'Whole Family Relationship Service'

Evaluation study: Final report

An evaluation study commissioned by Family Lives (a registered charity) to provide an independent evaluation of their Whole Family Relationship Service (WFRS) delivered to families in Leicestershire, September 2023 - September 2024

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1. All the participants who took part in this study and who shared their experiences, views and suggestions.
2. The Family Lives reference group, who provided support, helped with recruitment, and advised on a number of different aspects of this study.

Executive Summary

Family Lives is a registered charity that provides targeted early intervention and crisis support to families. They secured funding to deliver the Whole Family Relationship Service (WFRS) to Leicestershire County Council from May 2023 – April 2026. The whole family relationship service is designed to support families from perinatal support to teenage years delivered by volunteers and paid Family Support Workers (FSW). They aim to provide services tailored to meet a family's specific needs through developing personalised strategies and providing access to resources and support to build happier family relationships. This evaluation study has been commissioned by Family Lives to provide an independent evaluation of the impact and success of WFRS, including service user feedback, during the period September 2023 - September 2024.

The evaluation was led by the Department of Nursing, Health and Wellbeing in the School of Health and Social Work, University of Hertfordshire. A reference group from the WFRS worked with the project team in an advisory and supportive capacity.

Aim: To provide an evaluation 'Whole Family Relationship Service' from the first year of its delivery in Leicestershire (September 2023 - September 2024) to give the Family Lives charity a clear indication of the value of the support they provide to families as experienced by recipients of the service, and staff and volunteers implementing the service.

Objectives:

1. To ascertain the experiences and impact of the WFRS on recipients of the service.
2. To ascertain the experiences and views of staff and volunteers who deliver the WFRS.

Information in this report is derived from data collected via:

- Anonymous responses from recipients of the WFRS 'Did we make a difference' surveys, WFRS KPI's and anonymised Outcomes Star progress data.
- Interviews with recipients of the WFRS and staff and volunteers delivering the service.

Methodological approach: A mixed method evaluative approach, incorporating quantitative and qualitative data collection strategies was employed, comprising:

- Quantitative analysis of anonymised retrospectively collected data about the 'Whole family relationship service' and its delivery to families.
- Qualitative interviews with parents who have received the service, and volunteers and staff who have delivered the service. Interview data were transcribed verbatim and analysed using qualitative framework analysis.
- The summary draws the two data sets together to provide an overall evaluation of the 'Whole family relationship service' and its delivery to families between September 2023 - September 2024, comprising recommendations for future service delivery and monitoring, including suggestions from recipients of the service, staff and volunteers.

Key findings

Quantitative data: Analysis of anonymised retrospectively collected data from the time period of interest (September 2023 - September 2024) about the 'Whole family relationship service' and its delivery to families was carried out. This comprised of 'Did we make a difference' (DWMAD) survey responses from recipients of the service, WFRS Key Performance Indicator data, and Outcomes Star progress data. Overall, feedback from recipients of the service was extremely positive, and KPI and Outcomes Star progress data demonstrated that the service was making positive impacts on families. The time frame of interest for this evaluation was the first year of the service, so processes for collecting feedback and progress data were developing, whilst being mindful not to pressure families in distress. The data was therefore limited to 6 DWMAD survey responses and Outcomes Star progress data was available for 14 families out of 44 families that received the service.

The quantitative evaluation found that the WFRS had a significant positive impact on families in the star areas "How I feel", "My children's emotions", "Keeping my children safe", "Friends and Community", and "My children's learning". Moreover, it positively impacted the star areas "My children's health", "My children's behaviour", "Home and Money", and "Work". Families expressed greater satisfaction in their relationships, noted their children felt happier and experienced improved conflict resolution. The tailored person-centred approach effectively meets families where they are.

Qualitative data: In order to add depth to the findings from the quantitative data, interviews were undertaken with 4 recipients of the WFRS, 2 volunteers and 3 family support workers. Spencer et al's (2014) framework analysis method for analysing qualitative data was used to identify the following key themes from the interview data:

1. WFRS Service delivery
2. Impacts on families
3. Staff and volunteer insights

We asked about the reasons for and contexts of referrals, which are provided by way of introduction to our data analysis, and for perceived limitations and suggestions of the service, which are provided at the end of this section.

The qualitative evaluation indicated that the WFRS gave families practical guidance and support, addressing both immediate situations and ongoing impacts, with coping strategies for future use. The service also directly impacts lives by offering insight into children's coping mechanisms, assisting in conflict management, and shifting perspectives on their circumstances.

WFRS provides robust support for its staff and volunteers through comprehensive training, regular debriefs with FL staff, and additional backup from FL staff.

Summary, limitations, recommendations and conclusion

The findings of this evaluation across all data sets analysed are overwhelmingly positive. The report concludes by summarising the findings across the data sets, considering the limitations of this evaluation and providing recommendations for the WFRS, its ongoing monitoring and future research.

The Report

Family Lives is a registered charity that provides targeted early intervention and crisis support to families. They secured funding to deliver the Whole Family Relationship Service (WFRS) to Leicestershire County Council from May 2023 – April 2026. The WFRS is delivered by paid Family Support Workers and volunteers trained by the Family Lives Charity to deliver their service, which is designed to support families from perinatal support to teenage years. They aim to provide services tailored to meet a family's specific needs through developing personalised strategies and providing access to resources and support to build happier family relationships. Specific support provided comprises of:

- Weekly 1-to-1 support for up to 8 weeks in a home or community setting.
- Family Lives helpline, email and live chat support.
- Parenting workshops and programmes.
- Online resources and advice via their website (Family Lives, 2025)

This small-scale evaluation study has been commissioned by Family Lives to provide an independent evaluation of the impact and success of WFRS, including service user feedback, during the period September 2023 - September 2024. It was led by the Department of Nursing, Health and Wellbeing in the School of Health and Social Work, University of Hertfordshire. A reference group from the WFRS worked with the project team in an advisory and supportive capacity.

Aim: To provide an evaluation 'Whole Family Relationship Service' from the first year of its delivery in Leicestershire (September 2023 - September 2024) to give the Family Lives charity a clear indication of the value of the support they provide to families as experienced by recipients of the service, and staff and volunteers implementing the service.

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- Interviews with recipients of the WFRS, staff and volunteers delivering the service.

All aspects of the project, including the writing of this report, were undertaken by the research team: Rosemary Godbold (Project Lead) [RG], Lisa Whiting [LW] and Honey-Anne Greco [HG].

Methodological approach: A mixed method evaluative approach, incorporating quantitative and qualitative strategies, was employed because the combination of both in evaluation studies can enable a fuller picture than each alone (Department of Health *et al*, 2015).

Quantitative data: Analysis of anonymised retrospectively collected data from the time period of interest (September 2023 - September 2024) about the 'Whole family relationship service' and its delivery to families was carried out. This comprised of 'Did we make a difference' (DWMAD) survey responses from recipients of the service, WFRS Key Performance Indicator data, and Outcomes Star progress data. Overall, feedback from recipients of the service was extremely positive, and KPI and Outcomes Star progress data demonstrated that the service was making positive impacts on families. The time frame of interest for this evaluation was the first year of the service, so processes for collecting feedback and progress data were developing, whilst being mindful not to pressure families in distress. The data was therefore limited to 6 DWMAD survey responses and Outcomes Star progress data was available for 14 families out of the 44 families that received the service.

Qualitative data: Qualitative interviews enable depth to be added to specific areas of interest (Gray, 2018), so to add depth to the findings from the quantitative data, interviews were undertaken with 4 recipients of the WFRS, 2 volunteers and 3 family support workers. Spencer et al's (2014) framework analysis method for analysing qualitative data was used to identify the following key themes from the interview data:

1. WFRS Service delivery
2. Impacts on families
3. Staff and volunteer insights

We asked about the reasons for and contexts of referrals, which are provided by way of introduction to our data analysis, and for perceived limitations and suggestions of the service, which are collated and provided at the end of this section.

Summary, limitations, recommendations and conclusion

The findings of this evaluation across all data sets analysed are overwhelmingly positive. The report concludes by summarising the findings across the data sets, considering the limitations of this evaluation and providing recommendations for the WFRS, its ongoing monitoring and future research.

1. Quantitative analysis

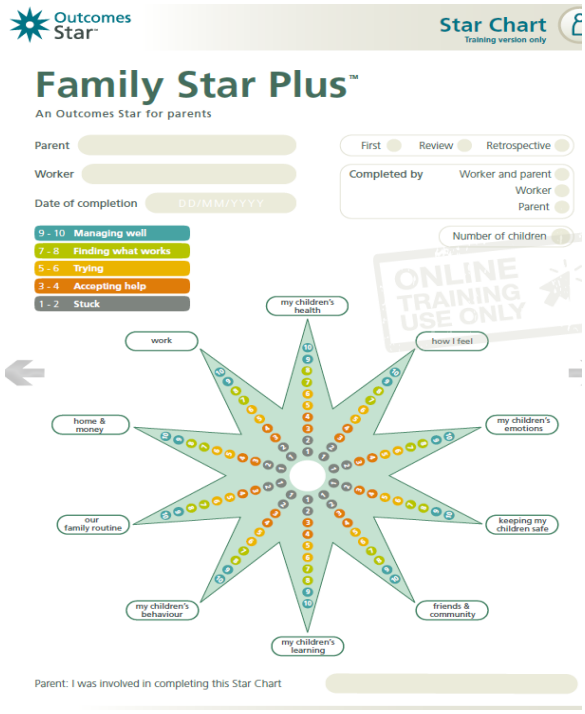
Introduction

This section of the report presents the findings from analysis of the anonymised quantitative data, beginning with the Outcomes Star progress data, followed by the 'Did we make a difference' families survey responses, together with the WFRS Key Performance Indicator data.

1.1 Outcomes Star data

Outcomes Star Family Star Plus (Triangle Consulting Social Enterprise Ltd. © n.d.) is the framework used by the WFRS to assess a family's needs, to focus their intervention and develop an action plan. The framework has ten areas of family life, which the WFRS family support worker (FSW) or volunteer goes through with families on the initial visit and rates each area from 1 -10. A lower rating in a particular Outcome Star area identifies particular areas of need for each family. See figure 1. On subsequent visits, or at the end of the WFRS intervention, those areas identified as requiring action are re-rated collaboratively by the family and the WFRS FSW or volunteer to assess their progress. For example, if a family had rated 'Friends and Community' on the initial visit as 2, the action plan focussed on specific actions to help the recipient of the service in that area of their family life, and were then re-rated at the end of the intervention to evaluate whether they had seen improvements in that area of their life by the end of the eight week programme.

Figure 1: Outcomes Star Family Star Plus Star Chart ©



During the time period of interest, progress data was available for 14 families who had received the programme. This was out of 44 families who had received the programme between September 2023 – September 2024: there was some missing data, as some families had not completed the programme, and some were still actively receiving the WFRS. Paired t-tests were conducted on the data for the 14 families who completed the Outcomes Star assessment before and after the WFRS intervention using IBM SPSS (Version 29) (Statistical Package for the Social Sciences). This analysis demonstrated improvements in all ten Outcomes Star areas across all 14 families (See Table 1), with a statistically significant positive impact on the following areas:

- ✓ Area 2: How I feel
- ✓ Area 3: My children's emotions
- ✓ Area 4: Keeping my children safe
- ✓ Area 5: Friends and Community
- ✓ Area 6: My children's learning
- ✓ Area 8: Our family routine

Table 1: *Paired sample t-tests results for the Outcome Star assessments before and after the WFRS programme*

Star outcome area	Mean Before	Mean After	Increase in Mean	Paired sample SD	*t*	*p* (two-tailed)
1. My children's health	8.43	8.86	0.43	1.158	1.385	.189
2. How I feel	4.21	7.43	3.21	1.805	6.663	<.001*
3. My children's emotions	6.07	8.21	2.14	1.406	5.701	<.001*
4. Keeping my children safe	7.29	8.86	1.57	1.785	3.294	.006*
5. Frends and the community	4.79	7.79	3.00	2.320	4.837	<.001*
6. My children's learning	7.21	8.21	1.00	1.359	2.754	.016*
7. My children's behaviour	6.00	7.71	1.71	3.074	2.087	.057
8. Our family routine	5.93	7.79	1.86	2.349	2.959	.011*
9. Home and money	8.14	8.50	0.36	1.216	1.099	.292
10. Work	8.14	8.43	0.29	2.335	0.458	.655

* Significant result

We also analysed mean (average) scores. The following areas did show an increase in the average (mean) scores, but the intervention did not have a statistically significant effect (see Table 1).

- Area 1: My children's health
- Area 7: My children's behaviour
- Area 9: Home and Money
- Area 10: Work

This analysis indicates Outcomes Star areas in which the WFRS seems to have had less impact. Arguably, the service is less likely to be able to directly influence children's health, family finances, or work. However, these findings invite consideration of the advisory and guidance offered to families in these particular areas.

1.2 Key Performance Indicator (KPI) and 'Did we make a difference' survey data

The KPI data received for analysis was largely drawn from the 'Did we make a difference' survey. The DWMAD data was also received as raw data. What we present here is the WFRS KPI data, then our analysis of the DWMAD data. Families are asked to complete the DWMAD survey at the conclusion of each family's WFRS programme. See Appendix 1. To note, there were just six DWMAD survey responses available for analysis, which limits the conclusions which can be drawn from this data set. Recommendations are made to increase the response rate at the end of this report.

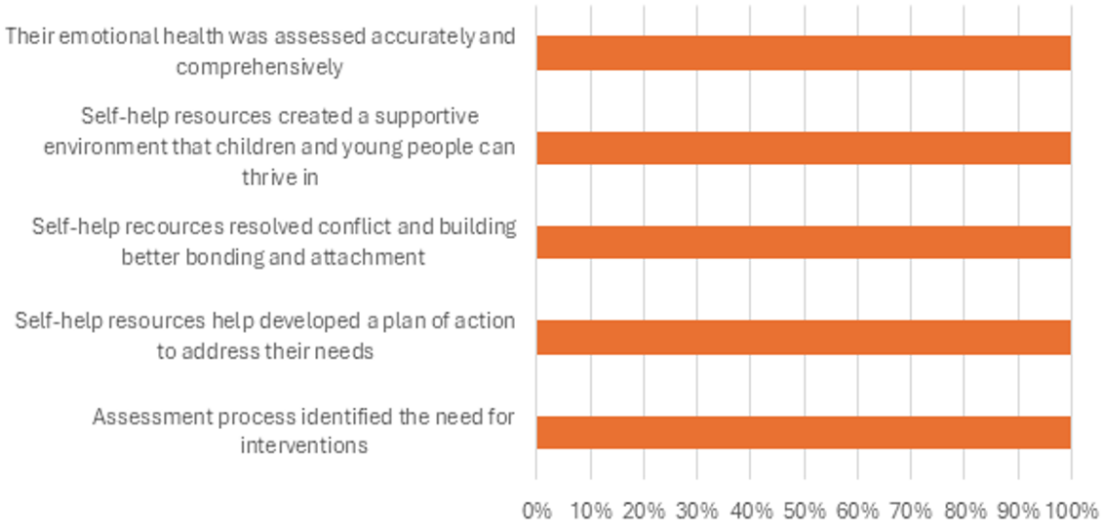
As reported in the KPI's drawn from the DWMAD data, all of the following indicate a positive impact of the WFRS:

- ✓ 100% of respondents reported that they were more satisfied with their relationship after receiving WFRS
- ✓ 80% of respondents reported their children feeling happier and more supported
- ✓ 65% of respondents reported that they were better able to co-parent

- ✓ 80% of respondents reported that their children were doing better
- ✓ 100% of respondents reported a resolution in conflict.
- ✓ 37% of families reported a decrease in conflict.

In addition, 100% of respondents agreed the following (see Figure 2):

Figure 2: Responses to DWMAD survey



This evaluation also comprised an analysis of the free-text responses to the open-ended questions in the DWMAD survey (see Appendix 1). The following key points were found:

- The WFRS had a positive effect on people's lives.
- Respondents felt the WFRS gave them someone to talk to without feeling judged.
- Respondents found the service to be motivational, giving practical tools and plans to help, which improved their confidence and happiness.
- Respondents felt they were treated with respect and dignity, sensitively to circumstances and felt supported.
- Respondents reported that they would recommend the service as it had changed their lives.
- Respondents experienced reduced anxiety, helped by self-care and the resolution of internal conflict.
- Respondents saw improvements in their children's behaviour.
- One respondent suggested extending the WFRS intervention at the service users' cost.

2. Qualitative Interviews: Methods and findings

This section of the report presents the methods and findings of the qualitative arm of the WFRS evaluation. It includes consideration of the backgrounds and context of participants' reasons and presentation of the themes identified from the data.

2.1 Methods

Interviews were undertaken with four recipients of the WFRS, 2 volunteers and 3 family support workers during the period September 2023 - September 2024.

Recruitment: WFRS staff sent an invitation email to people who had been recipients of the service, volunteers and family support workers within the specified time frame. Those interested in participating emailed the study team directly, who then sent out further information and booked those who agreed to be interviewed. Consent was obtained from all participants.

Data collection: Interview schedules were developed directly from the findings of the quantitative data and in collaboration with our WFRS evaluation reference group, who had specific areas they wanted explored and advised on strategies to mitigate the ethical challenges arising from asking participants about a potentially upsetting and traumatic time in their lives. See appendices 2 and 3 for the interview schedules.

The interviews took place online using MS Teams to minimise inconveniencing participants and were carried out by two experienced qualitative researchers [RG & LW]. Interviews were recorded using the facility on MS Teams with a digital recorder as backup. They ranged between 30 – 60 minutes in length. The transcripts were transcribed verbatim by a professional transcription service.

Ethics approval was granted by The University of Hertfordshire Health, Science, Engineering and Technology Ethics Committee with Delegated Authority (study protocol number 0426-2025-Jan-HSET). Participants were sent an information sheet outlining the project's goals and what their involvement would entail. Participants all provided signed consent, and were assured that their participation was voluntary, that they could withdraw at any time, and that their involvement in the study would remain confidential. Further detail about maintaining participant confidentiality in this report is provided below.

Data analysis was undertaken jointly by experienced qualitative researchers [RG & HG] using Spencer et al.'s (2014) method of framework analysis and Nvivo Version 15 (Lumivero, 2023) qualitative data management software between July 1st and August 15th 2025. See Appendix 4 for a full outline of the process of data analysis. The following key themes were identified from the interview data:

1. WFRS Service delivery
2. Impacts on families
3. Staff and volunteer insights

We asked about the reasons for and contexts of referrals, which we provide in a general form by way of introduction to our findings section so as to protect the confidentiality of participants, where individual circumstances could render participants identifiable. The participants were also asked to share their suggestions to improve the service and their views of its limitations.

Participants: The interview participants comprised of 4 recipients of the WFRS, 2 volunteers and 3 family support workers. This split was decided in collaboration with the reference group to ensure representative views were heard from these three key perspectives. The numbers interviewed were felt to be meaningful while being within the scope and scale of this evaluation. Demographic data were not collected from our interviewees so as not to break confidentiality for any of this small group of participants. Some context and background to participants is provided at the beginning of the next section.

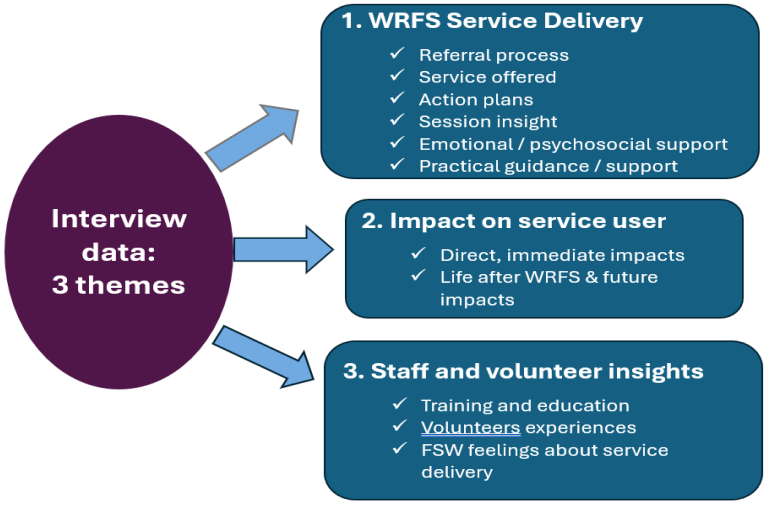
2.2 Findings from qualitative interviews

This section begins with a generalised introduction to the context and background of our participants in relation to their involvement with WFRS. This is followed by a presentation of the findings, organised by themes and sub-themes using representative quotes to illustrate each. Participants are identified numerically and their participant type indicated as: volunteers (V), recipients of the service (RS) and Family Support Workers (FSW). Occasionally, quotes have been de-identified to avoid breaking the confidentiality of participants. For example, where it was possible to identify a staff member or recipient of the WFRS from a quotation, this has been replaced with more general terminology. In addition, participants offered a number of suggestions regarding the WFRS, and these are discussed at the latter part of this section.

Background and context

Participants included three family support workers and two volunteers who all had a variety of experiences and backgrounds in family support work and differing motivations for working or volunteering with the WFRS. Without exception, they were all dedicated to the ethos of the WFRS to support families in need, and demonstrated unwavering commitment to provide the best possible service to families within the resources available. Of the four service recipients interviewed for this study, the family's reasons for accessing the WFRS varied. In common was that they were all finding some aspect of family life challenging, for example, struggling with their child's behaviour, or experiencing family conflict, for which they needed support and guidance. The following three themes were identified from the interview data (see figure 3):

Figure 3: Qualitative interview themes and sub-themes



2.2.1 Theme 1: WFRS Service delivery

FL services offered

The WFRS offered by Family Lives (FL) provides a family support worker to work with a family for eight weeks. This includes an hour-long session each week in person, along with support through a monitored online chat app. There is flexibility to add additional sessions if necessary.

> *"So the model works so it's eight weeks. So you have eight sessions, eight hour-long sessions with a mum and then at the end of the eight weeks, you get placed with a new mum."* P7 V

> *"Family Lives are quite open-minded with that, you know, they're not saying, no, you've got to have it done in eight sessions, they've always been supportive of when I've said "Look, I just need to give this person a bit extra."* P4 FSW

Referral process

Families in need of support are referred to the service through various channels. They may self-refer or be referred by their child's school, GP, health visitor, or social services. Additionally, some families learnt about the service through Vitality or by finding it online. Families reported that they received a quick response from FL. One family was referred to receive a family support worker after attending a workshop. Although they waited a few weeks, they felt that this was a quicker response than they had anticipated.

> *"So actually having Family Lives come to us and come to us quite quickly was really good because I was starting to explore other options of what we could do or who we could speak to to get some help for us."* P2 RS

One family shared that after they found the service, they signed up to attend the workshop offered as part of the WFRS and the personal contact received before the workshop encouraged this family to attend. They found this initial contact helpful, as they had not known where to turn for help. The WFRS aims to acknowledge all referrals within 24 hours and to contact all families referred to them within 48 hours. While families are waiting for the programme to begin, they are provided with information on the next steps and the number of sessions available. They also supply the necessary data protection forms and direct families to their website for additional support offerings, which include one-off workshops, online workshops, and monthly wellness groups. Additionally, communication with families is promoted through email, online chat and phone for immediate concerns as well as social media links to upcoming events. Initial contact involves a RAG rating to triage to understand the situation's priority, and to understand the family's needs so a suitable support worker can be assigned. All families who are waiting are placed in a tracking system.

> *"If they're on a waiting list, we offer them online support, we do like one-off workshops, online workshops, and we also do a monthly wellness group at one of the family hubs, so that they are not just sitting waiting."* P3 FSW

Action plans

In the initial meeting, the FSW utilises the Outcomes Star system to identify and understand the family's needs. This system aids in prioritising elements to be included in the action plans, allowing them to be tailored specifically for each family. The FSW assesses whether to incorporate action plans into the session based on the unique needs of the family. For some families, a plan a structured plan may not be suitable, while other families found it beneficial even when it was not their usual approach.

> *"Some really love it because they like having a plan, like what's going to happen, what am I going to do, what are we doing? And then others, they're just not really that way inclined, that's not really how they live their life, and maybe it's a case of, this is actually going to help you to plan and structure a bit more, maybe they need more organisational skills, but then some of them are just more, it's just more spontaneous and free-flowing… there's been a couple of cases where I haven't done an action plan with a family because… sometimes it doesn't actually feel appropriate, but most of the time they do."* P4 FSW

FSW's shared that they feel that action plans need to be flexible as the deeper issues may only come to light as trust is built through the course of the programme.

> *"Over the sessions, there's other things that end up being shared that sometimes, over, we kind of then have to put some of the things aside and they'll focus on that."* P3 FSW

One parent participant shared that they had developed the action plan along with the FSW, and found it helpful, even though at the beginning of the programme they hadn't believed it would make a difference to their situation.

> *"At first, I'm going to be honest, I thought it's not going to work, nothing works, I've tried everything… I'm going to give it a go… this actually might get me to the next stage, I'm not saying it's going to fix me or anything, but you know, it's going to make me feel a bit more secure in my own head."* P9 RS

> *"We sat in the living room and thought okay, how's the best ways to help… and she went and actually found some groups that she thought I'd be interested in to try and help me like get out the house again"* P9 RS

Session insights

Sessions look different for each family, and this depends on their needs, sometimes with very practical guidance and support for making small, achievable adjustments to their daily lives with positive results. For example, one FSW described how helping families to establish new, healthier daily rituals led to a positive way to start the day in a better frame of mind.

> *"So just getting those new rituals in place…, by the time they've got through like two weeks of doing it, all of a sudden it's like their new routine… even though it seems really simple, they feel so much, like life's a bit more achievable and everything feels a little bit more… that positive morning routine seems to really go a long way."* P3 FSW

Our participants described how the sessions support families through listening, helping families feel heard and by validating their feelings, giving people a safe space to offload all of their concerns and worries.

> *"Our aim is to leave them with the coping tools to manage themselves, you know? And sometimes it can just be the simplest of things, that, you know, they haven't thought of, or they just have not… they find the solutions themselves, it's just somebody that is willing to sit and listen to them. Make them feel valued, you know, nonjudgmental."* P6 FSW

When unavoidable circumstances meant a change to the FSW was needed, they were managed effectively, and the family continued to feel supported.

> *"We had somebody else… and she's just as lovely, so she came to our house instead for the last session."* P5 RS

Emotional psycho-social support

Families shared that they were looking for hope amidst their challenging situations when they came to FL. They found comfort in the understanding they received about their experiences and the dynamics within their families. This provided reassurance, and they felt that they were no longer alone in their circumstances. Recipients of the service reported that they had connected well with their FSW, who demonstrated genuine caring and respect. This meant that they felt safe and listened to. The FSW also made them feel that they were able to be a good parent and helped them change their perspective of their situation, and that the service they received was tailored to them and their circumstances.

> *"I think what they've offered is just to feel listened to, to have that space to feel that someone actually cares."* P2 RS

Families shared how their family support worker had a calming influence on the whole family when they came into the family home. FSWs worked with all members of the family and made a connection with the children by building their trust. One family shared that this connection surprised them, as their child did not readily connect with unfamiliar adults. The FSW also went into the school to connect with the child and provided the children with a safe space to share their own concerns and issues.

> *"So the fact that she actually spoke was like really good, because I thought like oh yeah she's going to into school and [my child's] going to look her dead in the eye and then go, no, but she didn't, so I was so honestly impressed by that… I think that was really important."* P9 RS

Families valued that they were able to access support outside of their sessions. FSWs were available on the phone or by chat whenever needed, providing flexible assistance that could be continued into additional sessions as required. Support was also available for them while they were waiting for a FSW or volunteer to be assigned to their family. Overall, families felt that the quality of support they received was excellent. They also mentioned that they were able to access other support, such as the wellness groups.

> *"That I knew that they were there, that it was a genuine care, genuine support, and you know, it means so much to me"* P5 RS

Families shared the importance that the support they were given was face-to-face face as it is easier to hide what is really going on in their lives when they are in online groups.

> *"Because for me it's easy for me just to hide online and go, "Yeah I'm fine, I'm fine, yeah," and then as soon as I log off, cry,"* P9 RS

Practical guidance and support

Families shared how they were equipped with practical, transferable tools that they would be able to use with all their children, such as breathing techniques, coping strategies, and exercise action plans. They also shared how they were assisted to gain insight into their situations, learning how to deal with their anxiety and respond to trauma, as well as strategies for addressing their problems with practical advice on building relationships. In addition, family support workers worked with the children to build their self-worth.

> *"It was how to put things into place and how to stop blaming myself, and to see it probably, from other people's point of view as well, and to be able to walk away."* P1 RS

> *"She was very much thinking to do with my husband's and son's relationship…, something that they could do that was just the two of them to kind of try and develop that relationship and find something that was for them. So there was a lot of practical advice with that, some kind of ideas and things to try"* P2 RS

FL provide workshops that share strategies to help parents support their families both online and at schools on a variety of subjects, from anxiety to child-on-parent violence. Families shared that the workshops provided insight into child-on-parent violence and gave them useful tools to use now and in the future.

> *"I think using those tools the workshop was really, really helpful"* P2 RS

> *"We'll do an actual presentation on topics like anxiety, self-esteem, challenging behaviours, and aimed at parents to support their children, but it also ended up being to support themselves."* P4 FSW

Top tips from FSW include walking, breathwork and meditation and trying to be present.

> *"I think walking, meditation, breathwork, just that sense of like trying to be off the phone a little bit more, trying to be more present, that mindfulness of like if you're washing the pots, just really be mindful of what you're washing. If you're eating your dinner, really think about tasting the food, instead of like, oh I need to go and do this, this and this, which is what our brains naturally do. I talk about how meditation can slow that process down and help you be more present"* P3 FSW

2.2.2 Theme 2: Impact on the service user

Direct immediate impacts

Families report that having a family support worker has had a profoundly positive impact on their lives. This service enhances their confidence and self-worth, allowing them to discover their own identity. As a result, they are motivated to implement their action plans.

> *"It's put me in a better position to be there for my children, to help them, and I don't think I would've had that without that help and support that [FSW] gave me, gave the whole family, but especially me."* P2 RS

Families shared that the FSWs helped them to change their perspective about their situations, leading to a sense of empowerment. They have gained valuable insight into coping with their children's emotions and behaviours. This is particularly important as one child's behaviour can have a huge impact on the whole family. For example, FSWs explained how they worked with the children and helped parents understand that a child's behaviour can be a response to trauma.

> *"So realising actually the pressure I'd put on myself, she took a bit of that away, said it's fine, what does it matter if such and such or whatever, and it was just giving that, that very calmness coming in and taking away the things that perhaps I stressed about and necessarily didn't need to because it's actually okay."* P2 RS

FSWs meet the needs of families as they occur, providing crucial support during crises and playing a positive role in helping families cope with ongoing domestic conflict and controlling behaviour. This assistance helps families feel supported and capable of changing their behaviour in response.

> *"It gave me the strength to do it all instead of sitting there thinking it was all my fault."* P1 RS

> *"And the feedback that we've had since, is that… it was the best thing she'd ever done, because it's completely changed the way she dealt with things, the way she saw things, she could just put a different hat on, and it was just brilliant"* P6 FSW

Life after FL

Families recognise that although their time with FL has ended, there is still more work to be done. Their situations remain a work in progress, and they continue to face challenges. However, things are better now than they were before, and they feel more equipped to handle them.

> *"So it's still very much a work in progress but I feel like we've got more tools now to be able to try and navigate that."* P2 RS

2.2.3 Theme 3: Staff and Volunteer insights

Training and education

Family Lives provides its staff and volunteers with comprehensive training before they are assigned to a family. This training encompasses communication and Family Life models and values. Volunteers participate in weekly training sessions over 3 to 5 weeks. Other training covers topics such as using the Outcomes Star system, parental conflict, safeguarding, practical help training, five to thrive, dementia, data protection, closure and sleep training. Staff and volunteers are supervised in the early stages of their work with family lives, with a strong network that ensures they feel supported in the work they do.

> *"We shadowed people, so people that were supporting the families, that's part of it, just so that you can see how it is live, what you do, and then continual development basically, we're always able to meet each other online to share knowledge and experience."* P4 FSW

> *"So the training that we did, it was great really. It was kind of all done on Teams and it sort of started off with like what we want to achieve at the end, and it went into all… different models that Family Lives use to help you when you are meeting up with a family… like how to actively listen to somebody and communicate with somebody."* P7 V

Volunteer experiences

Volunteers are recruited through advertisements on Indeed and local Facebook groups. They receive relevant training that makes them feel supported in assisting families. FSWs accompany volunteers during their initial sessions with families, providing backup and guidance on suitable groups for referrals. Volunteers also have opportunities to debrief with FL staff, which is important due to the emotional nature of the work. Volunteers remain committed to their roles with FL, as they believe they can make a positive impact on families.

> *"I think it works really quite well. I think, as you say, there is a lot of time that goes into it in terms of [FL staff]'s support at the moment, every three weeks, and she is on the phone to me for an hour going through all the, you know, everything that we've sort of discussed."* P7 V

FSW feelings about service

All of our interviews reflected how FL has a culture of genuine caring at the heart of all it does, empowering people and building them up, evident in everything they do from the very first phone call to families.

> *"So I do feel like we differ, because we genuinely care about them, even if they're just a name on a piece of paper, to us, they're not. So that is reflective of our attitude"* P4 FSW

It is important to ensure that individuals feel acknowledged and understood. FSWs spoke of how showing empathy for a family's situation and being receptive to genuine human connections can encourage the family to invest effort in working collaboratively. FSWs expressed how they can feel frustrated when the

families referred to them are reluctant to engage, but understood how families may feel judged by others and not understand what the WFRS can offer.

> *"When somebody feels heard they're more likely to be, you know, want to put the work in and want to work with you because they can actually see that you're giving them time to just offload and listen, and not just listen, genuinely actively listening."* P3 FSW

FSWs described the emotional toll of knowing there are so many families needing help, but there are limits to how many families can be taken on at a time, despite a real need in the community for the service they are providing. They also described the difficulty of disconnecting from families at the end of the programme, once they have built up a relationship with them. Despite these challenges, they were reassured knowing they positively impact people's lives and felt passionately about their work.

> *"I definitely am an advocate for Family Lives and you know, as much as it's something I work in… I'm so passionate about who they are and who we are, and what we can offer."* P3 FSW

FSWs felt supported by FL; they expressed that they were warmly welcomed into the team and benefited from effective supervision, which contributes positively to their work experience.

> *"They're very good at supporting the staff, directing you to where there's help if you need it, and encouraging you to talk about if you need any help, or you're feeling overwhelmed."* P6 FSW

2.3 Limitations and suggestions for the WFRS:

All interview participants were asked to provide their views on any limitations of the WFRS and their suggestions for improving the service. There was significant overlap and similarity between those identified by both recipients of the service and the volunteers and staff who deliver it.

Many of the limitations and suggestions related to the limited resources that WFRS was working with, which often meant the service couldn't keep up with demand. While FSWs and volunteers worked hard to respond to referrals in a timely manner, providing interim arrangements such as phone calls, messaging and online workshops, there were often unavoidable delays between referral and starting the WFRS for families due to the limited number of volunteers and FSWs.

> *"We have around eight to ten volunteers, and if we have a volunteer in a specific area and we have a referral come in and they can only do that specific area, and they're free, we're going to give them the referral that's come through. So, some of the referrals come through, and they'll be seen quite quickly. Some of them, if they're in an area and there's 15 people on that waiting list in that area, they're going to be waiting a bit longer."* P3 FSW

One FSW also explained how they were doing as much community outreach, with, for example, schools and GPs, as time would allow, but felt much more could be done given additional resourcing. Likewise, while FSWs were promoting their service to families, they were cognisant of generating too much demand for

the service when families in need could be left on long waiting lists. There was also consideration of the WFRS's reliance on volunteers, and gratitude that they give up their time to be trained for and deliver the service.

> *"I am scared about them getting the referral and then having to wait so long because there's not enough of us to be able to see them, and then the waiting list gets, we don't want to be that service that everyone's, it's great, but you have to wait ages for it, you know, I don't want to be that. So if we had more people in the team we could get through the waiting list … and more families seen."* P3 FSW

All the participants discussed the current standard approach of scheduling eight sessions for families in need. There was an overall sense that while occasionally families received more or fewer sessions depending on need, flexibility should be the standard approach. There was also a suggestion that there should be no more than two weeks between each session in order to keep the momentum going with implementing action plans and providing timely support. One participant discussed the option of paying for ongoing sessions beyond the standard eight, although it was acknowledged that there was a process of donation to Family Lives and that families should have access to the WFRS tailored to their individual needs, rather than their ability to pay.

> *"Sometimes it was two weeks, for some things it were beyond control because of, due to illness and things, that it was a big longer, but I really felt that sometimes it was hard when it was longer because we were all like kind of ready for the next, the next visit."* P2 RS

> *"Bearing in mind you're taking your first session to do the Outcome Stars, and then you're re-evaluating that in session eight, you've actually only got six sessions, six hours, that's not a very long time."* P6 FSW

Delivery of WFRS sessions and workshops, either online or in person, was discussed. Some preferred the convenience and perceived anonymity of online delivery, while some preferred being in the same room and seeing others in person.

> *"I think sometimes you perhaps wouldn't have asked the questions if you were in a room full of people that you'd probably have the confidence to ask from the comfort of your own home" P2 RS*

> *"The wellness group is still going on every month, like well it was still going on but I think now it's going to be changed to online again which'll be no good for me so I won't be able to access that"* P9 RS

There was agreement that closer agency working would help in the delivery of the WFRS and for those receiving it. For example, one participant described the challenges of having to relay her story multiple times to multiple service providers.

> *"I don't erven know if that's possible but that would, that would have helped kind of explain more things and kind of and going, "Okay here's my NHS number, you can find information about my mental health and my physical health that way," save me having to go over it again and reliving the past trauma, if that makes sense? … Yeah, it hurts."* P9 RS

The processes of referral by WFRS to relevant agencies and service providers were also identified as problematic, with participants describing the difficulties of waiting for referrals to be responded to. In a couple of instances, participants explained how onward referrals from the WFRS to service providers had never been responded to. While this issue is not directly related to, or under the control of Family Lives, greater collaborative working with community service providers, schools and GPs was something that FSWs said they had been working towards.

> *"They [WFRS] referred me to people, but it's a shame that some people would say, "No, the referral's got to come from [FSW]", which [FSW] did do the referral, but nothing came of it. Do you know what I mean? There was no close working with… all the other groups that people need here."* P1 RS

Other observations of note were that families who referred themselves often seemed more receptive to the WFRS programme than those referred by others. This is something worthy of ongoing consideration and further research.

> *"There was one family that I went to support where I think the school had referred the mum but in the end she opted to do online, get support online from Family Lives, ... I went and did the STARS and met her the one time, …I feel like she might not have been so open to receive the support."* P8 V

Also, one of the volunteers advocated for specialist advisory relating to support with parenting neurodiverse children, which we include as one of our recommendations.

> *"Something I think would be really nice is like direct autism and ADHD support because, I think, every family I saw had a child with at least one of those, and they've probably got the other one but undiagnosed. And that's where a lot of the support was going into. But I think if the staff were like trained to be like autism support"* P8 V

3. Summary, limitations and recommendations

In summary, the findings of the qualitative arm of this evaluation support and add to the overall positive findings of the Outcomes Star, DWMAD and KPI data. Of particular note:

- The tailored, person-centred approach of the WFRS meets families on their terms and provides services for their particular needs.
- The caring, non-judgmental and pragmatic approach of staff who go to extraordinary lengths to enact the ethos of Family Lives with struggling families.
- The positive input of the service with children.
- The practical guidance and tools provided to families helped not only in the immediate situation for which they were accessing the service, with ongoing impacts and coping strategies used by families into the future.

3.1 Limitations of evaluation

This was a very small-scale evaluation study with limited quantitative data and a small participant sample for the qualitative arm. Recruitment of recipients of the service was challenging, and it is possible that only those who had had a positive experience completed the 'Did we make a difference' survey and came forward for an interview. All our interviewees were women, and the service recipients interviewed were all mothers. This evaluation focused on the first year of delivery of this service in Leicestershire, which was reflected in the limited data available.

3.2 Recommendations

The following recommendations are drawn directly from across all of the data sets and are offered in the spirit of enhancing both the ongoing delivery and monitoring of the WFRS.

- The WFRS continues to pursue avenues for closer collaborative working with the community and other key support service providers.
- The standard delivery of eight sessions per family be reviewed with consideration of standardising a flexible approach to provide more or fewer sessions depending on the needs of the family and resources available.
- Specialist advisory be available for families with neurodiverse children.
- Provision for face-to-face workshops and community initiatives, such as coffee mornings, continues alongside online support.
- Strategies for collecting consistent, complete data be regularly reviewed to ensure effective ongoing monitoring of the WFRS. For example, stringent collection of Outcomes Star data is carried out in the first and last meetings with recipients of the service to facilitate progress monitoring across delivery of

the service. Regular review of this progress data is recommended with a view to highlighting areas where service delivery might be enhanced.

- Administration of the 'Did we make a difference' survey be reviewed to ensure high completion rates. For example, recipients of the service may be more likely to complete the survey if it is anonymous, and time be routinely allocated to guide all families on its completion during the final session of the programme.
- Formal ongoing strategies for monitoring and evaluating the service continue and include targeted capture of the experiences of the WFRS of families from diverse ethnic backgrounds, fathers and children, families referred by external agencies and ongoing, long-term impacts for recipients of the WFRS.
- That the WFRS be expanded to other counties.

3.3 Conclusion

The findings of this evaluation of the Whole Family Relationship Service delivered by Family Lives charity are overwhelmingly positive. It has demonstrated that the service is filling an important need for families facing a variety of challenges in Leicestershire. The staff and volunteers are totally committed to the ethos of Family Lives charity to deliver services with pride that are tailored, non-judgmental and pragmatic, which are making tangible, at times life-changing, ongoing positive impacts on the families in receipt of their service.

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Appendix 1: WFRS Did We Make A Difference survey

Thank you for completing this evaluation form. Your feedback is important to us so that we can shape our services to meet families' needs and identify any training for our staff.

When you submit this form, it will not automatically collect your details like name and email address unless you provide it yourself.

Required

1. First name

2. Last name

3. Postcode

4. Email address

5. Preferred contact no

6. Which service did you receive? Please tick all that apply

- ◯ Individual support
- ◯ Drop-in
- ◯ Parenting group
- ◯ Online peer support (Facebook/forum group)
- ◯ Signposting to Family Lives support services (eg helpline/email/live chat)

7. On a scale of 0 to 10 where 0 is 'disappointing' and 10 is 'excellent', how would you rate this service?

8. Please give your reasons for your rating score

9. On a scale of 0 to 10 where 0 is 'no' and 10 is 'definitely', did Family Lives support you sensitively and with respect?

10. Please give your reasons for this score

11. On a scale of 0 to 10 where 0 is 'no' and 10 'definitely', how likely are you to recommend this service to anyone else?

12. Please give your reasons for your score

13. Do you feel that the self resources were helpful in:

	Yes	No	In part	Not applicable
Resolving any conflict	◯	◯	◯	◯
Building better bonding and attachment	◯	◯	◯	◯
Creating a supportive environment that my children and young people can thrive in	◯	◯	◯	◯

14. I feel that:

	Yes	No	In part	Not applicable
My emotional health was assessed accurately and comprehensively	◯	◯	◯	◯
The assessment process was helpful in identifying the need for interventions	◯	◯	◯	◯
The assessment process was helpful in developing a plan of action to address my needs	◯	◯	◯	◯

15. Please provide any brief comments about your above statements

16. After this service:

	Yes	No	In part	Not Applicable
There has been a decrease in conflict	◯	◯	◯	◯
Our children feel happier and more supported	◯	◯	◯	◯
Our children are doing better in school	◯	◯	◯	◯
I feel better able to co-parent	◯	◯	◯	◯
I feel more satisfied with my relationships	◯	◯	◯	◯

17. Please provide any brief comments about your statements above

18.Please tell us about any suggestions you may have to improve or develop our service

Appendix 2: Family Lives interview schedule for service users

Welcome the participant to the interview. Confirm that they have read the information sheet and signed the consent form. Remind the participant that it is fine if they don't want to answer any questions and that they can stop the interview at any time.

1. How were you referred (self or a professional)
2. Welcome the participant to the interview. Confirm that they have read the information sheet and signed the consent form. Remind the participant that it is fine if they don't want to answer any questions and that they can stop the interview at any time.
3. Tell me about how your mental and emotional health was before contact with Family lives?
4. How quickly did family lives respond to you?
    a. Was this fast enough for your needs
    b. How were you feeling while you were waiting
    c. Were you assigned a support worker?
5. Tell us about your first session/what family lives provided.
6. How was the interaction between you and the family lives team?
7. How did what was provided make you feel about the situation that led to the referral?
8. Did you feel comfortable sharing details about your situation and your feelings with the family lives team?
9. Tell us about the recommendations/plan of action developed with the Family Lives team. Did you feel that you were fully involved in developing your action plan?
10. Describe how the plan of action was implemented.
11. How did making a plan of action make you feel?
12. How did the plan of action
    a. affect the situation that led to the referral and
    b. change family life
13. Tell me about how your mental and emotional health was after your contact with Family Lives.
14. What about what family lives offers was most important to you?
15. What could family lives do to improve what they offer?
16. What else do you think could family lives offer that would help you?
17. Is there anything else you'd like to tell us?

Would you like to have a summary of our findings emailed to you? Thank participant for their time.

Appendix 3: Family Lives interview schedule for Volunteers and Family Support Workers

Welcome the participant to the interview. Confirm that they have read the information sheet and signed the consent form. Remind the participant that it is fine if they don't want to answer any questions and that they can stop the interview at any time.

Please choose a pseudonym that we can use to refer to you, but which will maintain your confidentiality.

Volunteers

1. Tell us about how you got involved with Family Lives
2. Tell us about what your role is at family lives
3. How long have you been involved with family lives?

Family support workers

1. Tell us a bit about your background in family support work
2. Tell us about what your role is at family lives
3. How long have you been involved with family lives?

All providers

1. Tell me about the training family lives provides
2. How do you approach a new family that has been referred to the service?
3. Tell us how an action plan is formulated?
4. How well received is this intervention by
    a. Families
    b. The community, including Schools/GP's/Social Services

5. Follow up on question 4: why do you think this is how it is perceived by others
6. Tell us about the impact this intervention has on families
    - Can you describe an example
7. What works well with the current intervention, for example, do you think 8 sessions is enough or should there be more / less?
8. Do you have any suggestions to improve the current intervention?
9. What else do you think family lives could offer that would help a need you see in the community and in families?
10. Is there anything else you'd like to tell us?

Would you like to have a summary of our findings emailed to you? Thank the participant for their time.

Appendix 4: Framework analysis of interview data

Analysis was undertaken jointly by experienced qualitative researchers [RG & HG] using NVIVO qualitative data management software between July 1st and August 15th 2025. Spencer et al's (2014) method of framework analysis (2014) was used to identify the final three key themes from the interview data. The following table outlines the process that was used at each stage of the framework analysis.

Stage of analysis	Requirements at each stage	How each stage was carried out
1. Familiarisation	Immersion in the data to identify key noticings, thoughts or impressions	RG listened to each interview and read each transcript, identifying initial noticings and impressions. HG read all the transcripts to be familiar with the data before applying framework.
2. Constructing and testing an initial thematic framework	Identifying recurrent and important themes, and sub themes (deductive and inductively) into a framework	RG re-read the transcripts and identified initial codes, categories and over-arching themes from the data and developed these into a nascent framework.
3. Indexing and sorting	Applying the framework to each transcript systematically	HG then applied the framework independently to the transcripts using NVIVO data management software to complete the coding and develop the codebook. RG and HG met to discuss the categories and coding. Overall, the framework had worked well.
4. Reviewing data extracts	Refinements made to the framework	The framework was refined with the addition of a few new codes and coding of all transcripts using the framework was completed by HG. RG and HG discussed and refined the final 3 themes and reviewed the data extracts.
5. Data summary and display	Summaries made by theme and by case generating a matrix	The final 3 themes, coding and subthemes were agreed on and final reporting was generated by RG and HG.