Qualitative research annex to 'Family and its Protective Effect: Part 1 of the Independent Family Review'

September 2022

Contents

Introduction

The aim of the qualitative fieldwork was to explore what family means to people, how services support families, and what can be done to improve services for families. We conducted a series focus groups and interviews which aimed to hear from children and young people, and adults, about what they consider family to be, and what family life looks like to them. We also wanted to understand children and families' perspectives on the support they are offered by community, and public and voluntary services. Specifically, we want to know if the needs of children are understood in the provision of services to families, to investigate how we can improve children's outcomes.

1. Fieldwork

Whilst we spoke to people with a range of family experiences, the primary aim of the interviews and focus groups was to speak to children and adults who use a range of family services. Participants were recruited through services, including:

- Family Hubs, Children's Centres and Family Nurse Partnership Programme
- Courses for parenting and reducing parental conflict (including a parenting course for men)
- Support groups for: kinship carers; foster carers; children affected by bereavement; families affected by mental health difficulties; families with children with SEND; families affected by substance misuse; families affected by domestic abuse
- Home Start services
- Holiday Activity and Food (HAF) programmes
- Playgroups and baby and toddler groups
- Schools and youth groups
- Baby banks

Fieldwork was carried out across England in June, July and August 2022 and typically occurred at the service. As part of the recruitment process, participants were offered the opportunity to have a one-to-one semi-structured interview if they did not want to take part in a focus group (a technique used to encourage structured discussion around a topic within a group of up to around 10 people). Most people who took part did so through focus groups. We also visited a festival for young carers and captured the ideas of over 100 young people through creative activities. Some of these have also fed into the report.

Whilst the sample was geographically dispersed, with participants coming from almost every region of England, the services we visited were typically in urban areas. Recruiting through existing services and support groups helped to improve participation of some harder-to-reach groups but does mean that the findings are limited to those currently accessing services. A handful of interviews (n=7) and focus groups (n=2) were conducted online when face-to-face was not feasible.

All of the engagement activities were conducted in line with the CCo's engagement, safeguarding and privacy policies. Our team of researchers made sure that participants gave their informed consent before speaking with us and felt comfortable sharing their views and experiences. We informed participants that they could decline to speak with us, could leave the conversation at any point, and could also change their minds on how their data is used after the focus group or interview had taken place. The participants' identity is kept anonymous. All names that have been used in this report are pseudonyms.

1.1. Breakdown of focus groups

We conducted 23 focus groups and 35 individual interviews with 47 children and 120 parents and carers. We also spoke with 93 professionals working in family services or support groups through 5 roundtables and a dozen individual interviews. We also spoke to a number of professionals informally whose views and ideas have also informed our thinking, but they are not reflected in this table. We also received a few submissions in writing where it was not possible for us to speak with participants. These have fed into this report but are also not reflected in this table.

Setting or service	Number of children	Number of parents and carers	Number of professionals
Family Hubs, Children's Centres and Family Nurse Partnership Programme	0	37	4
Courses for parenting and reducing parental conflict	0	17	1
Support groups	8	24	1
Home Start services	0	12	0
Holiday Activity and Food (HAF) programmes	28	13	0
Playgroups and toddler groups	0	7	2
Schools and youth groups	11	10	1
Baby banks	0	0	2
Roundtables	0	0	82
TOTAL	**47**	**120**	**93**

Focus groups for children and parents were conducted separately. Two topic guides were created – one for children and young people and another for parents and carers. The majority of focus groups and interviews were audio recorded, and detailed notes were taken for those that were not. Focus groups and interviews were then fully transcribed.

2. Analysis

Two social researchers worked collaboratively to analyse the qualitative data, starting with a reading of transcripts to aid familiarisation of the data. After this, a coding scheme was created by considering the research aims and reflecting on meaningful and interesting features of the data. Using NVivo, we coded for:

- Family structure; family practices and actions; meanings and emotions associated with family
- Description of family services; the benefit and value of services; service improvement; access to and accessibility of services; other support sought or offered wider than family services
- Health and health services (including mental health and maternity care); childcare; cost of living; discrimination; 'other' things

From here, the codes were reviewed, collected into themes and written up, including extract examples that relate to the themes of the data.

2.1. Summary of findings: family life

The focus groups and interviews were predominantly focused upon families' views on support and services, but there were also discussions on family life. When exploring what family means to participants, three themes emerged. Firstly, family is defined as much by what people do for one another than by who is in it. Spending time together and jointly engaging in the mundane activities of daily life are all considered markers of 'family'.

Secondly, people choose who makes up their family. Children know and clearly defined the people they consider as important and a part of their family. These are people who give them care, physical and emotional support and who they feel they can trust. In this regard, children often mentioned extended family, close friends and even pets as part of their family. Adults also expressed the ability to choose who they keep connections with and who they draw support from, and this often extends beyond biological ties. For many adults, close friends are considered a part of their family, because of the closeness and enduring nature of their relationships and being able to rely on them for practical and emotional support.

Thirdly, family is associated with many positive emotions, and we heard again and again of the supportive role that families play for people in families of all shapes and sizes. However, for some, their family life involved disagreements, upset and stress, whether frequent or infrequent. Whilst for

some, difficult family relationships defined their understanding of family, for others, the 'ups and downs' of family life were considered a normal, natural part of being in a family. The family is a place where the 'good days and bad days' of life are played out. Further discussion of these key themes can be found in Chapter 2 of the main report.

2.2. Summary of findings: services

We primarily met children, parents and carers at family services or support groups and much of our discussions were based around people's experiences of these and other services. Through talking with parents, carers, children and young people, we heard about what families need and want from services, and what barriers they feel there are that stop them accessing services and support. The findings are presented as such:

- What do families want from services
    - A whole family approach
    - Strong relationships with other families, and staff and volunteers
    - Accessible services
    - More of the same and continuity
    - Education and awareness of people's circumstances
- Barriers to support
    - Frustration and exhaustion
    - Specialist needs are not being met
    - Stigma

2.2.1 What do families want from services?

A whole family approach

Families want a whole family approach. This means the whole family is included in the service, not just the parent or the child. A whole family approach would support the family as a unit to understand the issues each family member is facing, for example, help to explain poor parental mental health to children. As one 17-year-old boy we met at a youth group put it: '*a lot more like family therapy groups. Say if you and your family don't see eye-to-eye, if there's always arguments and nothing in between, like love and affection, that's when you need some help and therapy to see eye-to-eye and to know what each other is going though so you actually understand each other instead of just having a row and making it a lot worse*' – Boy, 17, youth group.

Where services did that well, such as a service that invited the whole family to learn about mental health, these were highly valued by families.

It is not just families themselves that value the wider familial network as a source of support. It was also widely recognised amongst the frontline professionals we spoke to for this review, who expressed a preference for working with a wider family network rather than individuals only. One CEO of an organisation who works with families where one member has a substance misuse issue for example told us: '*I think a whole family approach is a very promising one. So, you work with the whole family, you try and deal with you enable the user with the drug or alcohol problem you enable them to recognise what they are doing to the family, to deconstruct the family if you like, to damage the family*' – Professional working with families where there is substance misuse.

Strong relationships with other families and staff and volunteers

Beyond the wider network of family and friends, parents find help and support from their peers, particularly ones in similar circumstances or facing the same challenges. These strong relationships also extended to staff and volunteers which were highly valued by people accessing services. Sometimes, the only reason for someone to come to a service was because of the people running them.

Families told us there is comfort and reassurance in shared experience. A mum who we met at a Home-Start group said: '*When you feel like you're doing it badly, you are not the only one*' – Mother, Home-Start. For a parent or carer to meet others at similar stages of life, or facing similar difficulties, is to realise they are not alone in their challenges. As one worker at a playgroup told us, creating a space for peer support is in reality a fairly simple offer – but it can have a significant impact: '*Community groups are not anything particularly extravagant – just a groups of mums coming together and the children playing with some toys on the carpet, but it is life-changing for mums like her as it allows her to leave the house, make friends, and not feel as anxious and lonely*' – Mother, playgroup.

Not only is this a powerful antidote to isolation, but it is also a friendly forum for advice and support, shared by those going through the same experiences. A mum at a playgroup told us: '*People are in the same situation [here] you get tips and hints*' - Mother, playgroup. Sometimes, these groups that are nothing extravagant, are crucial to people's wellbeing and mental health. We have heard from people whose mental health had improved when they were able to attend their local baby and toddler groups, when they were together with other families where parents suffered from poor mental health in a safe environment and dads told us that their confidence had improved when they were able to come together with other dads in a parenting course.

As one mum who the office met at a support group for parents with children with SEND in the early years told us: '*I really feel like I found my people. I felt really isolated, stuck in this stress constantly that nobody else could understand like, all the appointments, all of the battling for everything. And they like totally get it*' – Mother, support group.

Families also valued the emotional support they receive when they have strong bonds with the people who run these services. The opportunity to form a meaningful relationship with either a professional or a volunteer through a service was felt to be significant. One mum at a baby and toddler group told us that the professionals were a huge source of support after she suffered from post-natal psychosis: '*They're here because they really want to be [...] supportive and non-judgmental professionals who feel like family to you [...] if you go out into society, or sometimes even your own family, the advice is pull yourself together [...] they told me how to interact with my child*' – Mother, playgroup.

Some young people and adults both told us that they found it difficult to open up to others and felt very conscious about accessing services on their own. For example, one young person at a youth group said: '*When I first came here, I don't really go out and talk. And they were really nice*' – Boy, 16, youth group. Staff and volunteers were committed to making people feel welcome and comfortable to come back.

The office spoke to some people who are on their own in this country, without any direct support networks. The support of staff and volunteers at some groups was hugely valued. The office heard about staff and volunteers who went above and beyond, who helped people with various applications, organised days out and connected them to other support services. Some staff and volunteers were from within people's communities, so they had understanding of people's lived experiences and could support people where English was not their first language.

Accessible services

Parents told us that having somewhere to seek support that was friendly and accessible could be a huge help for families. It is therefore important that those delivering services understand how services can become inaccessible to its intended users. Inability to travel to a service location, not knowing about a service in the first place, services becoming exclusionary to certain groups and changes in access routes to the service were all examples of barriers to access that the office heard about from service users.

The office often heard that services were not local, and that people struggled with the cost of getting to a service, though some services provided financial support for transport. Participants who the office met at some of the services themselves often mentioned that while they were accessing services now, many people in the same situation as them did not know about the service, and

wouldn't be able to get there, sometimes due to the cost of travel, or unavailability in their local areas.

Basing support services in the local community makes them more convenient, and therefore more likely to be used – particularly for parents travelling with young children. A 13-year-old girl who we met at a youth group told us that she thought it's really important for everyone to feel they are included in services and that there is something out there for them where they can receive help and support when they need it: '*I think that families with disabilities and mental health should get support groups where they live. Cos it's really important to feel normal, like everyone else, even though they are different. So like therapy group, where they can speak to someone about what they are feeling*' – Girl, 13, youth group.

More accessible services also required better advertisement. As a dad the office met at a support group for victims and perpetrators of domestic abuse during the perinatal period said: '*I believe [the service] should be advertised. It should be though it should be there and available. So people know that instead of phoning social I can phone [the service].*' – Father, support group.

Many people told the office that they had found out about services through word of mouth and were missing a central place where they could find out about the different services they could access. One mum at a baby and toddler group suggested a central website that holds all services and places to visit with young children which other participants agreed with.

Many services were also accessed primarily by mums. Whilst they were accessible to dads, the office spoke to some dads who felt that the system wasn't supporting dads to take their children to playgroups for example. One dad who we met at a baby and toddler group said for example: '*I think more dads would come, it's a wider societal structure that doesn't allow dad to take childcare responsibilities [...] You see at weekends, they're full of dads [...] I think it starts right at the beginning, your statutory paternity pay here are minimal*' – Father, playgroup.

As well as feeling out of place on the basis of gender, families from ethnic minorities sometimes told us of the specific barriers they faced when seeking support, or peer connections. A mum at a baby and toddler group explained: '*Cultural differences. Language barriers. See, my husband is from Bangladesh and we have 2 kids. I try to invite some of the mums and aunties on his side of the family to come but they might not want to come unless they know someone else is going with them. They like to travel in groups. Also, some of them might not speak English that well and feel self-conscious about it*' – Mother, playgroup. We also heard from members of staff that there are language barriers for families that they try to break by employing staff from within the community.

Finally, the office heard how even small aspects of the way services were set up could mean that families struggled to access a service. A move from open-access provision to an appointment system meant an additional barrier was created, meaning a family would need to jump through additional hoops to access support that was previously on-demand. Sometimes this was as a result of changes made during to the Covid-19 pandemic.

More of the same and continuity

Some of the asks from families do not involve a completely new service or provision. Often, families wanted more of the same. A mum who the office met at a baby and toddler group said there should be '*more groups for mums like this*' and that '*it should be at least 3 times a week, it's not like school, just play and the boys enjoy it*' – Mother, playgroup.

Some people told us that activities could be slightly adapted or enriched. A programme of activities was suggested by some people. A girl who we met at a HAF for primary school children said: '*Like different sports activities, because we normally only do like basketball and football. But I'd like to see more netball*' – Girl, primary school aged, Holiday Activities and Food programme.

We also spoke to a group of eight bereaved young people who said they would value to meet more frequently with the group, add a few more activities, and for similar groups to be accessible for young people who need it all over the country.

More of the same also extends to more of the same for older children. We heard from some families that the support was good for the younger age groups, for example through local baby and toddler groups, but that there was nothing available for older children. A parent of a young person accessing a youth group said that they felt that there are sometimes unhelpful cut off points for young people, this can be from early years to school age, but also support that continues beyond the age of 18. She said: '*More programmes and courses for parents AND children would be helpful. I am often concerned that family support runs out at 18 years old for children, especially if they have SEND. They often need support for longer, into adulthood*' – Mother, youth group.

It was also important for families to feel like the service was continuous – similar to being an open space where they can turn – so they feel the stress of support coming to an end, but rather, could rely on it. Often, the lack of continuity came down to funding as the office heard from many professionals. One mum who we met at a mental health support service for the whole family told the office, for example: '*Obviously I'm involved in mental health services myself and my daughter being autistic, she's involved in CAMHS and any course that she's ever done is only ever like 4 weeks long and mental health services down here aren't fantastic with continuity. And so having [this service] is, yeah, it's brilliant knowing and especially now we're face-to-face knowing that we can go every other week. And since 2017, the structure has never changed. You know, every other week, what you're getting, so*

there's no surprises and which makes you feel more comfortable. And it's easier for new people to come in and sort of get to grips with it because it's not changing. – Mother, support group.

Education and awareness of people's circumstances and issues young people are facing

We heard from many people that there needs to be more recognition of the very different situations that people are facing. As has been mentioned numerous times throughout this report, families are who they say they are, and no family is the same. There are some very specific issues, for example, for foster carers, kinship carers, adopters, parents of children with SEND, and bereaved young children that we have heard about. One single parent who we met through a parenting support programme told us about this lack of know-how: '*I think there's a lack of knowhow in terms of how hard it can be to be a single parent. There's no additional support, you have to find your own additional support, and particularly when there is family court involved, or conflict, or local authorities etcetera. There is very very little support for single parent families that are going through those kind of processes and systems.*' – Mother, parenting course.

Bereaved young people told us that sometimes they feel there is little understanding for what they are going through, that they sometimes feel young people are meant to deal with it on their own, and that they feel teachers could be more understanding of their situation. One boy, 14, suggested to have a file on record at school that would make clear to everyone what he was going through, and that the curriculum could be adaptable to his needs. Sometimes very specific issues, like having to fill in a Disability Living Allowance application, can be all-consuming for families – and these issues need to be recognised and made easier. Over the next few months of working on the family review, and beyond, we will go more in depth into some of these very specific issues for some families and the things they wish more people knew about.

2.2.2 Barriers to support

The office also heard from many that they faced significant barriers to accessing help. Some of the common issues encountered are explored below.

Frustration and exhaustion leave some people disillusioned with the system

Also, some people we spoke with, in particular kinship carers and parents and carers of children with SEND in the early years, who felt there was no support for them whatsoever. They did access some peer support groups, where we met them, which they really valued, but they said there was nothing else for them. They also mentioned that there are many other people in the same situation who wouldn't even be able to access these peer support groups. Some of these experiences may sound bleak, but they are people's everyday experiences. For some people, the daily battles to get the fair support for their children and themselves, left them disillusioned with the system. One kinship carer

who we met at a support group told us: '*no support, no empathy, no nothing. Basically, if it wasn't for the Kinship charity, and in the [region], especially the support groups that have been set up, there'd be no help at all. So yeah, it's a very unbalanced situation because we're not treated like other carers. We do this without training and a lot of judgment. I think it's really support that's needed* '– Kinship carer, female, support group.

One mum at a support group for parents and carers of children with SEND in the early years told us that she had been told that her child was entitled to a certain number of hours for childcare. However, she was not able to access this entitlement as no provision felt able to cater for his needs. She told us that it is all well to say that one is entitled to something, but if that is not accessible in practice, there is no point in making it sound like there was support, and no point in her trying to fight for it. Some of these parents and carers had exhausted every avenue that they thought could offer support.

Specialist needs are not being met by services on offer

Along the same lines as the example above, some families with specific needs who required specialist types of support (such as help at home to care for a disabled child) told us about the scale of the battle to access services. This could at times feel overwhelming, trapped in seemingly endless bureaucracy, and ultimately humiliating, making people feel like they were begging for support.

A parent we met at a support group for children with SEND explained: '*If you have a child with a disability or additional needs, nobody ever sits you down and says at the beginning – "This is where you need to go to. This, this and this" and it's "By the way, you'll have to go into a mainstream nurse because there is nothing specific available." You find that out when you're already on that journey so then you're all of a sudden thinking what? What do I do? Where do I go?*' – Mother, support group.

Similar difficulties were faced by kinship carers trying access the support they needed. One kinship carer at a support group told us: '*As kinship carers we step in to do the right thing, we're advised by the local authority, we're advised to go for SGO [special guardianship order] to secure things for the children and that's what we want... However, the moment we sign the SGO to do the right thing, everything's taken away from the children as well as from ourselves support wise. And it's a massive problem in the kinship world* – Kinship carer, female, support group.

Others told us of the difficulties in getting practical help, particularly financial support when they are struggling. Two mums, who were both carers, who we spoke with at a baby and toddler group told us they found it difficult to 'better [themselves]' and find a job because, considering the cost of childcare, they received more money through carers allowance.

We also often heard from parents and carers about health services in general. Participants recognised that health services were pressured and told us about the long waiting times they were facing to see

general practitioners or more specialist services like mental health support. A parent who we met at a family hub told us for example: '*Another thing is mental health, the only support my kids get…is in school and there's only one lady there to help. She's lovely, but there's only one of her and 500 kids so I often think my kids probably don't deserve her help as much as other kids so maybe they shouldn't go. But maybe a service to give tips and tricks on kids worries*' – Mother, Family Hub. Health services were also frequently brought up by new mums. They felt there was a lack of information on parental mental health and a lack of post-natal care.

Stigma

Some services, particularly those targeted at specific issues, can bring with them stigma. Often, services are designed for those with a 'problem' or who are 'struggling'. This could leave families feeling that in some way they had to acknowledge a failure or weakness before being able to access help.

Some families told us that they worried social services would get involved when they accessed services and would rather stay away from any support for this reason. A parent who we met at a family hub for example suggested an awareness campaign around what social services do: '*But maybe some sort of campaign could be good to reduce the stigma around social services as they don't have to always be seen in a bad way. They can do a lot of good, but people are scared of them*' – Mother, Family Hub.

Topic guide for children and young people

Introduction (5 minutes)

Before we start: check whether they have signed their consent forms and hand out name tags

- Introduce ourselves and the commission – explain the aim of the discussion today and how the session will be run:

    - *We are here to hear from you about family. We have a few questions we would like to ask you. This will be an informal conversation. You do not have to answer any questions if you do not want to. And there are no wrong answers; and you can say as much or as little as you like.*

- Anonymity: *This conversation will be anonymous. This means that no one outside this room will know that it was you who said something. We're talking to lots of groups like this.*

- Before we start, does anyone have any questions?

- Are you happy to take part? Then we will start the recording.

Think about potential ice breaker (e.g. everyone says something they really enjoy doing; favourite season; favourite food etc.) Choose something age appropriate and relevant to the group.

1. **Children's views on family** (15 minutes)

Aim: *children talking about their own family and what family means to them – if there is time and if it works for the situation*

Activity for younger children	Activity for older children
Everyone to draw who their important people are. Show each other and discuss what was drawn (or describe picture if reluctant to share)	Give 3 post-it notes each and get them to write 3 words/descriptors/phrases in response to the question 'When you hear the word 'family', which three words do you think of first?'. Stick them on a wall or table and discuss.
Questions to ask during activity and when discussing afterwards: - Who are the most important people in your life? Do you consider these people family? - Why do you consider these people your family? - What does family mean to you?	

2. Explore different types of families and how families change over time (15 minutes)

Aim: *discuss different types of families and how families can change*

Lots of families work in very different ways, they've got their own traditions, their own things they like; and there are different members in each family, too. We wanted to talk with you a bit about how families can be different, or maybe, what families also have in common. So, we wanted to ask you:

- Do you think your family is the same or different to your friends and classmates?

- Thinking about who you consider family, is this different now to how it used to be? Why? And do you think this might change in the future?

3. [if at specific service] Discussion of support service they are at (15 minutes)

Aim: *children and young people explain the service in their own words*

- How long have you been coming to [name of place]?

- Who do you come with? Is this a place for children/young people or adults? Or both?

- Why do you come to [name of place]?

  o What do you do here? Do you enjoy coming here?

  o Is there anything else you would like to do here?

- Do you think other children and their family would like to come here?

- Who/where else would you or your family get support from? Friends? Wider family members?

4. Open up to discussion of wider family services and places family go together (10 minutes)

Aim: *discuss other services for families that they know of, or what other services children and young people would like to see*

- What [other] sort of places do you go with the people in your family?

  o Prompt with examples such as sports clubs, youth groups, places of worship etc.

- What do you do there? Who do you go with? Are they places for children/young people or adults? Or both?

- Do you enjoy these places?

- What is [town/city] like? Tell me about it. What sort of support or places to go to do children and families need in [this town]. Where wouldn't you go?

- [older children] How have the places you go to changed since the pandemic?

- Do you access any support online? Do you read or participate in any forums or anything like that? Phone lines?

5. **[if there is time] Sharing data about young people (only if there is time)** (10 minutes)

Aim: discuss what young people thinking about professionals sharing their data

- If you needed support, who would you talk to?

  o Why would you speak to them?

  o If you have had any troubles, have you had to tell adults the same story multiple times?

  o [for younger children] Would you be okay if they told another adult like your doctor or headteacher?

  o [for older children] if something is going on at home, with your parents, would you think it would be okay for one service, like your family GP, to tell your school about this? Why do you think that would be good? Or why wouldn't you think that? What would you like to happen instead?

  o What is the role of online services? Do you find support services online / online communities helpful?

Topic guide for adults

Introduction (5 minutes)

Before we start: check whether they have signed their consent forms and hand out name tags

- Introduce ourselves and the commission – explain the aim of the discussion today and how the session will be run: *We are here to hear from you about family. We have a few questions we would like to ask you. This will be an informal conversation. You do not have to answer any questions if you do not want to. And there are no wrong answers; and you can say as much or as little as you like.*

- Anonymity: *This conversation will be anonymous. This means that no one outside this room will know that it was you who said something. We're talking to lots of groups like this.*

- Before we start, does anyone have any questions?

- Are you happy to take part? Then we will start the recording.

Think about potential ice breaker if the group are not known to one another

1. **Understanding adult's views on family** (10 minutes)

Aim: *discussing what family means to individuals, and how families are different and diverse*

- Its really common to hear the terms 'family' or 'family life' used day-to-day by friends and colleagues or on TV, but what does the term 'family' mean to you? Who is your family?

- Why do you consider this your family? Do you think this is similar or different to what other people consider their family?

2. **[if at specific service] Discussion of support service they are at** (15 minutes)

Aim: *Get the adults to explain the service in their own words*

- How long have you been coming to [name of place]? And why did you start coming here?

- What is the purpose of [name of place]? What do you get out of coming here? Is this a service for the whole family or just adults or children?

- How did you find out about this place? Was it recommended to you? How easy was it to find/get to? [accessibility?]

- Would you recommend this place to other families?

- Thinking about this place, what information about your child(ren) do they have? Do you think they have enough information?

- How have the received this information? Who provided it?

- Do they tell you how they are using the information?

- How about other places that your child(ren) go to? Do you think all the adults and professional in your child's life kept in the loop about your child's needs? Do you think you should know what information they hold about your child?

- What about information about yourself? Do they need information about you? And would you be okay for one service to tell another?

3. **Open up to discussion of wider family services and places family go together** (15 minutes)

Aim: Discussion of other services family attend, or would like to attend for support

- What [other] sort of support groups or services do you go to with or without your family? Do your children go anywhere?

  - Prompt with examples such as family hubs, youth groups, places of worship, support groups etc.

- What do you do there? Who do you go with? How did you find out about these places?

- What do you get out of going to these places? What do you like about them, and what would you change?

- Do you find they support your family specifically? Have service offered changed since the pandemic? Has the pandemic meant your needs for support have changed?

- When you have interacted with other services:

  - What information about your child do they have? Do you think they have enough information?

  - Are you being kept in the loop? Do you think all the adults/professional in your child's life kept in the loop about your child's care?

  - Do you think you should know what information they hold about your child?

  - What about information about yourself? Do they need information about you? And would you be okay for one service to tell another?

- What sort of places would you like to see to offer support to your family? What sort of places do you think your children would like? What sort of support or places do families in [this town] need?

- Do you access any support online? Have you used any phone line support? Do you read or participate in any forums or anything like that?

- Who else would you receive support from? Wider family? Friends?