# Royal Borough of Windsor and Maidenhead Innovation Programme: Review of the Research and Best Practice

## 1 Introduction

High level analysis of children's social care data within the Royal Borough of Windsor and Maidenhead (RBWM) demonstrates that two geographically located minority communities are over-represented within statutory children's services. These are the Service (army) and the Pakistani Mirpuri communities whose children appear to be coming into care or becoming subject to child protection plans more frequently and without having previously accessed 'early help'.

This report summarises key findings from the UK research and best practice relating to the provision of family support in its broadest sense for both of these communities. It is organised as follows:



## 2 The Needs and Characteristics of Families

Child and family needs for family support can be extremely varied and include for example:

- Help with a disabled child
- Help with parenting
- Help with family caring responsibilities
- Help with domestic violence or parental substance misuse

- Help with benefits or into work

Family characteristics may indicate a differentiated approach to both the service 'offer' and the engagement of families in thinking about and accessing the service. A bespoke solutions-focused and whole-family approach is often required, particularly for families with additional needs.

## 2.1 The Needs of Pakistani Families

Pakistani families living in the UK form one of the most disadvantaged sections of society[1]. Key issues faced relate to poverty, high unemployment, ill health, low levels of English proficiency, rising 'Islamophobia', men feeling misunderstood and misrepresented, and a lack of faith/culture appropriate facilities for youth and families. These issues are exacerbated when there is a child(ren) with a disability. Also, Pakistani families are often larger in terms of the number of children and extended family living in the same house[2]. Being part of a large family is one of many risk factors for child abuse or neglect.

Pakistan is made up of different states that vary significantly in language, dress and culture. Religious beliefs and values have a strong influence on its society and culture. Islam is the main religion practised in Pakistan and governs people's personal, political, economic and legal lives making religion an important factor to consider when working with Pakistani families. For example:

- Practising Muslim families may not allow 'free mixing' which could impact on a family's ability to seek support[3].
- Babies and children may be seen as healthy if they are on the upper end of the normal weight range.
- There may be a more relaxed approach to timing, and specific times of the day (for example prayer times) may not be appropriate for appointments.
- There may be stigma associated with moving away from an extended family home or unit.
- It is not unusual for extended family members to have input into matters relating to a service user.
- Sometimes an older child is used to interpret and talk about problems: this may be seen by the family as acceptable because an older child is encouraged to take on adult duties from an early age.
- Arranged marriage may expose a lack of understanding about one partner's mental illness and lead to subsequent difficulties in a couple's relationship. Family members may try to keep the mental illness a secret prior to a marriage, or subsequently to prevent stigma[4].

[1] Kramer Roy D (2007). Researching the support needs of Pakistani families with disabled children in the UK. Research, Policy and Planning; 25(2/3): 143-53.
[2] Chattoo S, Atkin K and McNeish D (2004). Young people of Pakistani origin and their families: implications for providing support to young people and their families.
[3] Kanwar S and Whomsley S (2011). Working with Pakastani service users and their families: a practitioners guide. Cambridgeshire and Peterborough NHS Foundation Trust.
[4] Ibid and see this document for other examples and also a discussion about the Pakistani Mirpuri Community in the United Kingdom

These and other factors influence the kind of support families need or are ready or able to access either from each other or from more formal / organised services.

### 2.2 The Needs of Army (Service) Families

The impact of Service life on families can be significant. There will of course be family and parenting needs similar to those of the civilian population. However, there are also a number of features of military life that appear to have an additional impact on families. These include[5],[6],[7],[8]:

- Deployment of parent / partner including abroad and for long periods
- Family mobility (change of home / school / friends and support network)
- Caring for an injured / disabled partner or parent
- Family bereavement
- The culture of military life including often reported negative views around seeking support; dealing with the views of the public including professionals of conflict; personal identity associated with military; or needing to return to civilian life
- What have been described more generally as the 'unique pressures' exerted on relationships and parenting

Family mobility associated with service life can have a detrimental effect on children's emotional well-being as well as their educational attainment[9]. A report by Ofsted (2011)[10] found that service children who are geographically mobile do not perform as well as non-mobile service children. Frequent relocation also presents special challenges for service partners including with finding jobs, career development, continuity and choice in education or healthcare, and finding appropriate childcare[11].

## 3 Access and Engagement Issues

Recent research by the Health Services Management Centre (HSMC) (2014)[12] shows that a range of minority groups can face challenges in accessing and engaging with mainstream provision. Issues affecting access and engagement with mainstream provision for minority groups include[13]:

[5] http://www.thelocaloffer.co.uk/meeting-the-needs-of-service-children-families (accessed 10/6/15)
[6] London Borough of Hounslow and Hounslow CCG (2014). JSNA Factsheet – Military Health and wellbeing.
[7] Rolls L and Chowns G (2011). Meeting the needs of those bereaved through a military death: findings from a literature review and scoping study.
[8] Herritty H, Hudson M and Letts M (2011). Health, welfare and social needs of thet Armed Forces community: a qualitative study. The Royal British Legion and Compass Partnership.
[9] Ofsted (2011). Children in Service families: The quality and impact of partnership provision for children in Service families.
[10] Ofsted (2011). Children in Service families: The quality and impact of partnership provision for children in Service families.
[11] Herritty H, Hudson M and Letts M (2011). Health, welfare and social needs of thet Armed Forces community: a qualitative study. The Royal British Legion and Compass Partnership.
[12] Carr S (2014) Social Care for Marginalised Communities: Balancing self-organisation, micro-provision and mainstream support. HSMC.
[13] Carr S (2014) Social Care for Marginalised Communities: Balancing self-organisation, micro-provision and mainstream support. HSMC.

- **Fear of discrimination**: All of the minority groups in this study had a perception (and/or fear) of mainstream social care services as discriminatory or unsafe, which could lead to a reluctance to engage. People from Black and Minority Ethnic (BME) communities sometimes actively avoided using mainstream services to maintain control of their lives and identities or to avoid feelings of stress and powerlessness. Trust is clearly a complex issue.
- **Uniformity and homogenisation**: The use of administrative categories in mainstream services can lead to stereotyping of BME people. Equally, 'diversity blindness' as an approach to equality can limit the degree to which mainstream support can respond appropriately to particular groups.
- **Language and communication**: Major challenges still concern language barriers for those who are not fluent in English and the effectiveness of interpretation or other communication methods.

Other research has identified that:

- Families who do not speak English as a first language appear often to be less aware of what services are available. A lack of awareness of services is also a key problem for engaging effectively with many of the most disadvantaged families[14].
- Services including Children's centres often face difficulties in identifying the disadvantaged ethnic minority families in their area due to a lack of relevant information, alongside problems with partnership working between local agencies (e.g. health, local authorities and police – in connection with domestic abuse incidents or hot spots)[15].
- Some practitioners or services can also consider it overly costly to provide support in different languages[16].

### 3.1 Access and Engagement Issues specific to Pakistani families

Barriers to accessing services experienced by Pakistani families have been described by researchers as including in particular:

- a lack of awareness of services;
- communication / language difficulties; and
- a lack of culturally sensitive services[17],[18].

[14] Royston S and Rodrigues L (2013). Breaking barriers: how to help Children's Centres reach disadvantaged families. The Children's Society.
[15] Royston S and Rodrigues L (2013). Breaking barriers: how to help Children's Centres reach disadvantaged families. The Children's Society
[16] Royston S and Rodrigues L (2013). Breaking barriers: how to help Children's Centres reach disadvantaged families. The Children's Society.
[17] Raghavan R and Waseem F (2007). Services for young people with learning disabilities and mental health needs from South Asian communities. Advances in Mental Health and Learning Disabilities; 1(3): 27-31
[18] Kramer Roy D (2007). Researching the support needs of Pakistani families with disabled children in the UK. Research, Policy and Planning; 25(2/3): 143-53

Furthermore, due to differences in cultural characteristics, a number of barriers to equal access and use of services may also be generated directly or indirectly by service providers and practitioners themselves. These include[19]:

- Lack of awareness or confidence to address the needs of these families
- Practice that is not culturally competent
- Lack of adequate resources
- Institutional racism (for example, service providers and practitioners may assume knowledge of English or define culturally acceptable practices as abuse)
- Lack of awareness and partnering with relevant Pakistani organisations in the local community

Health and social care training and practice often reflect Western views, ignoring alternative views on childhood, youth and parenting. Consequently, the health and social care problems of ethnic minority families are often blamed on deviant cultural practices and lifestyles. A study of young Pakistani people and their families (2004)[20] found that the majority of parents, grandparents and young people believed professional intervention in situations involving potential conflict between young people and their parents was inappropriate. Both parental authority and the obligation of young people to follow their parents is perceived as a religious duty. While this may not guarantee good parenting, state intervention can easily be perceived as an infringement of the moral and symbolic values embodied within Pakistani family life.

For families with a disabled child(ren) cultural sensitivity can be particularly important, for example in the case of respite services where Halal diet and modesty issues may need to be addressed before parents feel able to allow their child to participate[21]. Research suggests that religious beliefs may be an important element of the coping mechanisms of families and need to be considered and incorporated where possible into safe service provision.

The role of 'family' has been identified as important in terms of support for Pakistani families and in shaping their parenting patterns[22]. For example, in one study[23] many parents reported experiencing depression, yet the majority did not seek professional help except from their family. However, stereotypes of Pakistani or Asian families more broadly as 'taking care of their own' can also conversely mean that their needs are not recognised by professionals[24]. Close-knit communities can create social isolation and some families undergoing difficulties can feel a sense of shame and

[19] https://aifs.gov.au/cfca/publications/enhancing-family-and-relationship-service-accessibility-and/barriers-service (accessed 10/6/15).
[20] Chattoo S and Atkin K (2004). Young people of Pakistani origin and their families. A good practice guide.
[21] Kramer Roy D (2007). Researching the support needs of Pakistani families with disabled children in the UK. Research, Policy and Planning; 25(2/3): 143-53.
[22] Nnadede, Ibiyemi Ibitayo (2013). Parenting in Pakistani families. PhD thesis, University of York. http://etheses.whiterose.ac.uk/4070/ (accessed 12/6/15).
[23] Nnadede, Ibiyemi Ibitayo (2013). Parenting in Pakistani families. PhD thesis, University of York. http://etheses.whiterose.ac.uk/4070/ (accessed 12/6/15).
[24] Chattoo S and Atkin K (2004). Young people of Pakistani origin and their families. A good practice guide.

unwillingness to discuss issues or concerns with their families[25]. This is especially true for Pakistani families with disabled children who can face many negative attitudes in their own communities and sometimes their own family.

Research has also highlighted the need to engage with religious leaders and with the community more broadly to know how best to serve these families[26]. For example, cultural norms may even prohibit seeking extra-familial support, especially for women and children. Traditional gender roles may prevent men from engaging with services or discussing family difficulties[27].Women who report violence within the family may risk their reputation and bringing dishonour to the family[28]. Women may fear reporting violence because it could exacerbate the problem and may lead to separation or divorce and loss of their children.

### 3.2 Access and Engagement Issues specific to Army families

Military families have the same access to support as civilian families but can also access support from Armed Forces welfare organisations, Soldiers', Sailors' and Airmen's Families Association (SSAFA) who are commissioned to provide safeguarding services on behalf of the Ministry of Defence, relevant families' federations and the British Legion[29].

Local authorities have the statutory responsibility for safeguarding and promoting the welfare of the protection of the children of the service families in the UK. The Armed Services provide welfare and family support services to augment those provided by local authorities. In the Royal Navy (RN) this is provided by the Naval Personal and Family Service (NPFS) and the Royal Marines Welfare Service; within the Army this is provided by the Army Welfare Service (AWS); and in the Royal Air Force by the Soldiers', Sailors' and Airmen's Families Association-Forces Help (SSAFA-FH)[30]. The Army Welfare Service Website (UK) states that the aims of the service are:

*'..to help serving married and single personnel and families with any personal or family difficulties that arise, by providing a confidential, comprehensive and professional welfare service.*

*A mixture of military and civilian Army Welfare Workers are available in the UK, British Forces Germany and BATUS (Canada). Casualty Key Workers* are also available in the UK to provide specialist support to injured soldiers.'

[25] Chattoo S and Atkin K (2004). Young people of Pakistani origin and their families. A good practice guide.
[26] Nnadede, Ibiyemi Ibitayo (2013). Parenting in Pakistani families. PhD thesis, University of York. http://etheses.whiterose.ac.uk/4070/ (accessed 12/6/15).
[27] https://aifs.gov.au/cfca/publications/enhancing-family-and-relationship-service-accessibility-and/barriers-service (accessed 10/6/15).
[28] Andersson N et al (2010). Barriers to disclosing and reporting violence among women in Pakistan: findings from a national household survey and focus group discussions. Journal of Interpersonal Violence; 25 (11): 1965-85.
[29] Ofsted (2011). Children in Service families: The quality and impact of partnership provision for children in Service families.
[30] http://www.safeguardingchildren.co.uk/section-2-procedures.html (accessed 10/6/15)

Huebner and others have recently suggested that the particular barriers to accessing support for army families relate to service[31]:

- **Awareness** – parents' knowledge of specific programs, supports and their benefits
- **Accessibility** – parents' perceptions of ease of access—in terms of timing, location, and customer service issues
- **Acceptability** – parents' perceptions of whether or not it is really okay to seek services or supports.

Other recent research describes two main issues impacting on the ability of local authority services to 'reach' military families[32]:

- **Lack of information about families** – a lack of information may impact on a local authority's ability to identify service families in their community. It may also be difficult to access information from other areas where the families have lived or other organisations already involved in their care (including military welfare organisations). A recent report by Ofsted (2011)[33] found that none of the local authorities surveyed could identify with certainty the number of service families and ex-service families within their communities, and that there is a lack of accurate data on children moving between areas. Local authorities participating in this survey reported that they were uncertain about the number of service children in their schools as there was no requirement for Service and ex-Service families to disclose their Service backgrounds for the school census.
- **Military culture** – what has been described as a culture whereby seeking help is seen as a weakness, potentially preventing families coming forward for help. Military service members and their families have reported the availability of many services but voiced deep concerns about the stigma accompanying the actual use of these services and supports[34]. Issues of confidentiality and the difficulty in maintaining it were frequently cited. The stigma reflected concerns about being perceived as weak by their superiors, subordinates, or even fellow service members if it were known that they needed any support, thus negatively impacting their career trajectory. This 'display of weakness' can be especially felt if the support needed relates to relationship troubles or domestic violence[35]. Reference has also been made to the "make do" military mentality which deters service members and their families from seeking help[36].

[31] Huebner A et al (2010). Military family needs assessment: final report.
[32] Ofsted (2011). Children in Service families: The quality and impact of partnership provision for children in Service families
[33] Ofsted (2011). Children in Service families: The quality and impact of partnership provision for children in Service families.
[34] Huebner A et al (2010). Military family needs assessment: final report
[35] London Borough of Hounslow and Hounslow CCG (2014). JSNA Factsheet – Military Health and wellbeing.
[36] Herritty H, Hudson M and Letts M (2011). Health, welfare and social needs of thet Armed Forces community: a qualitative study. The Royal British Legion and Compass Partnership.

# 4 What Works in Promoting Access?

## 4.1 General Features of Good Practice for All Disadvantaged Families

Key features in identifying needs and targeting support particularly for disadvantaged families include: [37]

- Building effective partnerships
- Drawing on local knowledge and understanding of local needs
- Emphasising the importance of access to high quality childcare in order to support disadvantaged families
- Finding ways of overcoming barriers to sharing data
- Being outcomes focused.

## 4.2 Features of Good Practice for Marginalised Communities

The HSMC (2014)[38] highlights the benefits that can be achieved through mainstream social care providers working in partnership with local community based organisations. These include:

- Helping seldom heard people to engage with mainstream services
- Reducing stigma, creating new opportunities for self-help / mutual support and social / emotional support
- Improved cultural intelligence and giving communities a collective voice
- Broader and more holistic understandings of support

Small specialist and community organisations have specialist knowledge with regard to cultural intelligence and values and can help access to and awareness of mainstream support. They can also help mainstream services to develop capacity around communication and cultural competence. Small community-based initiatives can integrate non-conventional or broader support and activity sources for individuals and communities in a way mainstream services often cannot[39].

Other effective strategies for responding to marginalisation by mainstream services have been described in the following terms[40]:

- **Assets and community mobilisation** - People and communities who have found statutory, mainstream services problematic can be instrumental in finding appropriate solutions themselves. This type of compensatory activity needs

[37] Lord P, Southcott C and Sharp C (2011). Targeting Children's Centre services on the most needy families. LGA Research Report.
[38] Carr S (2014) Social Care for Marginalised Communities: Balancing self-organisation, micro-provision and mainstream support. HSMC.
[39] Carr S (2014) Social Care for Marginalised Communities: Balancing self-organisation, micro-provision and mainstream support. HSMC.
[40] Carr S (2014) Social Care for Marginalised Communities: Balancing self-organisation, micro-provision and mainstream support. HSMC.

recognition and investment. Its existence does not imply the mainstream should fail to address the needs of these groups.

- **Reciprocity and social inclusion** - Small community-based initiatives can not only respond to the particular needs of marginalised communities but may also have benefits for the wider community in terms of social inclusion and cohesion.
- **Informal networks and self-organisation** - Practical and emotional support can be generated through informally arranged peer support and social networks. However, cultural assumptions and stereotyping means that self-organisation can be misunderstood by mainstream services and staff.
- **Effective partnership working** – is considered essential to ensuring the identification of disadvantage families and the provision of the holistic support they need, and allows outreach to be more targeted[41]. Working in partnership with local community groups can be particularly important for engaging with hard to reach groups.

Effective strategies for engagement of marginalised communities identified by Children's Centres have been described as[42],[43]:

- Well-located services: for example, a Children's Centre co-located with a nursery so is visible to families attending the nursery and enables easier advertising of services to this group.
- Engaging families through universal services: placing services which all may access in a Children's Centre helps 'get people through the door' and introduces them to other services. This could include using the Children's Centre for baby weighing clinics, employment and benefit advice sessions or Child in Need meetings.
- Joint visiting: health visitors being accompanied by a member of the Children's Centre staff is described as an effective way of engaging and supporting disadvantaged families.
- Creating a welcoming, non-judgemental environment and a sense of community around a Children's Centre – seen as essential to the sustained engagement of disadvantaged families. The environment in which services are delivered should be 'non-clinical' and clearly differentiated from social services.
- Use of 'community ambassadors' and volunteers (other parents) to encourage and support parents to use services and promoting the centre to local families.

  **Use of community ambassadors or volunteers**

  In one Children's Centre a Bangladeshi parent has helped to run a session including help with translation. This has encouraged other Bangladeshi families to use the service.
- 'Engage first' approach - encouraging families to attend a community event or other activity where there is a stand run by the Children's Centre providing information about services available. This enables professionals to meet families

[41] Royston S and Rodrigues L (2013). Breaking barriers: how to help Children's Centres reach disadvantaged families. The Children's Society.
[42] Royston S and Rodrigues L (2013). Breaking barriers: how to help Children's Centres reach disadvantaged families. The Children's Society.
[43] Lord P, Southcott C and Sharp C (2011). Targeting Children's Centre services on the most needy families. LGA Research Report.

on an informal basis and to establish a relationship. It can also encourage families to attend who may not necessarily come into contact with the centre. Examples of events are fun days organised in the school holidays for school aged children or a 'party in the park' for the whole community.

- 'Targeted engagement model': those identified as vulnerable are specifically targeted and an activity undertaken to provide an opportunity for professionals to have contact with families that may otherwise not have happened.

**'Targeted engagement model'**

One Children's Centre has provided a cooking club for children. 6 school age children were selected to be involved based on information provided by the school (e.g. poor attendance) or through previous contact with the centre. All children were identified as vulnerable. Once a month the children cooked dinner with the Children's Centre manager and Special Education Needs Coordinator. Parents were invited to arrive a few hours later to join them for dinner. The children were also able to invite professionals that they worked with to join them. This approach provided professionals with some insight into the issues the families were experiencing and the opportunity to introduce themselves to the family on an informal basis.

### 4.3 Features of Good Practice for Pakistani Families

Partnership working between different community organisations and professionals has been described as are critical to enhancing trust and mutual respect and engaging with Pakistani families. Chattoo and Atkin (2004)[44] suggest the need for this to be based on a way of thinking that challenges ethnocentric values[45] underlying current practice and engages with the complexity of family life.

Promoting equal access to the provision of family and parenting support depends upon services being sensitive to the needs of different cultural and ethnic groups. Involving individuals and organisations in the development and management of services who have close links with different black and minority ethnic groups within the community being served is one important way of achieving this, as is monitoring service take up in response to identified local needs.

The London Borough of Tower Hamlets (2010) identified the following broad determinants of effective service provision for a diverse including Pakistani community[46] for the purposes of the DCSF 'Think Family Toolkit':

- **Partnership with community groups** who often have long-established representation through various bodies in the statutory and voluntary sector. Liaison with these agencies can provide valuable insight into methods of accessing target groups and potential matched funding or other shared

[44] Chattoo S and Atkin K (2004). Young people of Pakistani origin and their families. A good practice guide.
[45] the belief in the inherent superiority of one's own ethnic group or culture and the tendency to view other cultures from the perspective of one's own.
[46] DCSF (2010). Think Family Toolkit: Improving support for families at risk. Guidance note 02.

resources.

- **A diverse workforce representative of the local community** that can greatly help in the recruitment and retention of parents on parenting programmes. This means active recruitment and training of facilitators from specific cultural and ethnic backgrounds, preferably with the ability to deliver parenting programmes through a community language if needed.
- **User-friendly locations**: some minority groups have specific community locations, such as an Islamic centre, which can be used. Centralised venues such as schools can also sometimes be convenient for parents, with a course or group starting after they have dropped off their children. This also has long-term benefits of making families welcome in their children's learning environment, promoting further parental engagement.
- **Personalised methods of communicating with and 'recruiting' parents** into participating in services which are much more effective than posting out general information or invitations. Parents from specific minority groups can be targeted directly on a one-to-one basis with the allocation of additional time or resources when necessary to ensure equality of access.
- **Respecting different beliefs**: parenting approaches are influenced by, amongst other things, a family's cultural background. Presenting a parenting programme needs to take this into account, making sure that overly prescriptive judgements aren't made as to what is right or wrong. This may mean accepting very different views as to what makes 'good parenting'. This is essential if open discussion is to be encouraged and people from all backgrounds are to feel secure in discussing personal issues around their child's behaviour and the positive strategies to manage it.

Kanwar and Whomsley's Practitioner Guide published in 2011 on the basis of considerable research within the Pakistani community has also identified the following particular advice and suggestions[47]:

- An appointment may not be kept if a family member or friend arrives at the house unannounced as it would be considered rude to ask the person to return at a different time.
- Families with very traditional values only plan their calendar for a number of days, therefore it is not unusual for an appointment sent weeks in advance to be forgotten or to be confused with a different date. The service user is not being awkward, they simply may not be used to this, particularly if they do not have school age children to provide structure to their day or are new arrivals to the UK.
- It is not unusual for extended family members to have input into matters relating to the family (member).
- Sometimes an older child is used to interpret and talk about problems. This is seen by the family as acceptable because an older child is encouraged to take on adult duties from a young age. However, it is important for practitioners to consider the child's wellbeing and use an interpreter for anything but the most basic interpreting.

[47] Kanwar S and Whomsley S (2011). Working with Pakastani service users and their families: a practitioners guide. Cambridgeshire and Peterborough NHS Foundation Trust.

- Family pressures can exacerbate a person's illness [or situation] more so than for a person who is not from a Pakistani background.
- Not all people with a Pakistani background will have a good practical knowledge of Urdu, therefore it is important to ascertain the particular Pakistani language or dialect the service user speaks at home. Mirpuri and Punjabi languages use the written form of Urdu as there is no written form of Mirpuri and Pakistani Punjabi speakers will not be able to read or write the written form of Punjab.
- Service users may wish to have a same sex interpreter.

**Outreach with Pakistani families**[48]

One Children's Centre in Oxfordshire engaged in outreach with families (mainly Pakistani families) to encourage them into small group activities. The focus of the groups was to offer a supportive environment for children and parents alike, allowing for early interventionist approaches. One group 'Time for Talk' focussed on language issues and another group 'Time for me' focussed on early education opportunities and relationship building with parents.

**Language worker embedded in children's teams**[49]

Oldham Council have directly employed 'language workers' to support improved engagement and family interventions with hard-to-reach families. Their role is broader than interpreting and they liaise predominantly with the duty teams, although their scope has expanded to support all teams, including those delivering targeted family support interventions. There are two language workers, one with the Bangladeshi community, the other with the Pakistani community.

Previously using interpreters was found to be costly and because they don't have social work knowledge there were sometimes problems with misinterpretation of what the social worker meant versus a dictionary definition. For example, the term "accommodation", one interpreter had defined literally as "we are offering a flat", rather than translating the social worker's explanation of the local authority's duties to accommodate.

The language workers undertake in-house training and work alongside qualified practitioners on assessments, building up an understanding of what the profession does. They also have knowledge of what would and wouldn't work in their communities.

## 4.4 Features of Good Practice for Army families

Research by the British Legion and Compass Partnership (2011)[50] has found that effective ways of supporting the most vulnerable personnel and their families include:

[48] Bedford M (2011). Project evaluation report: BME small grant funding. Oxfordshire County Council.
[49] http://www.communitycare.co.uk/2011/03/17/embedding-language-workers-in-childrens-social-care/ (accessed 12/6/15).
[50] Herritty H, Hudson M and Letts M (2011). Health, welfare and social needs of thet Armed Forces community: a qualitative study. The Royal British Legion and Compass Partnership.

- Better information and how to access it, at a time when it can be absorbed
- Identifying people at risk and targeting support – for a longer period of time
- Self-help groups, social contact and groups for sharing experiences
- Overcoming pride by presenting support as the responsibility of Armed Forces and veterans' organisations both for people who serve and for people who are living with a member of the Armed Forces
- Clarifying eligibility for support
- Recognising the particular challenges of the partners and family of serving personnel.

Military personnel involved in this study identified the following areas for improvement in the support that was available:

- Proactive support from service providers with initial contact made by the provider, rather than the onus being on the person in need
- Longer term support
- Having a designated, named personal contact
- Recognition of the particular needs of and pressures for Service families
- Centralised services for continuity to overcome the perception of differing levels of service depending on their branch of the Armed Forces and their geographic location

In particular, service wives who identified a lack of awareness as a barrier to accessing support suggested the following[51]:

- Information leaflets/booklets and websites detailing type, availability of, and means of access to, support services
- A personal contact
- Proactive contact by charitable organisations (note that this has implications for data protection)
- Standardised welcome packs for each new location
- Information provided directly to the wives, not via their Service husbands
- Newsletters

Designated central support, proactive contact from support providers and information sources such as booklets, leaflets and websites were all also mentioned as ways of increasing awareness[52].

Solutions identified by a literature review on meeting the needs of those bereaved through a military death offer the following for consideration[53]:

[51] Herritty H, Hudson M and Letts M (2011). Health, welfare and social needs of thet Armed Forces community: a qualitative study. The Royal British Legion and Compass Partnership.
[52] Herritty H, Hudson M and Letts M (2011). Health, welfare and social needs of thet Armed Forces community: a qualitative study. The Royal British Legion and Compass Partnership.
[53] Rolls L and Chown G (2011). Meeting the needs of those bereaved through a military death: findings from a literature review and scoping study.

- Better information sharing between agencies and a 'whole system approach' connecting organisations and following the individuals experience
- An up to date accessible directory of national and local support that can be accessed readily (available to service families as well as military and other professional
- Coordination of support between armed forces and civilian organisations when families relinquish their military life as there can be tensions around when to 'hand over' support from the Armed Forces

Partnership working has also been identified as key to successful engagement of army families. Rolls and Chowns (2011) [54] identified common issues that hinder co-ordination between the military and civilian organisations as follows:

- Limited sharing of key information between agencies
- Communication of inaccurate or incomplete information between agencies
- Poor information management (i.e. collection, collation, organisation and dissemination)
- A lack of communication and clear communications links between agencies
- Inadequate and incompatible communications technologies
- A lack of clarity and understanding of each agency's roles, responsibilities, actual contributions, and available resources
- Cultural issues (i.e. differences in decision making processes, civilian organisations' lack of understanding of concepts such as 'effects based operations' and 'commander's intent')
- A lack of experience in working with other agencies

**Outreach Sure Start Children's Centre**

Northumberland County Council (led by Prudhoe Sure Start Children's Centre) have worked with partners including the Unit Welfare Team and the Army Welfare Service to improve the wellbeing of families with young children living at an isolated military camp. This included a Sure Start Children's Centre outreach post being established on the military base. An officer's mess was redecorated to become a 'Mini Mess' providing play sessions, health visitor sessions, learning activities (for parents as well as children), family support team one to one work with families, and referral to specialist services (e.g. domestic violence group). The close links with the Unit Welfare Team and early identification have meant that Sure Start can provide real early intervention to prevent situations escalating.

[54] Rolls L and Chown G (2011). Meeting the needs of those bereaved through a military death: findings from a literature review and scoping study.

**FOCUS Family intervention[55],[56]**

The Families Over Coming Under Stress (FOCUS) intervention provides education and skills training for military parents and children, designed to enhance coping with deployment-related experiences. Through a structured narrative approach, family members share their unique perspectives thereby enhancing understanding, bridging communication, and increasing family cohesion and support.

FOCUS is a suite of services from "universal to selective and indicated prevention". In researching this intervention Beardslee et al (2013) identified the following core elements of the intervention that need to be in place alongside those described as 'adaptation dependent on family context':

- Family Psychological health 'check in' – including a web-based assessment using standardised psychological health and family functioning measures that are completed by all family members to identify strengths and risks and provide information for the intervention provider about how to tailor the intervention.
- Family-specific services described as 'psychoeducation' –based on the completed assessment.
- Family narrative timeline – individual narrative timelines from parents and children are shared as a family to construct a family narrative which enables and supports the family's ability to develop a shared understanding and to make meaning out of challenging experiences. This helps families come together and support one another more effectively and to value what was gained even when much was lost or shifted because of stressful events.
- Family-level resilience skills – emotional regulation; problem solving; communication; managing deployment, trauma or loss reminders; and establishing readiness and goal setting.

The service evaluation found that both parents and children participating in FOCUS demonstrated significant improvement in emotional and behavioural adjustment. Furthermore, it found that children's prosocial behaviours and positive coping skills increased as well as psychological distress reducing for both service members and spouse partners (significant because of the importance of parental psychological health and effective parenting to family and child resilience and adaptation).

**IPC**
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