



“We became a family in here”

An External Review of the  
Family Programme at Quaker Cottage



The Review was commissioned by  
Quaker Service and written by Dr Liz McShane

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## List of abbreviations

Belfast HSC Trust: Belfast Health & Social Care Trust

CAMHS: Child & Adult Mental Health Services

CEIC: Colin Early Intervention Community

COVID-19: Coronavirus Disease 2019

DHSSPS: Department of Health, Social Services and Public Safety

EIF: Early Intervention Fund

EISS: Early Intervention Support Services

EPPNI: Effective Pre-School Provision Northern Ireland

FP: Footprints Women's Centre

OFMDFM: Office of the First & Deputy First Minister

SEYP: Greater Shankill Early Years Project

SS: Sure Start

TC: Tullycarnet

The Review was commissioned by Quaker Service  
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“We became a family in here”

## Summary

### Purpose of the review

To review services at Quaker Cottage Family Day Centre and assess outcomes for the women involved during the past two or three years.

### Findings

Quaker Cottage Family Support Programme provides services for families from different communities who have high levels of complex needs. Approximately 40 mothers and their children attend each year, with attendances averaging 85%. Mothers and children are brought from their homes to the Cottage by bus. The year-long holistic programme includes caring support from staff, counselling, group therapy, informal group support and friendship, child care, parenting support, meals, practical help, within an ethos of partnership with parents, and a strengths-based approach (Chapter 4).

The process and outputs of the Programme include most of the components of successful family support work elsewhere, but with an emphasis on long-term, relationship-based practice (Chapter 2).

The outcomes are that mothers and children gain many benefits from the Programme. The mothers who were interviewed identified positive changes in their lives, their children’s lives, their relationships with their children and in their confidence and ability to access help and services in the wider community. They participated in cross-community groups and gained continued contacts and friendships across different groups (Chapters 4 and 5).

There was no negative feedback expressed either from the women or from professionals who refer to the service. Referrers see the Family Support Programme as a safe place with skilled workers for families and children at risk, and one with which families readily engage (Chapter 5).

On changes affecting the Programme, COVID-19 is the most pressing, with serious effects on

vulnerable families and consequences for running it. Over time there have also been some changes to the Programme, but it is still achieving significant outcomes for families. Core staff are very important and any changes would need to be carefully managed, including succession planning (Chapter 6).

Aspects that are unique and to be protected are the caring ethos of the programme, long-term relationship-based practice, staff relationships with mothers, informal support from other women and families getting out of their houses to take part in a programme (Chapter 6).

Recommendations are suggested to assist the future development of the Family Support Programme (Chapter 6).

# Chapter One

## Introduction

### Quaker Cottage

Quaker Cottage was pioneered and developed by The Religious Society of Friends (Quakers). Quaker Service has been providing support for people in Northern Ireland going through difficult times since 1969.

The Quaker Service Mission: To play a practical role in reducing violence, suffering and disadvantage by providing services that support, value and empower people.

Quaker Cottage is a purpose-built cross-community family daycare centre situated on Black Mountain, West Belfast. Since 1980 It has been providing a range of intensive day-support services for mothers, children and young people at risk or in need from North and West Belfast, referred by health and social care professionals.

### Purpose of the review

To review the services provided at the Quaker Cottage Family Day Centre and assess the outcomes for women who have been involved with the service during the past two to three years.

### Objectives of the review

Provide a desktop scoping exercise with evidence from Northern Ireland and elsewhere to make a general assessment of the components which make for effective family support work.

Outline the Quaker Cottage Service, its context, objectives, activities and process, and links with other agencies.

Gather quantitative and qualitative information on the longer-term impact of the service and outcomes for women who have previously attended the programme, from two to four years ago.

Identify the benefits or limitations of the programme from the perspectives of mothers and a small number of referral agents.

Consider whether any aspects of the work might be changed or adapted to meet current or emerging needs, or what is unique and should be protected, and to make recommendations.

### Methodology

Provide evidence to assess and illustrate the longer-term impact of the service over a period of two to three years.

- Quantitative information from Quaker Cottage reports and internal monitoring.
- Qualitative information: Interviews with 25 women, a sample of eight women and three focus groups.
- Interviews with two senior staff and one full-time volunteer on the delivery of the women's programme.
- Obtain the views of two referral agents: Social Services, Sure Start.

The report takes cognisance of ethical issues and confidentiality related to the research.

## Chapter Two

### Family support work

#### Family support

The Children (Northern Ireland) Order 1995 refers to the provision of services for the child to achieve a reasonable standard of health or development. The Northern Ireland Children’s Strategy 2006 has a vision that ‘all children and young people living in Northern Ireland will thrive and look forward with confidence to the future’ (OFMDFM, 2006:5)

*‘Family Support is the provision of a range of supports and services to ensure that all children and young people are given the opportunity to develop to their full potential ...primarily by supporting and empowering families and strengthening communities. Its focus is on early intervention, ensuring that appropriate assistance is available to families at the earliest opportunity at all levels of need.’ (DHSSPS 2009:18)*

Family Support Services provided by a range of statutory, voluntary and community organisations can relate to: children’s health and welfare; children’s development and education; needs of women and mothers; whole-family holistic focus. Support may be provided in the family home, in a statutory or community facility, in a designated Family Centre or Women’s Centre, or in some of these combined. Social Services and Health Services may have a clear involvement in the provision such as in Family Support Hubs. Families may also get informal support from family, friends, neighbours and social networks.

#### Family needs

Families need support depending on the level of stress and the amount of support they are already receiving. Stresses include poverty, illness and/or disability of parent or children, a child with special needs, family size, domestic abuse, involvement with courts, young parents, housing issues, legacies of the Troubles, mothers’ own family histories and experiences.

A definition of children’s needs by Hardiker (1991) describes four levels of need:

Level One: Base population. The majority of children in Northern Ireland whose needs are being met; they utilise universal services and community resources as required.

Level Two: Children with additional needs. Vulnerable children and their families, who require additional support to promote social inclusion, to reduce levels of vulnerability within the family and minimise risk-taking behaviours.

Level Three: Children in need. Children with complex needs that may be chronic and whose physical and emotional health and development may be significantly impaired without the provision of services. This may include children in need of safeguarding, and children with a disability.

Level Four: Children with complex and/or acute needs. Children who are suffering, or likely to suffer, significant harm without the provision of services. Children who are looked after, at risk of being looked after, in need of rehabilitation from a care or custodial setting, children with critical and/or high risk needs, in need of safeguarding, children with complex and enduring needs.

Appropriate family support will relate to the level of need and meet specific objectives for the children, parents, family as a whole, family interaction, involvement with services, schools and community provision. The levels of need are on a continuum, needs can change over time and through different stages of family life. The majority of those attending Quaker Cottage will have complex needs, at Levels 3 and 4 above, and the children’s welfare and development will suffer without the provision of support and services.

## Intervention and support

The terms 'intervention' or 'pre-intervention' refer to providing services for families and children who are seen as being in need. Statutory agencies such as health and social services work with families where children are seen as at risk and where there is a statutory duty to intervene to protect children and prevent harm. More widely, voluntary and community provision aimed at meeting the needs of families may have programmes or services to intervene to meet immediate family needs and prevent further harm or distress. Early intervention, providing services as early as possible in the lives of babies and young children, is widely acknowledged to be more effective for health and wellbeing than provision at a later age, although help for families in need at any stage is always important. (*DHPSS 2009; Colin Early Intervention Report 2012*)

In an assessment of the components of successful family support work, provision for families at the extreme end of the continuum of need, such as those at Quaker Cottage, will differ from those at the lesser end of need, who may be in a pre-intervention programme. While all families share the same basic needs, care should be taken in drawing comparisons between projects meeting very different levels of need.

## Monitoring and measuring

This assesses the impact of successful family support. This may be quantitative, in such measures as numbers of children and families, number of attendances, children's physical health and language development. Qualitative measures are more difficult to record, but changes observed by staff in regular contact with families, such as changes in appearance, attitudes, behaviour, parent-child interaction, and engagement with the service, are indicators of impact. Measures such as families no longer needing support or needing less support or children seen as no longer 'at risk' are important indicators of impact (*Sure Start NI evaluation 2020 EIF UK 2016*).

## Literature review of the components of effective family support work

There is a wealth of academic research conducted in Northern Ireland, the UK and worldwide looking at the components of effective family support work. While this report does not review all the literature in detail, it considers those documents that provide the framework for analysis with respect to Northern Ireland.

Emanating from the review of literature the following issues were identified when considering the key aspects:

**Early Intervention** is more effective, but later help is better than none. (*CEIC, International Evidence, Family Support Hubs EISS*)

Family needs are holistic and are best met by **holistic services**. Support for both children and parents is more effective than a focus on just one or the other (*FP, SEYP, SS*). A 'wrap-around' service is most effective as the pathway is unique for each family. Support should be accessible and flexible, at 'pram pushing' distance, including transport provision. (*Devaney, Dolan, Family Matters, SEYP*)

Enhancing both **social supports** and informal support for parents. (FP, SEYP TC)

**Trust** is important for effectiveness, both trust in the organisation providing support and trusting relationships with staff. Confidentiality and the training and supervision of staff are key. (FP, SEYP, Dolan, SS, EISS)

An empowering environment, **family empowerment**, enhancing confidence, a strengths-based perspective, mindful of the resilience of many children and parents. Inclusion and involvement of mothers and children is a part of this approach. The culture is holistic, positive, caring, affirming each individual. By conveying a sense of high expectations, women’s personal development, learning and participation will show gains in self-esteem. (*Families Matter Strategy 2009*, Dolan, SEYP, Chicago, EISS Family Hub)

Enhancing the **coping skills** and resilience of parents, self-efficacy of mothers, impacts positively on parent-child relationships and influences these. The existence of a trusted confidante for a mother is protection against maternal depression. (Brown and Harris, Campbell et al., SEYP, TC, Family Hub EISS)

**Partnership working** between parents and family support projects, professionals and communities, for example, the Signs of Safety Approach (Turnell and Edwards) are effective. Strengths-based approaches and practitioners working in partnership with parents and children to reduce the risk of harm, enable better participation. A whole-family approach to engagement (used by WHSSB “Safety in Partnership Approach”, was evaluated by Queens University Belfast Social Work department (Dolan) to work collaboratively with referrers ([signsofsafety.net/signs-of-safety](http://signsofsafety.net/signs-of-safety), FP, SEYP, SS). Communication and links between agencies are important for implementing outcomes. The links between family support and the education system, nursery school and primary school should be acknowledged and the effects of transition between each considered. (CEIC, SS, SEYP, Family Support Hubs)

The importance of **good-quality pre-school provision**, the home learning environment, parents’ own experiences of school and involving parents in their children’s education. The parent’s own knowledge of parenting and child development and the importance of staff skills with parents and children. (EPPNI, SEYP, SS, EISS, TC, Chicago)

**Practical support** to families in times of need is important. (Chicago, SEYP, FP, SS, Fam S Hub)

**Outcomes-oriented practice**, Pathways. (FP, EISS) and lastly,

**Targeted programmes on parent-child interaction** are more effective than universal programmes aiming for multiple outcomes for diverse groups. (EIF)

The above analysis of the issues relating to the components of effective family support work suggest that there are many complex issues that need to be both understood and addressed when providing effective services for women and their children.

# Chapter Three

## Outline of the Quaker Cottage service

### The context of the project

**High levels of disadvantage and poverty in Northern Ireland:** It is estimated that one in three children live in poverty. Youth unemployment is much higher than the UK average, and a higher percentage of people are on long-term sick leave or looking after family members, or are on lower wages. 25% of people in work earn under the Living Wage, while those unable to work because of caring commitments receive £60 per week Carer's Allowance (Fitzpatrick 2020). The policies of austerity have escalated existing poverty. Northern Ireland had been shielded from some of these with mitigating measures agreed by Stormont; however, these are due to end in March 2021. This will leave many families below the poverty line.

**Food poverty:** The use of food banks has increased significantly and this is correlated with increased numbers on Universal Credit (Fitzpatrick 2020). Dr Julie-Ann Maney, Consultant in the Royal Belfast Hospital for Sick Children, writing in *'Insight' Royal College of Paediatrics and Child Health Nov 2020*, described 14-month-old infants hoarding toast because they know they will not get any more food, or children eating three bowls of cereal at once. (A volunteer also observed this kind of behaviour in Quaker Cottage.) Hospital staff see the effects of lack of food and poor diets on children's health in their lack of growth, in iron deficiency anaemia, constipation and the highest rate of dental decay in the UK.

The under-resourcing of mainstream mental health services, resulting in a lack of services for adults and children, means increased demand on any family support projects. A legacy of the troubles and its intergenerational effects adds to existing conditions of mental ill health, addiction, domestic abuse.

The UK left the EU in January 2021, and this will most likely decrease living standards further and increase the numbers of families in crisis and need, adding pressure on services such as Quaker Cottage.

**COVID-19:** From the end of February 2020 to the present, the impact of the pandemic in Northern Ireland on communities, families and children, especially in areas of disadvantage, has been to accentuate existing social isolation, inequalities of income, life expectancy and education (see Chapter 6).

### Quaker Cottage family service

#### Aims

*Quaker Cottage aims to provide a safe and caring environment where increased self-esteem, greater family understanding, cooperation, improved social and life skills, enhanced development and mutual understanding and respect are actively promoted. (Quaker Service Annual Report 2019-20)*

#### Objectives

*To provide an environment that meets the needs of mothers and their children under stress and supports them to fulfil their full potential within safer families and communities.*

## The Family Programme

The Family Programme works with families who have experienced trauma and are under severe stress. Most will be in Tier 3 and Tier 4 of the Hardiker Levels of Need (see Chapter 2). Mothers who attend have individual needs, but typical issues are bereavement, depression, anxiety, addiction, domestic abuse and parenting. The programme provides a year-long, intensive and holistic person-centred package of practical, social and emotional support services for families in crisis.

- Services for mothers include individual counselling and group therapy, sessions on parenting, practical support and advice, a 24/7 helpline, relaxation therapies, home visits, advocacy support services, aftercare.
- Services for babies and pre-school children include a crèche with a high staff-to-child ratio which has received high quality ratings from the Belfast HSC Trust Early Years Service, play therapy for pre-school children, and specialist support services such as speech and language therapists.
- After-school programmes for primary school children aged 5-8 years and 9-11 years are offered on three afternoons a week. A wide range of age-appropriate play equipment and activities are provided. There are opportunities for active participation and learning in issues such as healthy eating, dealing with social exclusion, bullying, gender issues and dealing with the past.
- Pre-teenage programmes for year 7 to year 9, school transitions, relationships, mental health, independence training.
- Mounteens teenage project, mainly 13-18-year-olds but includes some over 18's, all of whom find it difficult to engage with many other youth services. There is individual support, small groups, larger groups, residential and day trips. The programme deals with practical life skills, sexual health, drug/alcohol misuse, mental health, employment. The average annual running costs for the Mounteen programme over the past five years comes in at £64,012 per annum.
- Everyone attending is provided with transport from home to the Cottage and nursery/school lifts for children where required, lunch or evening meal each day, summer programmes, seasonal celebrations and parties, Christmas hamper packages for current and previous attendees.
- In past years a group of mothers and children went with staff and volunteers to a residential in Corrymeela in the summer. All the mothers reported that this was a highlight for them and the only chance for the family to get away. They have many happy memories of the holiday. The Centre Manager and Child Care Leader see the benefits of the residential for the families and the opportunities for close relationships with them. However, it is an intensive experience, demanding almost 24-hour involvement from staff and volunteers (both Quaker Cottage and Corrymeela) and a blending of two different organisational approaches.
- Before the pandemic, the Programme included day trips in the summer to locally accessible places, which gave children and parents new experiences and were greatly enjoyed.

## The process of the work

- Staff work in partnership with parents, and families are involved in co-designing their own package of wrap-around support and planning future activities. There is a strengths-based, solution-oriented approach with parents and children, building capabilities and confidence. It is holistic, taking a whole-family approach, where work with mothers runs in tandem with pre-school, after-school and teenage programmes.
- Staff and volunteers have regular involvement with families' lives, calling at their homes two or three times a week, for the bus pickup and return home, or for home visits. This means there is close knowledge of any changes in family circumstances. Staff have visited families when snow prevented the bus from reaching the Cottage. Families can and do contact staff by phone for support 24/7 if a crisis arises. After their programme has ended, families can still contact staff for support. This ongoing support, while important, does have implications for staff time and resources.

## The ethos of the programme

The ethos is inclusive, cross-community, non-judgemental, embodying care, kindness and compassion, building on mothers' strengths and resilience, sharing meals, encouraging mutual support in the groups. It is long term, relationship-based practice. The Child Care Coordinator spoke of "Quaker First Aid" as offering caring support to families that have had little of this in their lives.

*"The essence (of Quaker Cottage) is bringing people together and showing them care and support. Create a family atmosphere, treat the person as a family member – not as a client or service user."*

*Quaker Cottage Centre Manager.*

*"Being on the bus with them... there's all that communication. ... We go to the houses three times a week and talk to the mums every time."*

*Deputy Manager and Child Care Coordinator.*

*"What I see at Quakers, which I feel is so amazing...*

*I see people working here going above and beyond... to make it really special and caring."*

*International Volunteer.*

## A cross-community service

All the services and programmes at Quaker Cottage are deliberately and pro-actively cross-community, including families from different religious and cultural backgrounds. The mixed character of the groups of mothers, children and young people is integral to the Programme. The ethos of the Cottage is that it is a safe environment, which values and treats everyone from different backgrounds equally. This has been the case through the most difficult days of the Troubles, when the bus crossed peace lines to bring mothers and children, and it still holds today, at a time of political and economic uncertainty.

For most people attending, being part of a mixed group is unfamiliar and is not part of their culture or cultural identity, and for some, it can give concern. A volunteer observed a mother in a new group raising the issue with a worker in the bus and receiving the factual reply that the groups are 50/50. This helped the mum to relax and she was then happy to attend and for her children to attend. *"I wanted to come because I think my life will be better and I want (my children) to have a better life."*

None of the mothers interviewed saw the cross-community aspect as preventing them from coming or restricting them from taking part. A number of them commented on feeling some hesitation and wariness at first, but this was dispelled as the groups settled in and experienced the ethos of inclusiveness and staff *"treating everyone the same."*

*"We had debates, differences of opinion, but we never had an argument, it never made a difference to how we got on." (Women in Focus Group.)*

All seven women giving individual interviews saw the cross-community aspect as an intrinsic part of the programme at Quaker Cottage. A few had experience in cross-community programmes as school children or holiday programmes. Two had been to Quaker Cottage as children. It is seen as a positive part of the programme that they would not have experienced elsewhere.

*“We’re all equal, ...nobody got offensive at all ... ‘Oh it’s Patrick’s Day you’s lot are going out, or you’s lot on the Twelfth’, laughing and joking.” P*

*“Fantastic, brilliant, there was never anything bitter said, it was always a good atmosphere.” C*

*I have been to areas like ... that I would never ever visit, I grew up in the Troubles but this really widens your horizon. It helps you grow up, my daughter has made friends with kids from the other side of town... friends with different names.” A*

*“It didn’t matter where you were from... we’re all going through similar situations.” P*

Many mothers from different areas met up together informally during or after the programme, meeting in town or in each other’s houses, a new experience for them. The experience of being on the shared programme gave them the confidence to mix outside. Some use Facebook to keep in touch.

### The Quaker Cottage family support staff team

There are five staff and two or three international / residential volunteers and seasonal child care volunteers: the centre manager, deputy manager and child care coordinator, family worker, deputy child care coordinator, childcare worker, child care volunteers.

The staff work full days and the work can be challenging. One volunteer commented on the value of the practice of them sitting quietly together with a cup of tea for a short time at the beginning of the day and having a positive, calming, shared experience.

The core staff team have remained the same for a long time, and this stability is an important factor in the work and in the continuity of relationships. If and when staff changes occur, care will be needed in the transition phase to maintain the process, output and outcomes of the ongoing work.

### Monitoring and recording the work

Quaker Service introduced OBA (Outcome Based Accountability) into its work, examining outputs, outcomes and indicator measures. This is being done with the children’s work including the crèche. (Quaker Service Annual Report 2019-20)

With the mothers, the approach is to look at their situation before they came to Quaker Cottage and how they see themselves on the programme. The Manager’s view is that he has not seen a need for written recording: *“the work speaks for itself... we’re doing the right thing... the Quaker aspect...you know people are getting lots out of it... they’re turning up and not dropping out.”* He also feels that recording and measuring the work means assessing the women’s problems and judging how they can be helped and writing it down. He is not comfortable with that because the women have come out of incredibly vulnerable situations, and in responding to those, they have been blamed and judged. A different approach is to understand the background, respond to what the women present and what the real issues are, start to look at different ways of coping better and how they can turn things around. If a session is not being recorded *“it’s just the women coming and being responded to in a real human way, recording takes away a wee bit of that.”*

This is a dilemma faced by other organisations working with vulnerable people, but this is complex and valuable work involving skilled interventions, picking up small cues and qualitative changes, and taking action. Staff and volunteers observe changes in mothers’ attitudes and behaviour as significant, as do social workers who comment on how the women have changed since coming to Quaker

Cottage, and see these as positive measures. However, if beneficial changes are not recorded, even briefly and simply, they are not known about and can be lost.

An issue is that the time taken to record may be staff time taken away from direct contact with families, which in the Family Programme can be 6-8 hours a week, and is felt to be part of what makes the programme effective. Any recording system should be one that is valid, yet is straightforward and not time-consuming for staff with many tasks. Staff would be part of setting this up and taking part in any training required. The recording task might be separated from the work with families. A number of organisations use the Outcomes Star Model which involves working with people receiving services to record learning, feelings and changes. It may be an appropriate model.

It is recommended that appropriate ways of recording positive indicators and outcomes for mothers are examined and implemented, taking into account the views of mothers.

If there are changes in core staff at Quaker Cottage, their approach, skills and ways of working may not be replicated, and the current programme could be adversely affected. The ethos, elements, and practice of the current programme could be formally set down with outcomes attached that could be monitored. There is a detailed written Induction Programme for new staff and volunteers; this could be another addition to setting out practice in Quaker Cottage.

It is recommended that essential aspects of the activities and practice of the current Family Programme be formally set down with outcomes attached. This would take full account of feedback from mothers.

### Links with other agencies

Quaker Cottage has links with Social Services, Gateway Service, Health Visitors, Sure Start, Community Psychiatric Nurses, The Mental Health Teams, GP's, Family Support Hubs, Women's Aid, City Church Glow Project.

**Referrals for the Family Programme:** These are received from a range of agencies, with Health Visitors currently making more referrals than other professionals. The manager and the Quaker Cottage social services link worker in the Belfast HSC Trust have agreed to work towards correcting the imbalance and increasing referrals from local social work teams. In the sample of women interviewed, six had been referred by a health visitor, four by a social worker, four by Sure Start, and one respectively from a doctor, mental health team, psychiatrist, and one for a second-time attendance from Quaker Cottage staff.

**Social Services:** Quaker Cottage has a Service Level Agreement with the Belfast Health and Social Services Trust. Both Social Services and Quaker Cottage want the same outcome for families. While two of the mothers interviewed had positive memories of help from social workers, many families have negative views of social workers, and some social workers have a view of families not meeting their criteria, so there are issues of the potential removal of children or of them being placed on the At Risk Register. Time for families at Quaker Cottage can bring about more understanding of the respective roles and an improved relationship.

The statutory requirements and legal processes of child protection are very stressful, and mothers are fearful of outcomes. Quaker Cottage staff support them through this and attend case conferences and court proceedings. Their close relationship with the women and the ethos of not judging them means that women report gaining the most help from them as they go through these processes. This support and advocacy role is an important part of the service, which women appreciate; one mother stated that the centre manager accompanied her to court when no one from her family would go.

The centre manager sees that mothers and social workers both want the best for the child. For some mothers, being on the Family Programme has improved their relationship and their trust with their social worker. They have a greater recognition of the social worker’s role and legal responsibilities. Many have ended up with positive relationships with social workers.

Social workers see positive changes in families, indicated by *“the woman taking care of herself, taking pride in her appearance, taking better care of the children, just getting on with her life much better. If that happens really quickly at the start, where the woman starts to blossom, they are just baffled as to what we do.”* Centre manager

Social workers know that when a family comes on to the Family Programme, they will have regular contact and support from Quaker Cottage staff from 6 to 8 hours a week, and the staff will be in their homes regularly. This means that the family will be getting any help they need and that staff will be aware of any situation in the family home and perhaps be an advocate for them at case conferences and meetings.

Quaker Cottage can be seen as having an intermediate role between Social Services/social workers and mothers. Staff can help each understand the other’s position, the factors affecting mothers and their behaviour, social workers’ legal responsibilities affecting their behaviour, and that both want the best for the child.

On linking with other organisations for the ongoing work, the Centre Manager prefers to do this in-house. Quaker Cottage knows the woman and her circumstances; if she goes to another organisation, she has to start all over again and explain, or their approach does not suit her. In the past, women could be affected by events in the Troubles, and Quaker Cottage had to manage any potential conflict and make the Cottage a safe space, which meant they did not want to use outside agencies so much.

Within the range of family needs and types of provision, Quaker Cottage staff endeavour to ensure that a referral is appropriate for their specific programme. The Centre Manager does not attend a Family Support Hub, but if a referral comes from a worker via the Hub, the worker is asked to visit Quaker Cottage first and see how they work. They want to avoid inappropriate referrals, perhaps for a family who does not have complex needs but is at an early intervention stage. Similarly, a Sure Start worker whom Quaker Cottage does not know is asked to visit first before a referral is made.

On linking in with other pre-schools or schools, the Quaker Cottage holistic pre-school experience might mean that families find nursery schools or schools more difficult. However, at Quaker Cottage children are encouraged to be confident and mothers to be assertive and state what they want. The child care leader encourages mothers to take up any future help offered for example by their health visitor, after they have left the programme.

Quaker Cottage has arranged for some groups which have left, to attend a ten-week programme on the Glow Project at City Church, which deals with issues such as self-awareness and anger management, and this has been positive for those who attended. Peer education sessions on areas such as sexual health have been arranged.

It is recommended that, taking into account staff resources and the needs and views of mothers, steps be taken to strengthen links with other relevant agencies that could offer support.

## Chapter Four

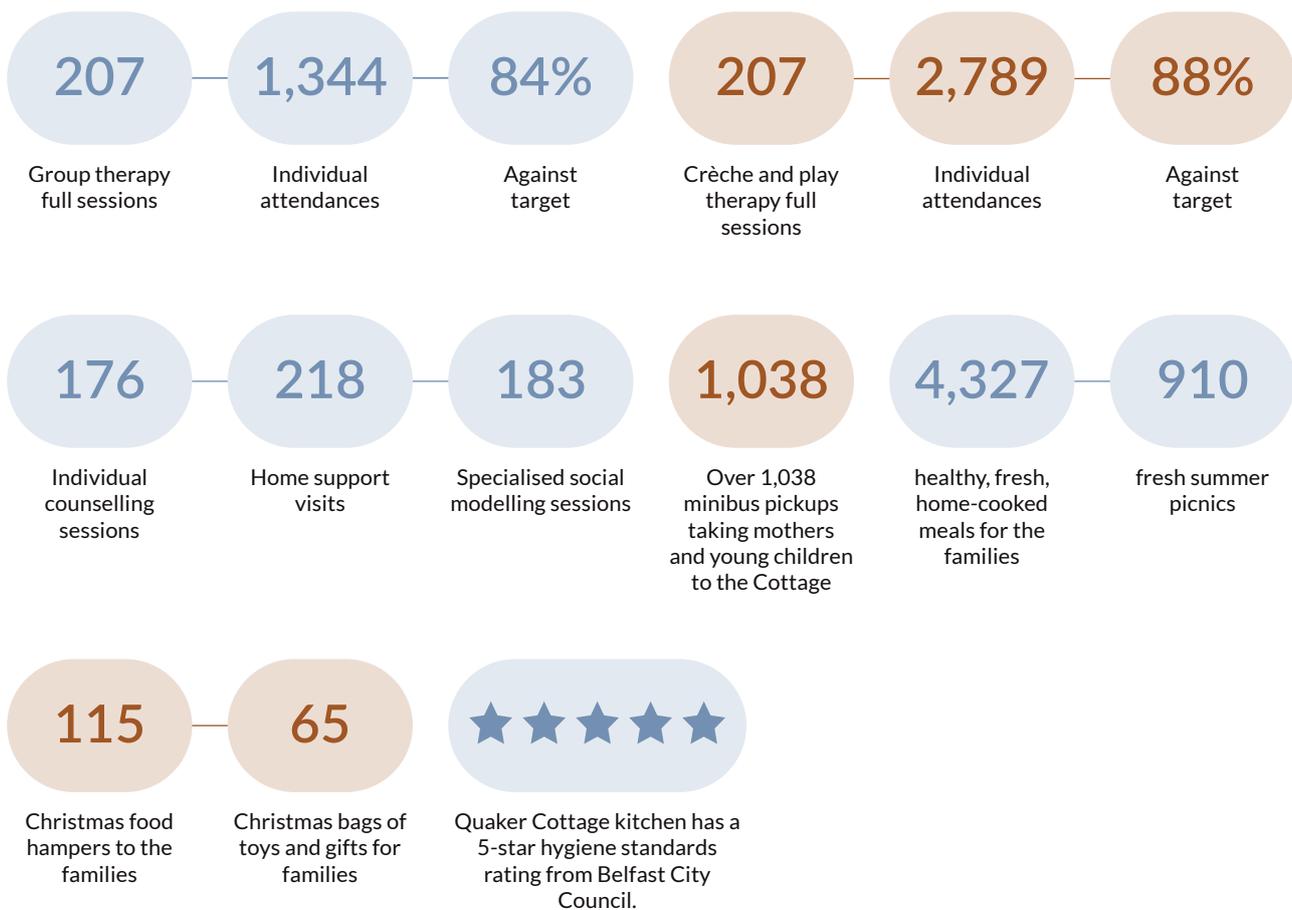
### Quantitative and Qualitative Information on the Family Support Programme

#### Quantitative information on the Family Support Programme

In one year in Quaker Cottage, starting at three-month intervals (February, June and October) three groups, of approximately eight new families each, attend a one-year support programme, initially attending for two days a week for eight months and then one day a week for four months. Within any 12-month period there will be five groups at various stages, with 40 different families experiencing care. Each family has its own bespoke programme of support including services for babies, children and young people.

On average, 40 mothers, 140 primary school-aged children and between 70 and 100 young people receive intensive individual and family support packages each year, with attendances of around 85%.

Quaker Service annual report showed that in 2019-2020 there were:



## Qualitative information on the Family Support Programme

**Method:** Information on the Family Support Programme was obtained from interviews with the manager, child care leader/deputy manager, a full-time volunteer and 25 women, seven individual interviews and 18 women in three focus groups of six women each. One focus group was of women then attending Quaker Cottage in November 2019, the other interviews were with women who had attended two to three years previously. All interviews took place before the COVID-19 pandemic.

### Women's situation when first referred to Quaker Cottage

**Stresses and Needs:** All of the women were suffering from several severe stresses over a period of time which resulted in them and their children having a range of needs. Most of the families have complex needs, at Levels 3 and 4 of Hardiker's definition of need. The different types of stress are identified below, but the families suffered a number of these at the same time and for a long period.

**Mental Health:** All of the mothers experienced mental health issues, some of these acute, including psychosis, attempted suicide, self-harm, bulimia, severe postpartum depression, anxiety, addiction, depression, being unable to leave the house. Children's mental health was also an issue, for examples self-harming, addiction, school refusal, pre-school age children showing depressed and withdrawn behaviour.

Quaker Cottage staff identify mental health as one of the main issues. Generally, the lack of resources and shortage of mainstream mental health services for adults and children means that any provision for these will tend to have a high demand.

*"I have always suffered badly with depression, I tried to kill myself twice, my child was only four months. C*

*"I ended up in Knockbracken for six months in the Intensive Care Unit, psychosis, my head was gone, mummy took my son, but ... I knew I wanted my life back, you have to want to do it." (Focus Group 2)*

*"My child had been self-harming, I don't have my mummy or daddy to help out, I had been fighting to get her to see CAMHS, this has helped her so much." (Focus Group 3)*

### Mental health issues are often combined with other stresses

*"After I had my fourth child I was ... postnatal depression, it was a really bad time for me, I was put on anti-depressants, he (partner) was abusive, he hit me once, verbal and emotional abuse was worse, he doesn't pay for anything. He took me to court to see the kids, but I never stopped them seeing him, he's meant to pick them up every Saturday and ... he doesn't" (P)*

**Physical ill health and disability** affected mothers and children. Cases included meningitis, open-heart surgery, progressive blindness, back problems, cerebral palsy, special needs diagnoses and autism.

**Family history and relationships:** For many, their own family histories were troubled and often negative, which had affected them and meant they had experienced poor parenting and had no current support from their own family. For example, they had been in care, had suffered abuse, their parents had illness or addiction issues, they experienced parental rejection or poor relationships with parents. There were examples of kinship care, a woman had been adopted as a child by her grandmother and for another two, their mothers adopted their sons at a time they were unable to care for them. Three mothers had attended Quaker Cottage as children because their mothers were receiving support there. Both her parents gave one mother support to help her cope with a disability.

*"I had this massive argument with my mum, she threw my baby's Moses basket out on to the lawn. I was homeless, I ended up in a hostel. My mother cut me out of her life and my kids as well. I had the freedom to talk about all of this in Quaker Cottage." A*

**Partner and relationship:** Issues involved a partner's murder, a suicide and a prison term, also partners leaving, sometimes when the woman was pregnant. A number of the mothers were or had been single parents, though for some, while it posed difficulties, this was less stressful than when an abusive partner was living with them.

**Domestic Abuse:** Some partners were responsible for domestic abuse, physical, verbal, mental and emotional abuse of the women and coercive control. When the relationship ended, perhaps with legal measures in place to protect the woman, violence and harassment of the family often ensued, sometimes for a prolonged period, causing acute stress. Court proceedings linked to the separation and access to children were another prolonged stress. Women were responsible for facilitating their children's contact arrangements with their ex-partners, which meant continuing indirect contact with them and contact with Social Services and the courts.

*"I kept it going because of the kids, hoping he would change ... his drinking got more, after every child (there was) the jealousy I was paying more attention to the kids than him ... it turned nasty, he came into the house and assaulted me and my son after a year of being separated, I have a fractured rib, I had pleurisy, my son had a suspected broken nose and cheekbone. He's denying it; I have court dates coming up." E*

*"My child is affected by domestic violence, she is very shy. Her confidence has increased so much." (A)*

Two ex-partners were supportive in different ways, such as regularly having a child at weekends or decorating the house.

**Child Abuse:** In four cases children had suffered abuse from a father or other family member. These had been reported and acted upon. Others falsely accused two mothers of abusing their children; the allegation and investigation process was very stressful and took some time. Quaker Cottage staff were a significant help to the mothers in this situation.

**Poverty:** The majority of mothers experienced poverty, fuel and food poverty, and for some, difficulty in accessing benefits, especially Universal Credit. Maintenance payments from ex-partners were often unreliable.

*"I ran out of gas for two days, C and me were sitting here with two duvets. ... Quakers gave me food parcels and clothes, such a great help." (A)*

**Family size:** Another pregnancy, especially twins, when a mother already had children under five, meant particular pressures in addition to other stresses being experienced.

**Conflict legacy and trauma:** This was sometimes intergenerational. One woman was affected as a child by her own mother having to leave the country, another had the stress of jail visits with a young child.

**Parents' own resilience:** A positive factor of the resilience of parents under extreme stress and their ways of coping in vulnerable situations is one that emerges from interviews and which Quaker Cottage staff recognise and support.

## The process and outputs of the Family Support Programme

The Programme was a holistic experience for the mothers. The help came from counselling and individual therapy from the staff, help from volunteers, the group therapy and from the informal support given by their groups, the routines and process of the work, the environment away from everyday concerns, the care and skilled support given to their children. The ethos of non-judgemental care and support means acceptance of the women and children in their individual situations. They have a sense of being cared for as if they mattered as women, a different experience for many, given their dysfunctional family backgrounds.

**Feeling listened to and cared for, not being judged.**

*"It gave me a sense of calmness." "I had peace of mind." "Kindness." "Understanding, compassion and no judgement." "Like being in a family." "Treat us like a family, and no difference made with any of us." "A listening ear." "They would really, really listen, then offer advice and support."*

## Giving self-esteem and confidence

As well as being listened to, the women gained confidence and self-esteem.

*"I feel more confident." "I'm not afraid to walk in a room." "I can speak up for my kids." "I can stand up to my partner." "Show my true colours – do anything." "Just learn to be normal, not have to put a face on."*

## Trust

An important element in the support that women gained from Quaker Cottage was the trust that they had in the staff, volunteers and the Quakers as an organisation.

*"Not once was the trust broken, no matter what you said." "Here you can say, I'm not coping, I can tell them and I won't be judged." "I can't talk to anyone else." "I'm not afraid of losing a child."*

## Can confide in a trusted adult

The women can confide in a trusted adult, they feel able to talk to staff, often about things they had not talked about before, and gain relief from this.

*"You can talk to (staff), cry, about personal issues, feel open. Brilliant support, they offer to take your child." "Everything to do with my childhood, I opened up. I had it in my head for years and years, didn't even speak to my mum about it."*

## Support in the groups

Women had an opportunity to bond with other mothers in a similar situation in a safe environment. This informal group support is an important part of the overall programme, they also had fun together.

*"We talked about everything, a relief." "You could cry and get relief. Listening to everyone else's stories, you realise you're not on your own. Everyone has different (backgrounds) but everyone understood." "We had some great laughs."*

## Leaving their house on the bus and having a regular pattern to the day.

Several women mentioned the benefits of being picked up by the Quaker bus and getting out of their houses, getting a break from their children and having adult conversations. The Centre

Manager sees the value of the mothers having a regular pattern to their lives, to get up, get properly dressed and get out. They know that they are going to be able to share any problems and get support and care.

## Practical help

The immediate practical help with food and clothing, the lifts in the car, benefits advice, Christmas shopping trips, the Christmas hamper and presents for the children, were all appreciated and seen as part of the overall support programme. Staff also gave support by accompanying women to medical and legal appointments if required.

## Getting access to help

The continuation in contact offered by the 24/7 telephone helpline, used for one-off help or for some ongoing support, was appreciated by the mothers. As well as mothers phoning staff, there are examples of staff phoning or calling on mothers when they became aware of an increase in stress, such as bereavement. This responsiveness to families' needs gave support at critical times. Mothers felt that this Family Programme support continued even after they left, mothers who had attended three years previously saw it as a place to contact if they needed help. (Focus Group 3)

## Children

The crèche for pre-school children is an intrinsic part of the Family Programme. It has a high adult to child ratio and has received a high approval rating for quality from Belfast HSC Trust Early Years. The child care is tailored for the individual children and their difficulties. A volunteer recognised that the consistency of the programme in the crèche is especially helpful for babies and young children with autism. The Child Care Leader/Deputy Manager described the integration of child care with the women's programme. She and other staff travel with mothers and children on the bus, call at their houses, speak to the mothers daily and can involve them in their children's behaviour in the playroom.

## Social modelling

A two-way mirror enables the Leader and a mother to observe the child's behaviour, play and interaction with crèche staff, discuss it and get help in responding to her own child. An example was of a child who at home *"pulled clumps out of her hair"* and the mother wanted help for her. She was brought to the crèche to observe the staff with her child and discuss what she could do to help.

Social modelling can also refer to everyday interaction and communication between staff and children in the Cottage. It is an example of the trust that exists between mothers and staff, where the mothers are happy to leave their babies and young children in the crèche.

*"They're amazing with kids. We had good quality child care we could trust." "The staff in the crèche, the time they took with my child was amazing, because he needed one on one."*

## Outcomes and changes from attending Quaker Cottage which lasted after leaving

The outcomes and changes for mothers and children are linked with the above outputs, process and ethos of the work, and they continued for two to three years after leaving.

**Life changes:** All of the women had been helped by the Quaker Cottage experience. Many recognised that it had brought about changes in their lives.

*"It changed me as a person." "It changed my life." "I would have been in jail."*

**Improvement in Mental Health:** They recognised that the Family Programme had helped them mentally and emotionally and prevented harm and negative experiences.

*"I would have had a breakdown." "I was in a dark place – may not even be here." "I'm in a better place."*

**Changes in attitudes and behaviour:** There were positive changes in attitude, behaviour and skills. Women reported changes in the way they could deal with challenges and move away from negative situations.

*"I learned to be kind." "Even in the street, I can be nice to people in my community." "It showed me to walk away, rather than have a fight with family."*

**Took more control of their lives:** They learned how to deal with damaging relationships and domestic abuse.

*"I got out of a bad relationship." "I got independence."*

**Engaged in the wider community and moved on:** Mothers had information about different places and pathways where they can access help and support in the future. Some mothers felt able to move on into the wider community, to seek help from other organisations, join other groups and undertake courses and employment.

*"I learn something new every day." "I've completed courses." "I've now got a job." "I joined other courses and organisations." "I knew where to get help from elsewhere."*

The Centre Manager observed that showing mothers how to access help after they leave so that they can cope better is an important aspect of the Programme.

**Gained Group support and Friendships:** The informal relationships within the groups that women belong to, means friendships are established and women meet up with each other outside Quaker Cottage, in shopping centres or cafes and in each other's houses. The Shankill Sure Start Coordinator knew of some of these friendship groups that continued over a long time.

These contacts are also cross-community; some women describe how they went into some areas for the first time, an example of their confidence and willingness to mix in different communities.

## Changes and outcomes for children

**Gains for children:** The babies and pre-school children gained from the high quality child care, with a high adult to child ratio and sensitivity to their needs.

The mothers gained from the child care workers modelling positive ways to care for and develop the children. They appreciated and trusted the care their children received in the crèche.

*"They're amazing with kids." "We had good quality child care we could trust." "The staff in the crèche, the time they took with my child was amazing, because he needed one on one."*

**Child At Risk Register:** In some cases, children seen as on the verge of going on the At Risk Register avoided doing so because of the positive improvements in home life and parenting. There were also cases of children coming off the Register while they were on the Programme. Two to three families a year are no longer formally engaged with Social Services.

**Life changes for children and young people:** Many mothers also had children in the Quaker Cottage After-School and Teen Programmes and saw benefits for them from attending which enabled the young people to move on into training and employment.

*"T (my child) benefitted, gained confidence." "He stopped self-harming." "My child mixes more". "My son is now in Youth Work, he also has qualifications in joinery, if he had not been in Quaker Cottage he would be drinking ... or in the graveyard." "My son is an apprentice mechanic."*

### Changes and outcomes in mothers' relationship with their children

**Increase in parenting knowledge and skills:** The skilled support and advice on parenting from child care staff, and the support the women received for themselves, enabled them to build on, develop and improve their own coping mechanisms, parenting skills and the relationship with their children. They could seek help to deal with additional pressures that arose.

*"I can keep calm when my child is angry."*

*"I'm closer to my kids, I can support them better at school."*

*"My wee boy goes to CAMHS, but from going to Quakers we're able to listen to each other, we've learned to be able to have fun together. We understood each other."*

*"I'm a single mother, my daughter has nowhere else to go (except Quaker Cottage), my son saps my energy. This has really aided and developed my relationship with my kids, helped our relationship."*

*"I found I could handle things a lot better, through things the staff at Quakers advised you to do, step by step. We used to have screaming arguments but now I take a deep breath and think about the situation. It changed me and the boys." (a mother of three boys)*

### Conclusion on outcomes of the programme for mothers and children

The outcomes of the Programme for the mothers and children are that it has brought about positive changes to their lives that they recognise and describe. They received help with the initial issues that brought them to Quaker Cottage, help that they had not received elsewhere. They value the whole experience of the Programme and view their time at the Cottage with great affection.

## The Family Support Programme compared to effective family support work elsewhere

The Programme is effective in bringing about beneficial outcomes for the mothers and children. It includes most of the following components of effective family support work that are identified in the scoping exercise.

The programme is a holistic, wrap-around, accessible service. It enhances social supports. There is trust in the organisation and staff. It is an empowering environment, with inclusion, involvement, enhancing self-esteem and confidence. It improves the coping skills of parents, provides trusted confidantes for mothers, impacts the parent-child relationship. There is good quality pre-school provision; practical support to families in need; it is outcomes-oriented practice and targeted at a specific group of families.

The Quaker Cottage Programme is distinctive in its emphasis on being *family-oriented, relationship-based and offering long term support*.

While this is not 'early intervention' for the families, for the babies and young children in the crèche it is early intervention in their lives. The programme works in partnership with parents, with a strengths-based approach. Quaker Cottage has links with a range of referrers, and the relationship between them and the Programme is one where staff want their ethos, trust and relationship with the mothers to be understood by professionals working with the families. Regarding communication and links with other agencies such as nursery and primary schools, there are no direct links as such, but mothers are encouraged to state what they want from the educational provision.



## Chapter Five

### Benefits and limitations of the Family Support Programme

#### Benefits from the mothers' perspective

The mothers gained many benefits from the Family Support Programme, for them personally and for their children. They described being on the Programme as life-changing. They identified positive changes in their lives, in their children's lives and in their relationship with their children which lasted for up to two or three years after their attendance on the Programme (see Chapter 4). The interviews with mothers were frank and revelatory about their own experiences and about their views of the Family Support Programme, and they were all extremely positive. The women were asked to give feedback on anything they were dissatisfied with or that could have been done better, and they gave none.

#### Benefits for them personally

- Getting out of their house to go in the bus.
- Having a regular pattern to the day.
- Being listened to, receiving caring, non-judgemental support, confiding in a trusted adult.
- Gaining self-esteem and confidence.
- Positive changes in attitudes, behaviour and skills.
- Enabled to move away from damaging relationships.
- Improvement in mental health, managing mental health issues better.
- Informal support, friendship and fun in a cross-community group.
- Getting practical help.
- Getting access to help.

#### Benefits for their relationship with their children and family

- Gained parenting knowledge and skills, developed coping mechanisms.
- Improved relationships with their children.
- Supported to give help to older children with mental health issues.
- Supported to work with social services and courts in case conferences, court proceedings and child access arrangements.
- Two to three families a year are no longer formally engaged with Social Services.

#### Benefits for a wider life

- Knowledge of different services and pathways, gaining access to other help and services.
- Undertaking courses, gaining employment.
- Experience of cross-community groups and relationships.
- Continuing to participate in friendship groups, including cross-community contacts.

#### Benefits from referral agents' perspective

The senior support worker with Shankill Sure Start has referred families to Quaker Cottage for over 20 years, totalling more than 500 families. She receives very positive feedback from the mothers who attend. She feels that the smaller group of eight women who do not know each other suits many women better.

She refers mothers aged 21 and above, who are experiencing multiple severe stresses, such as isolation, mental ill health, domestic violence, drug problems in the family, kinship care and pregnancies. The outcomes are that women gain confidence and receive support at Quaker Cottage. *"Women often hit a brick wall and need help."* For many women, Quaker Cottage was *"a safe haven for them and their children"* and *"the turning point to get on their feet"*. It is also a stepping stone into the community. Sure Start helps with this in that the Sure Start Centre and activities are often the exit strategy for women who *"feel heartbroken when they have to leave"* from the Quaker Cottage Programme.

On the cross-community aspect, it is seen as neutral and ‘up on the mountain’ so everyone is safe. The bus pickup is really helpful in ensuring participation. Some women who were referred to Quaker Cottage ten years ago are still meeting up as a group, indicating friendships were made that have lasted. Social Services are aware of the Quaker Cottage Service, and at case conferences it is seen as a great help when children are ‘at risk’, that families are in a safe place with skilled workers at Quaker Cottage and so they can back off a bit. The Senior Support Worker did not receive any negative feedback.

A senior social worker from the Carlisle Health and Wellbeing Centre receives positive feedback from families referred to Quaker Cottage. She sees that they get a lot out of it; though they may not remain together as a family unit, they enjoy it, ask to go there, and engage with it. She also sees that the group dynamics are good, and it is an advantage that they do not know each other. There were no negative experiences reported. A range of professionals can refer directly to Quaker Cottage without going through social workers if the families are seen as at Tier 3 or Tier 4 levels of need. This includes Family Support Hubs in North Belfast which are an important resource for Social Services: they know what services meet which needs and can refer families to them.

An Overview Report on Quaker Cottage by Quaker Service in 2018 found that of those families with Social Services involvement, all of the feedback from social workers indicated that mothers on the Family Programme greatly benefitted in terms of increased parenting capacity and from the positive impact on themselves and their children. Attendance on the programme serves as a “*protective factor*” for child protection and family support. Two or three families (10-15 %) each year no longer require Social Services intervention either during the year or within one year of completing the programme. Based on the Unit Cost Database relating to social care, this is equivalent to an annual saving to the Belfast Trust of almost £10,000. Where the programme results in a child (previously at risk of being taken into care) becoming no longer at risk and remaining at home, this will save the Belfast HSC Trust a further £52,700 per child per annum. These cost savings are significant.

### Annual costs of the Quaker Cottage Family Programme 2015-2020

Year	Quaker Cottage expenditure (Mothers, pre-school and after-school costs)	Grant from Belfast Health & Social Care Trust	Grant from Early Years - The Pathway Fund	Grant aid as a percentage of overall costs
15/16	£234,334	£123,807	n/a	53%
16/17	£273,117	£123,574	£40,000	53%
17/18	£266,518	£127,775.28	£40,000	63%
18/19	£270,409	£127,775.28	£30,000	58%
19/20	£277,312	£127,775.28	£30,000	57%

The table above shows the annual costs of the Quaker Cottage Family Programme 2017-20 and the grants from the Belfast Trust and The Pathways Fund. There is a shortfall of between £98,743 – £119,537 per year, and this requires considerable fundraising through friends, Friends, Quaker and other trusts.

### Limitations from the mothers' perspective:

#### Leaving Quaker Cottage:

An issue which is an indicator of the impact and benefits of the Programme on their lives is the fact that all of the women wanted to continue on the Programme for longer than the year, and felt a strong sense of loss when they had to leave. The withdrawal is gradual: after eight months of two visits a week, they move on to four months of one visit a week, but the loss of the Programme is still keenly felt. They can still use the telephone support and a worker can carry out home visits. The Shankill Sure Start Centre and activities can be an exit strategy for women who live in that area. Many women do contact other groups and resources in the community, and the informal friendship groups continue for some.

It is recommended to build on existing preparation for leaving the programme by meeting individual women to plan for this and discuss ways to move forward. Possibly, volunteers could help with this.

Women expressed a wish for some contact in the form of arranging reunion visits or taking part in some children's clothing exchange or fundraising activities to support the Cottage. The centre manager's view is that this has been tried before but it did not help the mothers as they had hoped, because it was not the regular group experience they were used to.

It is recommended that discussions take place on how mothers as 'experts by experience' might contribute their views to the Programme.

#### Women coming back on the programme:

This is not necessarily a 'limitation', but for some women it is a way of maintaining gains that have been made. For many women, the Quaker Cottage experience has been life-changing and set them on a more positive path, but for five women in the sample, their lives are not going to be trauma-free, because of the serious issues they continue to grapple with, such as mental health, addiction, children's autism, lack of support from their family. They may be taken back for a period because of another crisis, such as the birth of twins or the loss of a partner. The centre manager promises: *"We will give her support and she's stronger for that support and as you do with your family, you don't write them off..."*

#### Women's own attitudes to change and engaging in a group:

Some women describe feelings of hesitancy and wariness on first coming to the unfamiliar environment of Quaker Cottage, interacting with people they do not know and taking part in a group, especially a cross-community group, for the first time. For most, these feelings were quickly dispelled by the warm welcome and informal "family" atmosphere, and 85% complete the Programme. One woman observed that individual attitudes to change and willingness to participate in a group vary, and not every woman is comfortable, so some may choose not to continue. There were a small number of occasions where individual disagreements arose within a group, but these were resolved by the women themselves or by skilled group work from the staff and an emphasis on the ethos of inclusiveness.



## Chapter Six

### Aspects of work: what might be changed or adapted: what is unique and should be protected

#### COVID-19

The most important change affecting families and the Programme is the COVID-19 pandemic. The research for this report was completed in March 2020 just as the first lockdown occurred. Quaker Cottage staff report that this has since made families more isolated, kept in the house all the time, children are off school, families perhaps do not have wi-fi or devices for online learning, so their education is negatively affected. The focus for support is more on immediate needs in the present: food, benefits, isolation and access to support.

An update to *Build Back Fairer*, the COVID-19 Marmot Review (2020) identifies the levels of social, environmental and economic inequality in UK society that were damaging health and wellbeing before the pandemic, which now have a greater impact. The most severe effects are in the poorest areas, with lower life expectancy, higher unemployment, low-paid jobs, poor quality housing, overcrowded conditions, inadequate benefits such as Universal Credit which limit income.

COVID-19 has exposed and amplified these inequalities, and the economic harm caused by pandemic containment measures, such as lockdown and social isolation, further damage health. There is an increased lack of opportunities and difficulties in achieving meaningful participation in society. Many people in low-paid service jobs cannot work from home and are more exposed to infection. There is a need for the government to recognise and address these issues and develop longer-term and medium-term strategies, since a focus on the short term is not effective. These findings were endorsed by

research by the Joseph Rowntree Foundation (*UK Poverty 2020-21*) which showed that areas like Northern Ireland, where there were already higher levels of unemployment, poverty and deprivation, had borne the brunt of the economic and health impacts of the pandemic.

More widely, there are reports of an increase in mental ill health and domestic abuse during lockdown. *The Deaton Report (2020)* in the USA refers to an epidemic of “deaths of despair”: deaths by suicide, alcohol-related disease, drug overdoses, which are all a result of negative coping mechanisms.

#### Quaker Cottage adapted to the conditions of COVID-19:

At the start of the first lockdown in March 2020, the staff made considerable effort to maintain contact with families and support them. The staff team used social media to provide stories, songs and nursery rhymes for the children and sent direct messages of support from their crèche and after-schools workers. Staff also delivered ‘care packages’ to each family with some arts and craft materials, small toys and a few edible goodies. Children whose birthdays fell during the lockdown had cards and presents delivered to their door by a play worker. Most of the mothers on the programme regularly keep in contact via WhatsApp, Messenger or text messages. Additionally, the staff ensured that every woman had a ‘how are you’ phone call at least once a week, and they knew that they could call the helpline number at any time. This arrangement ran from March to July 2020.

Meanwhile, a lot of work went into preparing essential risk assessments and reorganising how the service would be delivered in readiness for a combination of potential reopening scenarios. As part of that reopening, many changes had to be made to practice and the use of the building. One-way systems have been put in place, with sanitiser

available at every doorway and in every room. PPE is made available to staff, all bus passengers have to have temperatures taken and masks have to be worn. More bus journeys are needed because the number of passengers is limited due to social distancing rules. The communal kitchen can only have one person per day on kitchen duties. A room sanitising fogger machine was purchased and is used after every bus journey and every group session. Children have to be managed in 'bubbles' with no crossover of staff or children between bubbles. The mothers' meeting room has doubled in size, with each chair 2m apart. Meals have to be eaten on knee trays rather than around a dining table. Babies cannot be brought into the crèche by their mothers, but instead they are handed to their 'bubble worker' to be brought in. A lot of practices that feel different and 'unnatural' have had to be put in place.

In July when the doors were opened again, it was initially for children only, but soon the Programme was able to accept mothers groups back again, albeit on a part-time basis.

*“I can't underestimate the importance of that regular contact with families and how grateful our service users were to have our support in place all through the lockdown period.*

*The feedback from families is that they really need this place of solace at this terribly difficult time, and are quite willing to do whatever is needed to maintain their attendance on our programme.” Quaker Cottage Manager.*

The manager was acutely concerned about the mental health of the service users during last year's lockdown, and that was the main factor that drove him to push to reopen in early July 2020, which was as early as they possibly could have reopened. He was even more concerned this time around in the January 2021 lockdown, as he feels that people's resilience has 'worn down' significantly, and lack of direct contact with supports is bound to be a factor in this.

The Cottage closed again for two weeks around Halloween 2020, in line with the government guidelines at the time and a pattern of opening and closing continued into early 2021 in line with public health advice. During these pauses in our service staff were back to providing support by social media, phone calls and messages. This is frustrating, but they have learned how important that regular contact is and will maintain it throughout the current lockdown period.

All of these changes and disruptions have created difficulties for delivering year-long programmes on a rolling basis. However, staff were able to finish one group, and start a new group, in late November 2020. The staff team worked hard at the tasks needed just to put everything in place to make the Programme happen and to keep delivering a safe and effective service during these difficult times. Forward planning is a major challenge, but one which the Programme is continuing to do with optimism.

### Changes and needs for families

The Centre Manager can draw on many years of experience to identify changes and new needs that have occurred in families' lives. One is social media. Women can now communicate with each other and put information on a WhatsApp group or a Facebook page. But when they take part in their Family Support groups, they can choose what to present and they may cover things up, whereas before they were anxious to have all their views and feelings heard in the only place available for this. Staff must ensure that a quieter person is enabled to say what she wants to say, perhaps about a serious situation. Social media can also lead to bullying and people being excluded. One woman commented that she never uses it because of its negative aspect. However, the groups that stay in contact after leaving Quaker Cottage use social media to keep in touch and make arrangements to meet. During the pandemic, social media of all kinds have become more widely used by all of the

population, to keep in touch when meeting physically is not possible. However, social media also spread negative false news and rumours, so sessions on the use of social media could be included in any programme.

The misuse of prescription drugs is a problem in many areas of Belfast, and this affects women and children. It is a long-standing issue, linked with mental health issues, deprivation and depression.

**It is recommended that sessions on social media and addiction be included in the programme.**

Mobile phones enable women to communicate with each other, where previously there were few house phones and unreliable public phones. In the days of the Troubles, transport was difficult, and taxis would not move between areas to pick up women from different areas. Now more women have their own cars, perhaps through the DLA scheme, and can pick each other up.

### **What is unique in the Family Support Programme and should be protected**

The Family Support Programme provides for an extremely vulnerable group of families with a high level of needs. They need its year-long caring approach and support. It is holistic, the whole is made up of a number of parts, how much could be lost and it would still work? What is important is the ethos of inclusiveness, the caring positive support of mothers, the informal family feel of the service, trust, counselling, group therapy, staff contact time and relationships with mothers, the informal support and friendship of group members.

A unique feature, not emphasised in other examples of family support, is that Quaker Cottage has a *relationship-based practice*, lasting over the long term, based on relationships between mothers and staff and between the mothers themselves. It is enhanced by the small size of the groups, the integration of child care with the individual and group work, the flexible and prompt responsiveness to the needs that regularly arise.

**It is recommended that the caring, non-judgemental, family-oriented and relationship-based practice be maintained.**

The core staff are crucially important for the programme and any changes in core staff transition would need to be carefully managed with support. The manager's view is that without them, a different version of Family Support would still help people. He sees the key elements as getting people out of their houses, providing a programme or a drop-in facility, so that people have a regular pattern to their lives, link with other women and get support.

**It is recommended that any changes in core staff be carefully managed in any transition period.**

## Conclusions

Quaker Cottage Family Support Programme provides services for families from different communities who have high levels of complex needs. Approximately 40 mothers and their children are enrolled each year, with attendances averaging 85%. The families have the opportunity to get out of their houses and participate in the year-long holistic programme. It includes caring support from staff, counselling, group therapy, informal group support and friendship, high-quality child care, parenting support, meals, practical help, all within an ethos of partnership with parents, a strengths-based approach and relationship-based practice. An important element is the support and advocacy for women attending case conferences, court proceedings and child access arrangements.

The outcomes are that mothers gain many benefits from the Programme, for them personally and for their children. All participants identified positive changes in their lives, in their children’s lives, in their relationships with their children and in their confidence and ability to access help and services in the wider community. They participated in cross-community groups and made contacts and friendships across different groups.

There was no negative feedback expressed either from the women or from the professionals who refer people to the service. Referrers see the Family Support Programme as a safe place with skilled workers for families and children at risk and with high-level needs, and one which families readily engage with and benefit from.

On changes affecting the Programme, COVID-19 is the most pressing, with serious effects on vulnerable families and consequences for running the Programme.

## Recommendations

### Current Practice to be retained:

1. Maintain the caring, non-judgemental, family-oriented ethos and long-term relationship-based practice of the programme.
2. Continue the OBA monitoring for children in the crèche.
3. Maintain the bus service as it is essential for access to the programme.
4. The 24/7 helpline is important, especially for families that continue to face severe difficulties, but an assessment of the time and resources needed for this and some provision for it would be needed.
5. Continue to safely provide some contact support for families during the period of the coronavirus pandemic. Examine the implications of any continuation of COVID-19 restrictions for the sustainability of the programme.

### Practice changes to be developed:

1. Set out the ethos, practice and core components of the programme, with outcomes attached. These would be monitored to show evidence of achievements. The document would show new staff the core elements and skills when there are transitions or changes to experienced staff.
2. Examine how this ethos and practice could be seen as a model for family support work elsewhere.
3. The recording system in the Cottage should take account of the culture of trust and enable women to take more control in their life circumstances. It should involve staff or be shared between staff; should not be overly time-consuming, and where necessary provide training and support for staff in recording and monitoring. This would develop ways of recording the positive indicators, outcomes and evidence of achievements for women on the programme. The Outcomes Star model may be an appropriate model to use.

4. Consider including outside contributors for sessions on topics such as social media bullying, mental health, addiction, rape crisis, reproductive rights and sexual health.
5. Strengthen existing links with other relevant agencies such as Family Hubs, nursery and primary schools, community family centres and women's centres. A limit to this would be resources and staff time.
6. Leaving the Programme: build on existing preparation for women moving-on by meeting them individually to plan for the ending of the programme, and identify ways to move forward. Volunteers could possibly help with this.
7. Staff should develop opportunities and processes for mothers as "experts by experience" to contribute their views to the programme.

**Board to consider:**

1. Changes in core staff to be carefully managed in a transition period, guided by a comprehensive succession planning exercise.
2. Continue to identify sustainable funding sources, given a landscape of reduced funding.
3. Wider dissemination of the report as part of strategic planning and advocacy.

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