledge and skills, building their confidence and self-worth as well as reducing stress which impacted on their parenting capacities. These are supported by workers who role model effective behaviour and positive child focused interactions and encourage parents to mirror what workers do in an informal way which engenders an environment of trust, cooperation and partnership and ultimately helps people re-engage with their lives.

Supervision was a much appreciated element of the staff support provided at the Family centre, and this was formally provided every six weeks and informally amongst the wider staff team daily as complex work was standard. The staff team draw on each other’s skills and professional knowledge to support family assessment and intervention plans

The gaps in provision reported by the senior family worker related to: lack of child care provision to enable direct support and /or group with parents when children were not in the Nursery, and the loss of the drop –in post. This worker had been able to deliver immediate support to families as they had no caseload but the posts had not been refunded, this had impacted on families who previously could have had an earlier intervention before problems or difficulties went further.

Observations:

We have observed one workshop activity group which included both father and mothers and was supported by several member of staff and facilitated by two freelance arts/drama workers who are working with a local playwright to develop a play.

Participants included 4 dads, 4 mums, 2 group facilitators: both freelance arts/ drama workers, 2 workers from Ruchazie and a student social worker based in the centre participated in the workshop. The workshop was designed as part of a wider project to consult with community groups about the Scottish referendum and issues of democracy to inform a play and to promote greater political activity, and respect for alternative views and positions. The play *Haw Hen*, will be

developed drawing on the experiences expressed in the groups consulted with and delivered by people in the recovery community: will be actors in the play which will be based on events on a hen night. During the workshop there was lots of good natured banter and chat between the parents. Following introductions and an outline of what the workshop would involve the sessions started with some warm up activities which got the group moving about the room, the workshop facilitators coordinated a series of 12 activities and exercises including role play, small group discussion, whole group feedback and performance of role plays on different topics.

Parents discussed their enthusiasm about the session and confirmed that they had discussions during the run up to Indy ref and Brexit but there was no information provided by the centre. The men's group thought that this would be helpful particularly if there was a 2nd referendum. The women's group acknowledged that they did discuss issues informally with each other and with staff but there wasn't a facilitated space or information available to them in the centre. The individuals in the group engaged in and were vocal in the activities, they sought clarification and gave confident performances in the role play. They listened to each other and exchanged views and ideas and contributed in small group discussions, and wanted to continue the activity even though the session time was up.

There were a range of skills demonstrated by participants in the workshop, including paying close attention, reading, writing, communication, humour, friendship. The group remained focused on activities throughout and there was, plenty of informal nattering and enthusiasm for the activities, evidenced in how participants shared ideas and views and prompting, supporting each other. The staff participating in the activities who encouraged supported individual parental involvement in the group activities. Feedback from parents participating in the workshops was overwhelmingly positive. Without exception the parents who participated in the workshop enjoyed themselves and found it helpful to build their confidence. They described being interested in hearing others views about the referendum and the political and personal issues it raised for them and even though not everyone enjoyed or felt able to participate the role play, they engaged in it where possible.

Feedback about the activity workshop was collated from individual at the end of the session. Getting into the activities is tricky for Steve is difficult but he participated where possible. Stuart felt he had a better understanding of the politics of the referendum, he describes himself as: *"quite shy"* so felt that the workshop: *"helped to open me up to speak to other people"*. Ray said that *"in the workshop it was interesting to see how people interact and interesting to find out other people's opinions"*. Jenny enjoyed *"sharing and hearing other people's opinions, helping the playwright, it was a good experience"*. Tony said: *"it was good, mixing with other people, not just in the dads group, and hearing other people's points of view, role play was ok, I'm not too keen on it but it was ok"*. Marie had: *"lots of fun"*, and enjoyed the role play: *"it was good for building my confidence"*. This was a similar experience for Alice who said: *"I enjoyed the role play it helped me with confidence, and brought me out of my shell and hearing different people's view and opinions about the referendum"*. Susan felt that: *"it was nice to be part of the group again as I've been away a bit"*. The female support worker reported that she had observed how several of the parents who were quiet and shy seemed to open up and: *"come out of their shells"* during the activities, putting: *"a lot of energy and thought into how they could best express themselves during the group activities"*.

Summary

We have met with several members of the staff team on our visits to explore what work they undertake in organising activities and responding to parents' request for activities. Parents in the focus groups and interviews felt that their views and experiences were listened to and responded to sensitively, and parents in both focus groups and in the interviews reported that they and their children benefitted from the groups and activities provided in terms of reducing social isolation, communication with other agencies (benefits/bills/housing issues/ etc....) and of course helping with child development issues and parenting all of these areas of support were clearly expressed in the focus groups. Facilitating and encouraging parents to develop peer support approaches is a key strength of the intervention model in place in the centre.

Relational practice: this was a highly valued way of working which parents commented on frequently in the focus groups and in their interviews with parents. Staff in the centre demonstrated effective, timely, empathic, non-judgemental and empowering communication and support skills in their daily work which engendered trust, cooperation and respect amongst the parents.

Role modelling: parents mirrored the communication and engagement approaches they experienced from staff in their 1:1 interactions and in the group activities observed during the field work period. Parents observed adopted helpful, respectful supportive approaches in their interactions with each other and with staff members.

Centre resources and facilities: these were generally viewed as positive, welcoming spaces, however the mothers particularly felt that the baby changing facilities were poor being too small to change nappies etc... one parent interviewed suggested that the facilities could be extended to accommodate more activities. The research team fed back at the interim stage about this request to the centre manager and provision is being made to extend these facilities.

Informal/formal support: The boundaries between informal and formal support were blurred, and this was a positive aspect of the work being undertaken in the centre. Staff were experienced by parents as calm and calming, providing clear information in accessible ways in their interaction and in their overall communications. An example of this was evidenced by the caretaker, who also transported men to the fathers group and home again. He acted as a sounding board for the fathers, and during the journeys listened to them and helped them to frame and contain their feelings and worries safely.

Recommendations and ideas for action

Measuring impact of Nursery provision on parenting

As noted parents were very supportive and positive about their experiences of using the nursery facilities and felt that the provision was having an impact on their own parenting abilities and capacities. The nursery should explore and capture this in their formal regular meetings with parents for reporting on in the second and subsequent years of the evaluation. For example the nursery key workers might ask parents what they found difficult or challenging and then devise the individual plans to focus on these aspects which could be reviewed regularly through the formal meetings with parents using the outcome measures.

The family centre staff generally reported that they were working with complex cases, and again, measures to monitor and explore referrals to and from child protection services could be used to

evidence this, particularly where the family centre is addressing needs and supporting parents where there are identified risks to children.

Accessibility

Community knowledge about the centre: The centre steering group should consider developing a communication strategy, capitalising on social media, existing local networks and partnerships to continue to promote the work of the centre, the resources available and the activities on offer. Feedback to the centre manager and Quarriers has led to discussion regarding drawing on the expertise of Quarriers communication team to support this development –

This was a feature of the focus group discussion and interviews regarding the perceived stigma and notion that the centre was a statutory social service. Parent play a key role in promoting referrals and this might be developed further with parent's ideas and suggestions through the Voices for Change group.

Longer opening hours was a suggestion from the focus groups, weekends were seen as particularly difficult for some parents, and they would often be waiting for the centre to open on a Monday morning having struggled with difficulties over the weekend.

There is no doubt that parents would benefit from this, however the resourcing of this might preclude its development. The centre steering group might consider a pilot project led by parents involved in the Voices for Change group and supported by the staff team to run activities on a regular weekend slot: making use of the soft play area and other key rooms, providing (at minimal cost to parents) coffee and snacks and a place to chat.

Training and personal development

Opportunities for peer to peer support are being undertaken informally and the centre might consider an accredited scheme, partnering with a local FE college which would lead to a formally recognised qualification¹

The centre might consider how best to encourage and formalise external agencies and organisations coming into the centre and developing opportunities for parents to continue to build their confidence in their parenting and to transfer their skills into personal and professional development. Access courses and online courses could be delivered within the centre or in a local community centre, careful consideration would need to be given to the location given the territorial barriers described by the centre manager.

Activities for older children

It was not possible to observe these or consult with children accessing these in the first year of the evaluation, and this should be a focus for the second and subsequent years. We are aware of several

¹ Scottish Mentoring Network: <http://scottishmentoringnetwork.co.uk/services/training/>

activities being delivered which lend themselves to participant observation and perhaps a discussion /activity group led by children as part of these activities would be feasible.

Participation of parents in the evaluation

Several parents provided feedback about their experiences in both interviews, and in focus groups. We would suggest building on this willingness in the second and subsequent years of the evaluation and working closely with parents to develop their own case studies, document their experiences of using the centre through the use of photo – diaries, or perhaps writing a blog for the centre website.

Case studies

Case examples provided by staff contributing to the evaluation in the first year illustrate the complexities of the work being undertaken in the centre, and the detailed work which is required to support families in crisis and those experiencing trauma. A template (Appendix 3) is included here which could be adapted and used by parents and workers to co- produce case studies for inclusion in subsequent year's evaluation

Quantitative data and outcome measures

The merging of quantitative outcome measures to ensure they focus on outcomes for children was a work in progress during the first year of the evaluation. Measures and outcomes should be a feature of the second and subsequent year's evaluation. The centre manager was developing this approach having had a secondment in another centre whereby child focused outcome measures were in place.

Data capture

It was noted in the interview with the centre manager, and the senior family support worker that some contacts with returning families which are not captured for monitoring purposes. We recommend that a system of recording contacts from previously closed cases is implemented to evidence ongoing issues facing families and workload impacts. A system to follow up with families after 3 and 6 months might also be considered, to check how things are progressing and offer group participation if necessary.

Working with fathers

There is within the work of the centre a commitment to engaging with fathers and the evaluation might explore the processes involved and models of intervention being used with fathers.

Developing services: partnerships

Being responsive to needs was an important factor in terms of developing services for children. For example children's mental health issues were evident from work with families and children in middle childhood and the manager was considering how to develop activities within the centre, recognising

that other agencies provide these services and so finding a balance in terms of delivering new activities or working 1:1 needed to be achieved. The centre manager also reported that developing partnerships with other agencies was an area for development and this might be a focus for the evaluation in the second and subsequent years.

As the first year of the evaluation was coming to a close the research team were advised that a new funding stream had been secured which would develop peri-natal work further. This would enable the nursery and family centre to work more closely with parents

References

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Appendix 1

Ruchazie Family Centre Evaluation:

Focus group questions

1. What brought you to the centre?
2. How has the centre helped you, your children, and your family?
3. How did you find out about the centre?
4. What do you like/not like about the centre?
5. What difference has the centre made to your community?
6. How long have you been using the centre?
7. Tell me about the centre? How would you describe it
8. How would you like to see the centre develop in the future?

Appendix 2:
Ruchazie Family Centre Evaluation
Follow up interviews with mothers and fathers

Does the community view the centre in a negative way? (i.e. need to be with a social worker to access). Why do you think this is?

Do you think that can affect people from going to the centre? Did it affect you?

Do you think the centre is easy to get to?

Do you think a lot of people know about the centre? – Is it well advertised?

What are the main services you access in the centre?

What do you get from going to the group?

How has it affected/changed you/your life? How has it helped you?

What is about the group that keeps you involved?

How can the centre change/develop to better meet your needs? Do you think you can help with this change?

Appendix 3
Ruchazie Family Centre Evaluation
Case study template

Name:

Age: Gender:

Family composition (Parent to complete: who is in your family)

Presenting issues: what were the key reasons for coming to the family centre? (Worker and Parent discuss and agree)

What activities and services did you and your children get involved with?

What changed for you, and your family as a result of your coming to the family centre? (Worker and parent complete)

What advice would you give to other parents experiencing similar problems/difficulties as you?