

Turning points or turning around

Family Coach Work with 'troubled families'

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Abstract

The study aimed to discover how family coaches work intensively with families with moderately complex problems bringing together perceptions from 20 families, 20 coaches and six other professionals, and exploring potential savings for 50 family cases. The Family Coaching Service is part of the English government's 'Troubled Families' payment by results initiative, seeking to help families 'turn their lives around' to save state spending on anti-social behaviour, worklessness and school absence. Results show the work to be a staged process, over six months with the coach combining practical help with relationship building to engage families, set and achieve goals and negotiate endings. Cost savings were made in 82% of cases. Family coaches find the work rewarding but emotionally demanding. Families say their coach is special and different, and describe potential turning point experiences stemming from the work with their coach. There is clear congruence in the perceptions of the service from families, coaches and other professionals. Some tensions were evident in the work with other professionals and in managing relationship boundaries with families. Relationship-based help offered by para-professionals may offer

a promising model of family support that statutory social workers in particular can learn from and engage with.

Keywords: relationship, troubled families, family coach, turning points

Introduction

This article offers findings from the evaluation of the first year of a high intensity Family Coaching Service (FCS) operating across three London Boroughs (Westminster [WCC], Royal Borough of Kensington and Chelsea [RBKC], and Hammersmith and Fulham [LBH&F]; the Tri-borough) to support families with moderately complex problems (Brandon, Sorensen, Bailey, Connolly, Thoburn, & Cooper, 2014). The service is funded as part of the English government's 'Troubled Families' initiative which was launched in England in 2011 as a result of the coalition government's concern that a minority of families are proving very costly to the state. The initiative aimed, ambitiously, to 'turn around' the lives of 120,000 'troubled families' who were described by the government as families "... who have problems and often cause problems to the community around them, putting high costs on the public sector" (Department for Communities and Local Government [DCLG], 2012, p. 9). The aim of the Troubled Families initiative, and hence the Family Coaching Service, is to reduce youth crime and family anti-social behaviour, increase youths' school attendance and reduce the number of adults receiving out-of-work benefits. Local authorities (like the Tri-borough) were funded by the government on a partial 'payment by results' model receiving up to £4,000 per family. In

order to claim the payment in stages, local authorities were obliged to first identify set numbers (identified by the Government) of eligible families, and then document and return data indicating successful outcomes for families against a range of pre-set measures.

The government's second phase of the Troubled Families initiative (which began in 2015), was spurred on by the Prime Minister's claim that £1.2bn savings for the tax payer have been achieved by 'turning around' the lives of 99% of the targeted families. There is not yet, however, a comparison of the costs and savings of families receiving the service with the costs and savings of matched families who were not part of the service, nor any longer term follow up. It is possible that similar progress could be made by families without this particular support, and/or that the gains made will not be sustained (Battye, 2015). Although the second phase is intended to reach an additional 400,000 families over a period of five years, the results-based funding has been halved to a maximum of £2,000 per family. It may be that local authorities, having recognised the benefits, will be expected to supplement this central government funding. Alternatively local authorities will need to extend this service to potentially more 'troubled families' with less funding per family.

The Troubled Families initiative is not without controversy and has been criticised

for its coercive 'care with consequences' approach to practice with so-called 'nuisance' families where sanctions can be applied (for example eviction) if the family do not change their behaviour. Thoburn and colleagues argued that the coercive sanctions aspect of the approach was key to securing funding and was highlighted by politicians to gain support for government expenditure (Thoburn, Cooper, Brandon, & Connolly, 2013). Others have criticised the focus on changing the behaviour of families rather than changing the social circumstances and lack of opportunity that prompts the challenging behaviour in the first place (Hayden & Jenkins, 2015). Many have argued that although these families' problems are most often underpinned by poverty there should not be an association between poverty, anti-social behaviour and criminality (Bywaters, 2015; Hayden & Jenkins, 2014; Levitas, 2012). In a global climate of austerity, demonstrable effectiveness secures long term funding. Since the evidence of the success of family support schemes more widely remains weak (Schuerman, Rzepnicki, & Littell, 1994; Tausenfreund, Knot-Dickscheit, Schulze, Knorth, & Grietens, 2015), the long term future of such schemes is precarious unless success can be demonstrated by savings as well as by family outcomes.

Family engagement is also crucial to the success of a service. Given the stigma associated with statutory social work in England (and elsewhere) the name given to an intensive family support service arguably needs to be carefully chosen to promote engagement. The term 'family coach' has positive connotations and is starting to take hold around the globe, for example in the Netherlands and in Australia (Shen et al., 2015; Tausenfreund et al., 2015). As an ap-

proach for supporting families, coaching is non-stigmatising for recipients and potentially offers job satisfaction for those who are acting as a coach. Although effectiveness studies of the diverse array of coaching in different contexts and settings are not robust, they do show that those being coached value their coach's demonstration of caring and integrity as well as their skills in listening, questioning and constructive challenge (Hall & Otazo, 1999). In this respect the concept of family coaching fits with the aims of the Troubled Families initiative and can make a contribution to relationship-based family support and early help services.

Prevention and practice

There is a strong international consensus shared by policy makers, the research community and practitioners that intervening early, before problems become entrenched, is the best way to help families with difficulties and also to prevent child maltreatment (Laming, 2009; MacMillan, Wathan, Barlow, Fergusson, Leventhal, & Taussig, 2009). Help is rarely offered early enough however and once families have multiple and complex needs they may benefit from a more intensive service. Models of intensive 24/7 family preservation services, for example using the 'Homebuilders' model originating from the US, have been adopted in European countries like the UK and the Netherlands (De Kemp, Veerman, & Ten Brink, 2003; Kinney, Haapala, & Booth, 1991). These services have tended to be of very short duration (one month) and to be delivered to a very small number of families in their own homes by highly qualified and experienced social workers

or other professional clinicians (Schuerman et al., 1994).

Adaptations of these intensive family preservation services have been devised in England to offer a less intensive but still home-based service to whole families which is of longer duration. To offer services to a wider number of families at a potentially earlier stage, and to be less costly, the services have usually been delivered not by qualified social workers or other clinicians, but by a predominantly *para-professional* workforce with a range of work-related backgrounds and experience. Key components identified by English government departments for effective early intervention services are: a dedicated worker; practical 'hands on' support; a persistent, assertive and challenging approach; a whole family approach; a common purpose and agreed action (DCLG, 2012, p. 6). The importance of building a good relationship between the practitioner and the family has also been emphasised as a key component of effective practice (Casey, 2012). A whole family approach coordinated by one specifically allocated worker was seen as central to the Troubled Families initiative and to the Tri-borough Family Coaching Service (Casey, 2012).

Attempts to offer intensive support services more widely have been part of the English government's agenda since the Children Act 2004, initially as part of the 'Respect Action Plan' of 2006 (Parr, 2015). These intensive support services have continued to be funded and expanded during periods when most other non-statutory support has been cut as part of the austerity drive. The continuing existence of these intensive family support services has effectively produced a new and expanding occupational role for key workers and also,

potentially, a role for social workers working alongside or supervising this new workforce (Brandon et al., 2014; Parr, 2015).

Relationships and professional/para-professional practice

The focus on relationships in intensive family support services mirrors the importance of relationships in social work. There has long been an emphasis on the centrality of relationship-based practice in social work as an important means of enabling a sense of better self-worth and of promoting positive change in individuals and parents (Howe, 2014; Ruch, 2005). However, relationships are at risk of being obscured and squeezed out of social work in many countries including England (Munro, 2011). The loss of the primacy of relationships has been linked to the increasing volume of casework and the growing burden of bureaucracy associated, particularly, with child protection (for example screening, recording, meetings, and court proceedings). This is apparent in statutory social work and increasingly also for those employed in third sector agencies which receive state funding (Featherstone, White, & Morris, 2014).

Continuity of worker and sufficient time for direct contact are needed to establish and maintain relationships (Laming, 2009). Treating families and their problems as a series of brief tasks to be dealt with undervalues the fact that the work is done in a relationship. Without attending to the relationship considerable distress will be caused to children and their parents (Munro, 2011, p. 20). Where the public perception of statutory social workers, shared by families receiving services, is that the social worker's role is to assess the adequacy of

parenting there is often fear and suspicion of services offered and fear in particular, that their children may be removed (Howe, 2014). The relationship-based aspects of the encounter between local authority social workers and families is increasingly being passed on to workers without professional qualifications while social workers attend to the families with the highest risks and make key decisions, monitoring the child's safety, often through meetings. There is a backlash against this trend in social work with repeated arguments for the humane, relational aspects of social work to be reclaimed by the profession (Featherstone et al., 2014).

Turning points

The Troubled Families literature and rhetoric emphasises the entrenched nature of the difficulties faced by most families who would be eligible for the scheme, where problems have generally accumulated over long periods of time and numerous professionals have been attempting to intervene with little success (Casey, 2012). The aim of 'turning around' the lives of these families presupposes that their downward spirals of fortunes and behaviour can be shifted to upward spirals of improved functioning across a range of domains including achieving a better sense of self-worth. This might arguably imply that some family members will be expected to experience a transformational 'turning point' or 'wake up' moment through their involvement with the service.

Rutter (1996; 2006) has explained how turning-point experiences can effect a marked discontinuity in individual development resulting in a change in the quality and direction of the life-trajectory. He also

links positive turning point experiences to resilience. Studies examining participants' perceptions of 'turning point' experiences show them to be life-changing or to open up opportunities during periods of transition (Tavernier & Willoughby, 2012). A turning point (which can be positive or negative) can also be understood as a transformative event in which a relationship is changed in some way (Rutter, 2006). Identifying a specific theory of change or cause of change is complex; the turning point may reflect a stage in the life course or genetic or biological make up rather than a response to external events; also major life events may accentuate rather than alter individual characteristics (Rutter, 1996).

How individual relationships impinge on the turning point experience is not well understood and if, as Rutter points out, there is no hypothesis about a particular process to test (Rutter, 1996) the catalyst for the turning point experience is open to further exploration and debate. How turning points manifest themselves have been of interest in studies of recovery and survival from, for example mental illness, domestic abuse, substance misuse and child sexual abuse (Easton, Leone-Sheehan, Sophis, & Willis, 2015). In Easton and colleagues' secondary qualitative analysis of the '2010 Health and Well Being Survey', 250 male survivors of abuse responses indicated that influential relationships constituted a significant aspect of 'turning' towards recovery. These influential relationships included professional support as well as personal relationships with spouses/partners.

Hass, Quaylan and Amoah (2014) argue that it is the notion that these events are "perceived" by those experiencing the turning point as life altering that is important in creating change, since it is the process of

interpreting and making sense of an event that renders it significant. They contend that this subjective or phenomenological quality to turning-point events lends itself well to a qualitative approach to research about turning point experiences and their fit with relationships.

Aim

The aim of the study was to discover how family coaches work with families and how they are supported in this work; what the families feel about the service; and what the potential savings are from the FCS. We intended to provide a deep thematic analysis of how the service is working from a number of different perspectives. The evaluation also builds on the learning from the study of a similar Westminster service (the Westminster Family Recovery Project) aimed at families with more complex problems (Thoburn et al., 2013). The research questions (RQs) were as follows:

1. How are family coaches trained and supported?
2. What do the family coaches do? (How are they working with families, who are they working with?)
3. How is their role perceived (by families, coaches and other professionals)?
4. Do families perceive there to be any benefits from the service?
5. What are the potential savings from the family coaching service? In which domains (education, housing, crime and anti-social behaviour, child protection, mental health and substance misuse and benefits) are savings most readily achievable?

Method

Procedure and setting

The evaluation took place over a period of 16 months (March 2013 - June 2014). The methodology was designed to elicit understanding about how the service was delivered, whether it was delivered in stages, and how it was experienced by both families and workers. The evaluation involved qualitative and quantitative aspects. The distinctive characteristics of intensive family preservation services linked (loosely) to effectiveness are its home-based approach, the ready availability of the worker, and a low caseload for the worker to ensure an intensive response (Hanssen & Epstein, 2006). At its core the model proposes that the service components should be tailored to meet individual needs, while strengthening the family to reduce the risk of out-of-home care and protect the safety of children (Berry, 1997).

These eclectic and diverse features were also part of the FCS adaptation of intensive preservation services where families worked for six months or more with a family coach who typically saw them once a week as well as offering them telephone coaching and co-ordinating their existing helping network. Each family coach had a caseload of ten families and offered practical support around debt, parenting, housing and mentoring through relationship-based work with all family members, prioritising support and addressing difficulties.

Participants

All but two of the 22 family coaches employed by the Tri-borough agreed and were

able to be study participants. The sample of 20 coaches was predominantly female (all but four) and was between 21 and 50 years of age. The majority identified as Black/Black British (56%), with the remainder identifying as White or Mixed or Asian British. Over half (11) were educated to graduate level or above and additional qualifications included teaching, therapy (art and psychodynamic), social work and interpreting. Seven of the 20 coaches (35%) were qualified social workers. Those with no formal qualifications had a host of paid or voluntary experiences, like mentoring, sports coaching, advocacy, respite care, management and retail.

There were 20 participant families. All families who had recently completed or were currently part of the FCS were given the opportunity to participate and were given a flyer about the study by their coach. Those families who expressed a willingness to take part either to their coach or to the research team directly, were selected, making sure there was an even spread among coaches and the three separate boroughs. As families agreed to take part, interviews were undertaken. In 13 of the 20 families (65%) at least one parent was of minority ethnic origin. Almost two thirds of the families (65%) were lone parent families (including one lone father and a lone grandmother). In addition to two out of three of the major Troubled Families criteria (adult worklessness, family anti-social behaviour [including youth crime], and poor youth-age school attendance), the 20 families typically had financial problems and needed help to prevent evictions. They also had difficulties managing the challenging behaviour of teenagers. They were typical of other families in the FCS and all had been selected for the FCS because they had not

made progress through using existing services.

Participants for the other professionals' focus group were recruited from a list of 37 names provided by the Tri-borough of those who had some involvement with the FCS. We made contact with 25 of these professionals and five from education (schools), housing and social work ultimately agreed and were able to take part in the focus group.

Instruments

Interview with families. The perceptions of family members about the service and its benefits (RQs 3, 4) were gleaned from interviews with members of 20 families. Interviews were conducted using a pre-designed semi-structured schedule and took the form of a relaxed discussion covering the circumstances of the family at the beginning and end of the service, the family's views of the service, and what they thought would make a difference to their ability to manage their problems longer term. Interviews were carried out by the lead researcher (Sorensen) or by the study's principal investigator (Brandon). The first three interviews were used as a pilot but no changes were needed and these were included in the study. The majority of interviews were face to face but six families chose to be interviewed by telephone. Wherever possible families were interviewed as a group but, despite our best efforts, that was only possible in eight cases (40%). Most interviews were with a mother (or in one case the father) only. All face-to-face interviews took place in the family home and were audio recorded with the permission of the family.

Developmental workshop with family coaches. To answer RQs 1, 2, 3 and 4 two consecutive workshops were held with the 20 family coaches, each lasting three hours. All coaches presented a case study at the first workshop which was followed up at the second workshop. The cases were used as points for discussion and enabled explorations of the work and coaches' reflections on their practice. Workshop discussions were audio recorded with the permission of all participants.

Case study diaries. Further evidence for RQs 1, 2 and 3 came from case study diaries completed by family coaches for up to five families over a six week period between the developmental workshops. Coaches were asked to select cases that represented the range of families and family problems they were working with. Diaries were structured to help us understand the nature and process of the service and the coach's reflections on the work with each family (Brandon et al., 2014, Appendix 1).

Focus group with other professionals. To consider the perceptions of other professionals of the role of the family coach (RQ 3) a focus group was held with five participants from education (schools), housing and social work.

Supplementary interviews and Tri-borough information. To gain further data for RQs 1 and 2, four managers and two triage staff were interviewed by telephone. The interviews, designed in accordance with topics that were raised in the developmental workshops and in the interviews with families, were audio recorded. Observations were also undertaken of the way the Tri-borough database and triage system were used to decide which families identified as 'troubled' should be offered the family coaching service (RQ 2). The overall

Family Coaching Service was aimed at 40% of the target of 1,730 families (across the three boroughs over three years). Eligible families for the service were those who met the relevant Troubled Families criteria at the more severe end of the scale and had moderately complex problems and needed a more intensive whole family approach to make progress.

Potential savings checklist. To form the basis of the detailed analysis of potential savings (RQ 5) 50 anonymised cases from all three boroughs (WCC 22, LBH&F 16, RBKC 12) were selected by the Tri-borough from a total of 622 cases and provided to the research team in Excel format. We asked the Tri-borough to select the cases randomly. The instrument used to evaluate potential savings was the Troubled Families Cost Benefit Analysis Tool v.6.

Data analysis

Qualitative analysis. All transcribed data from interviews and workshops were analysed using thematic analysis (Braun & Clarke, 2006). This 'bottom-up' approach allowed themes to emerge from the data and provided new and detailed insight into the lives of families as well as the work of family coaches their managers and other professionals. Coding was undertaken by a single researcher. Analysis was aided by NVivo 10 software.

Quantitative analysis. Detailed analysis was carried out on 50 individual families in order to provide a picture of the costs and potential savings in relation to the families receiving the service. A standardised instrument (Troubled Families Cost Benefit Analysis Tool v.6) was used with updated unit costs from the most recent New Economy

(Greater Manchester) Unit Cost Database to examine the net expected financial saving to the public sector. There were 24 indicators across six broad domains: education, housing, crime and antisocial behaviour, child protection, mental health and substance misuse and social security benefits (Brandon et al., 2014, Appendix 2).

Ethical considerations

The study abided by the guidelines for ethical practice from the British Sociological Association (BSA, 2002), and ethical approval was obtained from the School of Social Work, University of East Anglia ethics committee. In the reporting, some features were altered to preserve confidentiality of families and professionals and all names of people and places have been changed. Families were offered a store voucher in recognition of the time required to participate in the study. All research participants were debriefed and appropriate helplines were provided.

Results

Findings are considered in three parts in line with the research questions, with the first part providing details of family coaches' practice with families and the ways in which they are supported. The second part presents ways in which this service is perceived that might be prompting turning point experiences alongside tensions that emerge in the work with families and with other professionals. Finally, the results of the cost saving analysis are presented.

Family coaching service practice

How are coaches trained and supported? (RQ 1). Family coaches received one week's training from an independent provider 'Interface Enterprises'. The skills package was designed to meet the needs of the newly created team and based on a range of 'what works with families' evidence (Dixon, Schneider, Lloyd, Reeves, & White, 2010). The training was not specifically about the theory and practice of coaching but used a strengths-based approach focusing on engaging, maintaining and sustaining a helping relationship. It also offered knowledge-based training on policies and on topics like mental health, domestic violence, parenting, and risk and resilience in young people as well as reflective practice. Access to user friendly follow-up online training was available to help individual coaches to deal with commonplace dilemmas in interactions with vulnerable families with complex needs. Supervisors valued this additional training for their staff and encouraged them to use it.

All coaches were supported by monthly supervision from FCS team managers/supervisors, two of whom are social workers, while the third is a family therapist. The supervision sessions include case management, education and training needs, constructive feedback, consideration of (para) professional competence, and also time for reflection. Supervisors spoke of a clear cycle of support needs in supervision which is influenced by the experience of the coach as well as the stage of the service for the families. Coaches valued formal supervision and informal support that was available but felt that it did not always meet their needs. Although family coaches derived considerable job satisfaction from contact with the families, almost all stressed the emotional

toll that the work takes on them as individuals, on the team as a whole, and at times on their own families.

What do the family coaches do and how is their role perceived by families and coaches? (RQs 2, 3). The data revealed that the work with each family was undertaken as part of a staged process which is depicted in Figure 1. Coaches were clear that being tenacious, providing practical help and responding to a family’s expressed needs helps to build rapport and encourage progress within a relationship. Once engaged, the overall approach to the work is to prioritise support to avoid overwhelming the family, dealing with the most urgent things first. As one coach said “If someone is sleeping on the floor they are not going to get out and get a job, you have got to get them a bed first” (Coach 1).

Matching, encouraging engagement and setting goals. The process from triage to the coach making contact with the family can take just a few days and rarely takes more than a couple of weeks. Delays tend to be caused by a hold up in matching the family to a coach when the family has specific culture, language or gender requirements.

Some families liked the idea of having a family coach and engaged readily. More often, encouraging the initial acceptance and ongoing engagement was challenging for the coach and required persistence, tenacity

and creativity. Some families only engaged after the coach had knocked on their door numerous times, in one example 2-3 times a week for five weeks, as well as phoning and leaving messages. In this family it was only when the parent was at crisis point that the coach was allowed in to the family home.

Most families had poor prior experiences of working with professionals and were sometimes suspicious of this new service and wary about intrusion. They were also wary about feeling exposed to scrutiny and about letting yet another person into their lives. Some families feared that the coach was a social worker with powers to remove their children, as one lone mother said:

“... I thought she was a social worker and she didn’t want to tell me, so I was really scared at the beginning. I thought that if I made a mistake she would maybe take my kids away, my daughter because she is missing a lot of school she will take her away maybe, so I was really, really worried but it wasn’t that case though, it really wasn’t.” (Family 10)

Once accepted into the home, the family may still vent their anger about previous services, taking out their frustration on the family coach. One coach used the concept of ‘unconditional positive regard’ that had been taught during training, saying: “Let

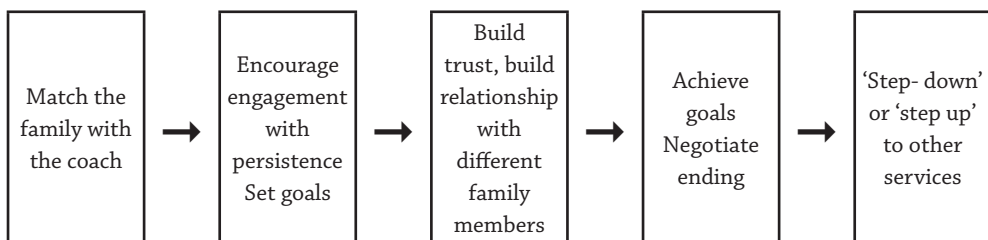


Figure 1. Hierarchy of needs and order of services

them rant the first time you meet without butting in" (Coach 2). Allowing the family time to talk, express disappointment and explain their situation, while the coach listened attentively, was often the key to engaging the family and beginning to establish a working relationship. This made it possible to set goals that the family wanted to achieve (for example not shouting with each other so much at home).

Building trust and making a connection. Not all family members were equally amenable and young people in particular could be unpredictable, engaging only intermittently with certain conversations or activities. Coaches used a range of tactics to make a connection with young people, thinking hard about their interests and influences. One young person was impressed when the coach offered to ask a friend in a phone shop to help get the young person's phone fixed. This illustrated the way the coach used herself and part of her own life to make a connection as a foundation for trust and for building a relationship.

Building trust with one member of the family often had to be done through another family member. One father would not trust the coach until he saw how she was working with his son; likewise, a coach initially engaged with a mother in the hope of instilling curiosity in the daughter – a plan which succeeded. In order to achieve a whole family approach the family coach has to be strategic and accept that different members of a family will be ready to engage at different times in the cycle of the intervention.

Achieving goals. Once they engaged and got to know and trust the family coach, families described how they were able to achieve shared goals and make changes. One mother was relieved that her daughter had started attending school again:

"A big result and because of [coach] my daughter went to school! I was so happy and when she came back from school she said 'Mum oh I miss school, it is not the way I thought, I am so happy, my friends missed me'". (Family 6)

Another young mother had been supported to return to work, first through training and a brief apprenticeship and then through help with job applications. She was delighted to be able to support herself and her children.

Several parents talked about the benefits of emotional support and the subsequent increase in self-confidence which in turn enabled them to engage better with other services:

"It makes it so much easier to talk to other people now that I have had [coach] in my life, if I didn't then I probably would feel more barricaded by the Social Services. When we go to meetings if I feel that I want to say something before I wouldn't say it whereas now it is just easier do you know, I get out there". (Family 11)

Parenting under difficult conditions could make mothers in particular feel inadequate and a little praise "...that pat on your back" and reassurance "... he does make me realise that I am actually OK" made a big difference, especially when parenting skills were being scrutinised by child protection social workers. Feeling more able to parent had knock-on effects on the burden placed on other services for example one family explained that they called out the police much less now that they were able to be more assertive during their daughter's violent outbursts.

Negotiating endings. Although the intervention is designed to last for around

six months, there was scope to extend the timeframe. Anticipating an ending could be difficult for coaches to discuss with families and hard for some families to accept. Many families interviewed said they were not aware of the time limited nature of the service, and some said they would have liked more time with the coach. It was not clear whether the family had not been told initially about timings or whether they had subsequently forgotten.

Coaches felt that for a potentially practical issue, like resolving poor school attendance, six months was long enough but for more complex emotional issues, like the underlying causes of school absence, it was not. The length of time deemed appropriate also depended on the time taken to engage with the family, and their previous history of being disengaged, particularly when it might have taken 2-3 months to establish the relationship and build trust. Some coaches felt that working effectively with a family for six months was an achievable challenge and an appropriate target. It was also seen as a measure of competence for some who felt they would not be doing their job properly if they could not leave the family after six months. Similarly, some felt that ending on time also had the advantage of discouraging the family's dependency on the coach. Excessive family dependency on the coach was a concern expressed by some in the professional focus group.

After the service ends. After the service the sense of a brighter future was expressed by many families as well as new higher aspirations for family members of all ages. This included wanting to learn to read and write, to run their own business, to go to university and wanting to do well at school. The positive outcomes from the families' perspective included having less contact with police,

increased self-esteem, improved parenting skills, improved high school attendance and an improved housing situation. However, some problems such as mental health issues were more difficult to overcome.

When families spoke of the benefits of the service some individuals (mostly mothers) described new positive feelings about themselves and their future. These feelings could, tentatively, be called turning point experiences which interviewees themselves attributed to their relationship with their coach. The comment "... she never lets me down" was heard often and for many families this trustworthiness might have been a new experience that had survived being tested.

How is the coaching role perceived by coaches and other professionals? (RQ 3). Coaches take pride in their practice and like the families see themselves and their practice as different to that of other professionals. They believe this is a reason for their success with families. The qualities they list which they believe account for their successes accord well with the qualities that families recognised in their coach. These included being able to engage families where others have failed, through patience, acting with kindness and having a non-judgmental attitude. As one worker said: "... you do wonder what all these other people have been doing". (Coach 4).

Coaches have the luxury, less often available to most other practitioners, of working alongside families very regularly in their own homes. The role also involves 'managing' and dealing with other professionals. Coaches felt that at times there had been more difficulties with professionals than with the families they were working with: "I am lead professional in six of my ten cases including this one. Pulling stuff together

is probably harder than the work with the family itself". (Coach 5).

Trying to get information from or encouraging the involvement of other workers brings up issues of status and seniority. One coach (Coach 3) spoke of being told by a social worker to 'back off' when she was checking up whether tasks had been achieved. The tenacity that was needed to engage with families was not always appreciated when used with other professionals. Coaches were sensitive to being perceived as pestering and some were fearful that their tenacity with other workers might prompt complaints.

Coaches also had confidence in their role and some felt that they were viewed as 'experts' who knew how to win families round and fix them. In spite of some tensions, many coaches also spoke of excellent working relationships with other practitioners, especially when they were able to work together on cases with colleagues from housing, youth offending, education, police and social services. Nevertheless there was some uncertainty about the way their role was perceived by other professionals, and this was illustrated by some examples from coaches of lack of co-operation and reticence about joint working. Although the coaches were apprehensive about their standing with other workers, the consensus of the single focus group of other professionals was that the coaches were credible colleagues who as one person put it were "... extremely firm but very caring".

Prompting turning points and managing boundaries and tensions

Do families perceive there to be any benefits from the service? (RQ 4). The 20 fami-

ly interviews shed light on what could be prompts for turning point experiences. It is apparent that coaches succeed in making families feel safe, comfortable and at ease. Families see coaches as dedicated and patient, less judgmental than other professionals and perceive them as available and proactive. They describe family coaches as different and special:

"She is like, the other workers stay here for about five or ten minutes, have a quick chat, but she don't, she comes and sit down and she will touch my cat and play with my cat as well. And she brings some treats around for my cat". (Family 9)

These small gestures show a genuine connection with the family. The coaches are able to show how comfortable they feel and this is recognised by the families who feel that the coach behaves like a friend or like a member of the family, although the families are fully aware that the coach is neither a friend nor part of the family. Families would like the coach to be their friend but the boundary between a social and a professional or working relationship is mostly well guarded by the coach and well understood by the families.

However, the intense involvement with families that this new role requires means that the boundary between being a para-professional and a friend to the family can become blurred. Coaches were mostly adept at being assertive if the boundary had been breached but this was difficult to get right, for example when a family was demanding that their calls were responded to by their family coach when she was on leave. One coach reported saying to the family: "Listen to me, I am working with you, I am not your friend, I have never been

your friend and I am entitled to a day off". (Coach 3). Balancing the close work with families with keeping a professional distance may be particularly challenging as the coaches are valued by families for their very personal service: "I just felt it was so personal and I didn't feel like I was a number, a statistic, you know". (Family 20).

The regularity of the interactions (at least weekly) and the ready availability of the coach (including out of hours if needed), meant some families felt reassured and did not call their coach excessively. Others however, tested the reliability seeking contact with the worker very frequently: "... I was calling every minute". Families valued the frequency of contact and were satisfied and surprised at the regular contact. Often it was not always necessary for the coach to spend a long time with the family but rather to be there when needed.

The kindness and time given by the coach to families was often counter to families' experiences of constantly being challenged rather than supported by other practitioners, particularly, as they reported, by local authority social workers. The families that we spoke to were keen to tell us that their experience of the service was that it was different, that their coach was 'in tune' with the family and more sensitive to their needs. While the coaches reported many examples of where they were firm and challenged families, this challenge was perceived as purely supportive by the families we spoke with.

Potential savings from the family coaching service

What are the potential savings from the family coaching service? (RQ 5). The pilot

work on costs savings showed that the satisfaction from happier families might be translating into the potential for significant savings, in terms of the services/support which may be avoided as a result, possibly, of successful outcomes from the coaching service. This appeared to be especially applicable in the domains of education and youth crime but less so for getting families back to work, as in the national picture. The overall results of the analysis of the costs and savings for a sub-sample of 50 families who had received the service was promising (see Table 1). On average there was a mean saving per family of approximately £7,000. Post intervention, 41 of the 50 families (82%) produced cost savings. Similar average savings were made across all three Boroughs; with no statistically significant difference between the savings achieved in the three areas.

Discussion

The aims of the study were to discover how the family coaches work intensively with families and to bring together perceptions from families, coaches and other professionals about how and why the family coaching service appeared to be succeeding or faltering, as well as gauging potential savings from this new service.

Main findings

Findings demonstrate the way that the work with families is conducted in a staged process, usually, over a six month period with the coach combining practical help with relationship building skills and qualities to

Table 1. Unit costs per annum (net value) for 24 indicators used in Troubled Families programme

Domain	Tri-Borough indicator reference	Net benefit value £
Permanent school exclusion	SCE1	£10,632
Fixed term school exclusion	SCE2	£1,795
School Absence	SCA1	£1,795
School Behaviour (Behaviour Improvement Plan or equivalent in place)	SBE1	£5,141
Pupil Referral Unit	PRU1	£8,282
Out of work benefits	BEN1	£6,528
Not in employment, education or training (NEET) – up to age 25	NEE1	£3,274
Family at risk of eviction	EVI1	£545
Family in rent arrears	RAR1	£1,614
Cost of being in out of home care (LAC)	CHP1	£15,772
Child Protection Plan	CHP2	£1,193 *
Child in Need (LA family support)	CHP3	£1,078
Parenting difficulties identified key worker	PAR1	£879
Proven offence in last 6 months – adults	CC01	£550
Proven offence in last 6 months – children	CC02	£1,395
Police callouts to household	PCA1	£28
Anti-social behaviour intervention – adult or young person to age 17	ASB1/ASB2	£4,762
Notified to Multi Agency Risk Assessment Conference domestic abuse victim	DAB1	**
Gangs	GAN1	£2,907
Adults mental health clinical diagnosis	MHE1	£952
Young peoples' mental health clinical diagnosis	MHE3	£252
Adults dependent on alcohol – clinical diag.	ALC1	£1,864
Adults dependent on drugs – clinical diag.	DRU1	£3,449
Young peoples' substance misuse	YPS1	£313

* For the indicator CP2 (child protection plan) a unit cost figure was derived from Hammersmith and Fulham's own data, for the annual cost for work of the FSCP team; Social Investment Bond data supplied by the Tri-Boroughs.

** appropriate unit cost not given in the CBA tool, nor in the Unit Cost Database, but no family saw a change in this indicator, so in the event a cost figure was not required.

engage a number of different family members, setting and achieving goals and negotiating endings. Family coaches find the work rewarding but emotionally demanding and at times overwhelming. They rely heavily on good support from each other, supervisors and management. There were cost savings made for 82% of the 50 family cases examined, with an average saving of £7,000 per family. Family members identified many benefits stemming from the service and there is clear congruence in the way the service is described and perceived by families, coaches and other professionals. However there were some fault lines in this new service as well as promising areas for further development.

This service has some similarities in process and outcomes with the Homebuilders model of intensive family preservation. Similar findings include increased parental confidence in being able to control their adolescents' behaviour and increased confidence in social relationships including being able to engage better with other services (Brandon & Connolly, 2006). The FCS timescale however is longer and more fluid and there is not a strict adherence to a model. Instead coaches are encouraged to use their own creativity about how to engage and help families with progress and goals regularly reviewed with supervisors.

Tensions and possibilities in turning point features. The government claims of overwhelming success for the Troubled Families initiative seems overblown and needs further testing and probing. Any claims of early success from our evaluation similarly need to be presented with considerable caution. Yet our findings give insights into the way that families can feel differently about themselves and their futures after six months or so of intensive involvement

with their family coach. This is not to say that the benefits they describe can be attributed directly to the work of their coach or that the benefits will be long lasting. The way families talk about the service being 'different' and their coach being 'special' raises the question of whether this type of meaningful contact between families and workers can perhaps contribute to turning point experiences. Family members speak warmly about the relationship of trust with their coach as someone who has shown them care, concern and interest. Some parents and young people attribute improvements in their life and their sense of a brighter future directly to the emotional support from this relationship, as well as to practical help given. The coach's persistence is perceived as a demonstration of concern and not as admonishment for failings and families feel supported rather than challenged.

One recurring feature in the family interviews was the close personal connection families made with their coach who they felt was a bit like them. Because the coach is often perceived by families as almost family and like a friend, they transcend the need to have a professional title and moreover a professional title fits uncomfortably with their behaviour, and perhaps their role. There were similarities with Reimer's small scale Australian study of family support delivered by para-professionals where being recognisably like the family and sharing something of yourself was a key finding (Reimer, 2013; 2014). Similar views came from young women contributing to a review of child sexual exploitation services in England where they said that the more someone acted like a 'professional' the more they found it difficult to relate to them. In contrast they specifically said that unqualified

staff were more down to earth, prepared to act as if they were on an equal footing and would share something of themselves with you (Oxfordshire Serious Case Review, 2015, p. 58). While the qualified social workers were equally adept at achieving this sort of close connection there were tensions in their having to deny being social workers whilst in this coaching role.

The degree of closeness engendered in the relationship brought up other tensions in managing boundaries in the relationship and particularly the level of dependency. Although coaches, like families, valued the relationship they sometimes worried about families becoming too dependent on them and other professionals had concerns about this too. The regular and persistent contact from the service encouraged families to experience the coach as reliable and trustworthy which enabled them to learn to accept help. For many families this meant learning to become dependent before feeling confident enough to find their own feet and do things for themselves or, to use language from attachment theory, to 'feel secure and then explore' (Howe, 2014, p. 133). Some other professionals in the focus group also seemed to struggle to accept the validity of a period of dependency implying that coaches were not managing their professional boundaries. This might have been a reflection of the other professionals' anxiety and ambivalence about using 'self' in their own working relationships where they were fearful of letting anyone get too close to them and favoured keeping a professional distance. Alternatively, these workers might have highlighted dependency not only as a potential weak spot in the family coaching service but also as an area of relationship-based practice that is

extraordinarily difficult for even highly qualified and experienced workers to manage.

Tensions in the service. Not all family coaching work was coordinated and delivered by a single defined worker. Instead, in some cases a family coach worked alongside a social worker or other professional. While either working alone or with others seemed to function well in practice, this was not the plan of the DCLG who envisaged a lead role for one key worker or team (Casey, 2012). Problems arose when social workers and others expected to be able to step back while the coach offered a wholly single worker service. There are lessons for the future, and about cost savings, when offering services where there are fuzzy or permeable boundaries, and how they can be managed better. More could have been done in training, case allocation discussions and supervision for the family coaches to help avoid these confusions and clashes as they occurred.

We had no access to case records, and a primarily qualitative study cannot reveal information about prevalence, but from our interactions with workers and families it was apparent that at the end of the service some families' cases were 'stepped down' to a lower level of voluntary or community based service, family befriending, or parent peer support for example, whereas others were 'stepped up' or returned to a higher level of service such as local authority family support or, in one or two cases, child protection. These broad patterns were also recognised in the cost savings work. At the time of the evaluation, the service had no mechanisms for following up the families to gauge longer term outcomes. In contrast with government claims of near total success, our interviews with families indicated some instances

where early improvements had already started slipping after the end of the service. However, information from coaches and families suggested that most families showed evidence of improvements across the required domains of reduced crime, improved school attendance and less anti-social behaviour as well as for many, a better sense of self-worth and higher aspirations. For some, sustaining mental health improvement was not possible and few were able to find employment, in keeping with the national picture.

Limitations of the study

We have confidence that the findings from this small scale but in-depth study can be broadly generalised to intensive family support practice outside of the UK in similarly urban areas. However, there are some limitations not least that most outcomes are from the perspective of the participants only and were not followed up over time. These limitations are somewhat balanced by the triangulation of views from a number of perspectives and roles and the test of congruence that this offers. The cost savings analysis did not include measurements of 'soft' outcomes, for example increased self-confidence, or improvements in family relationships since these are difficult to cost. Another limitation of the cost analysis is that it does not reflect local costs in the Tri-borough, giving instead an approximation of costs. However, this is also an advantage since we employed a national unit costings framework meaning that the cost figures are nationally applicable and readily comparable with the ongoing National Evaluation of the Troubled Families programme.

Implications for research and practice

Further research is needed to test the longer term outcomes for families within individual local authorities and nationally to see whether early benefits resulting from this primarily para-professional workforce are sustainable. More also needs to be learnt, as Parr notes, about the substance of this type of intervention and how a new professional ideology for this group of workers is emerging in practice (Parr, 2015, p. 71). Parr and others have also called for some standardisation and a code of practice for this para-professional group, whilst acknowledging the risks of undermining creativity (Jones, 2012; Parr, 2015). This is indeed a risk as it may be the difference from other professionals that makes these workers so appealing to families.

That family coaches appeared to be encouraging turning points in families, is a reminder of what social work is at risk of losing. Social workers have much to learn from the work of this primarily para-professional group but also much to offer in return. The lack of a professional grounding might contribute to coaches feeling overwhelmed or easily demoralised when family change is not sustained. Managing the difficult feelings associated with struggling families is familiar territory for social workers who could and should have formal roles as part of a service like this, offering emotional support, supervision, consultation and sometimes co-working (White, Morris, Featherstone, Brandon, & Thoburn, 2014, p. 85).

It needs to be acknowledged, however, that the speculative nature of the funding makes the future of this kind of service uncertain and creates a high level of job insecurity for these para-professional workers.

Acknowledgements

We would like to thank all of the families who generously gave of their time to speak with us so openly. Our thanks also go to Na-

tasha Bishopp and the whole family coaching team for helping us to understand how they work and for welcoming us so warmly and enthusiastically.

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