NORLAND

An impact evaluation of the Family Crisis Support Service

Twins trust. We support twins, triplets and more...

Dr. Louise Gilbert and Dr. Karen McInnes, 2019

Foreword

Firstly, my thanks to the amazing team at Norland for kindly carrying out this evaluation. Our partnership with Norland has always been extremely appreciated by the charity and our families. I'm frequently blown away by the kindness of the volunteers that offer their time to help our families that are in such desperate need.

I'm delighted that for the first time we're able to evidence the impact of the Family Crisis Support service. This evaluation shows that following intervention from the Family Crisis Support team, the improvement in daily family living activities such as sleep, routine, getting out and about and feeding is significant. The evaluation also shows that the stress levels of the families improved significantly.

In addition, the evaluation noted that anxiety and depression were also commonly cited by families supported by the service. Since the completion of the evaluation we have started to use the Hospital Anxiety and Depression Scale (HADs) measurement scoring with our families. This pool of data still requires full analysis, however, on initial review it is indicative that the HADs scoring reduces as a result of receiving support from the service.

This unique service with statistically significant improvements really does change lives. We want to support even more families so if you can volunteer or donate towards the cost of expanding the service please do
https://twinstrust.org/get-involved/fundraising/donation.html

My thanks to all involved and a special thank you to the families that kindly agreed to take part in this evaluation.

Keith Reed, CEO, Twins Trust.

Twins Trust

This evaluation took place when the charity was known as Tamba (Twins and Multiple Births Association) and the service being evaluated was known as Helping Hands. Tamba changed its name to Twins Trust in October 2019 therefore the name Twins Trust is referred to throughout this document. As part of this process the other brands in the charity were reviewed and Helping Hands was renamed in April 2020 as Family Crisis Support following the launch of Twins Trust. For ethical reasons there will be occasional reference to both TAMBA and the Helping Hands service as these terms were used in the data collection instruments and the quotes from families.

Acknowledgements

We would like to offer our sincerest thanks to all the families who kindly agreed to share their experiences of their ongoing journey with all their babies. Their generosity has allowed a report that gives primacy to their voice and provides the Twins Trust and the Family Crisis Support service with a resource that can shape service delivery.

Thank you to everyone at Family Crisis Support who have been most supportive in collecting the data that informs this report.

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Please note: *the term 'multiple' refers to two or more babies, unless otherwise stated.*

Executive Summary

A Mum dealing with the grief of losing her husband suddenly 'Helped us survive and keep surviving an incredibly traumatic and painful loss'

A Mum faced with mental health challenges finding it difficult to cope with her twins ………'I struggle to put into words how much this has helped me! I am at a point now, as a result of the help I received, where I enjoy my twins immensely.'

This evaluation of the Twins Trust Family Crisis Support (FCS) service evidences a service that successfully offers practical support to parents of multiples that have been identified as 'in severe need or in crisis.' The service exists for families who are in dire need – they are either struggling with mental health challenges, struggling with ill health, coping with a bereavement or other extreme extenuating circumstances. These families have exhausted all other avenues of help and have nowhere left to turn.

A sample of FCS case study family records (n=34), were analysed to identify: the demographics of parents; their needs; the services they accessed; the effects of FCS on parents' levels of coping with daily family living; and their confidence as parents. Changes in levels of stress was also evaluated. Of the 34 families who were a case study in the evaluation, 30% were triplet families.

Extreme parenting challenges was given most frequently as the reason for requesting FCS. These are families who find themselves coping with raising twins, triplets or more as well as an unexpected change in the family's circumstances.

Extreme parenting challenges could be one parent families with older children that have additional needs, families that have moved to a new area and the main wage earner has been made redundant or families that are living in accommodation that makes it extremely difficult to get out of the house – particularly when there is an older child that needs to get to school. These families do not have any other support, no family that can help and they are not financially able to access the support they so desperately need.

Anxiety and depression were also commonly cited in the evaluation, so needs were complex. All families received support in their home from family support practitioners, most frequently for 2 (range 1 to 14) days. The support offered varied depending on individual circumstances, but all practitioners worked with the families to devise an action plan. Other support was also offered to some families. This included access to phone support, Twins Trust factsheets and videos and online support. Some

families were provided with toys, vital for healthy brain development and stimulation, clothes and equipment. These families would not otherwise have had access to these items, something many families would take for granted.

Parents using the service perceived FCS to be non-judgmental, level-headed and professional. FCS families reported statistically significant improvements in feeding, establishing a routine, getting out and about, sleep patterns and behaviour. Parental stress significantly reduced whilst coping levels increased as a result of the support. Even where stress levels remained high through the changing demands of caring for multiples and the complexity of family life, confidence in parenting ability significantly increased.

There is much to celebrate in this first evaluation of the FCS service, which through its support of parents of multiples and its contribution to child health and wellbeing is invaluable.

This service relies on funding trusts and individuals. It also relies on the very kind volunteers that give up their time to help these families. Without funding and volunteers these families would be left in despair with nowhere to turn.

Report Recommendations

The FCS service is greatly valued by all those who contributed to this report. Below is a summary of the resulting recommendations, which are discussed in greater detail at the end of the report.

- Family support practitioners, with an approach that is described as empathetic, professional, knowledgeable and non-judgmental, are powerful brand-ambassadors for the FCS service. However, with the prevalence of depression and anxiety often co-existing with other problems, it could be useful to ensure that all family support practitioners are trained and feel confident to work with parents who are likely to be experiencing anxiety and /or depression alongside other issues.
- Allied support professionals need to be aware of what FCS can provide for families in need and they need to be clear about the eligibility criteria and referral procedures to ensure effective liaison.
- Completion on the referral form of all questions related to parents' demographics including family structure, would build up a clear representation of current and changing service users.
- A review of the ordering and wording of the FCS evaluation forms should reduce their complexity and potential positive bias of some of the questions.
- The standardization of Likert-type scales to measure changes in behaviours and perceptions would improve the consistency of scoring (Hartley and Betts, 2010)
- To acknowledge the emotional and physical support that spouses contribute to caring routines (Wenze et al., 2015), it might be useful to gather data regarding their contribution as well as their ongoing mental health and wellbeing. This could contribute to a more holistic assessment of family need.

Introduction

Setting the scene

A recent report on births in England and Wales (Office for National Statistics, 2017) reported 679,106 live births in England and Wales in 2017, the lowest number since 2006. However, 15.8 in every 1,000 women giving birth now have a multiple birth. Women aged over 45 years consistently recording the highest multiple birth rate. Assisted reproductive technology contributes significantly to the multiple birth rate as in vitro fertilisation (IVF) conceptions are seven times more likely to result in a multiple birth than natural conceptions. (ONS, 2017).

Multiple pregnancies and births are medically complex and are of greater risk to child and parental health, Babies from multiple births are more likely to be premature and tend to have lower birthweights, leading to a higher infant mortality (Wenze et al., 2015). Indeed, although 2014 to 2016 saw a significant drop in neonatal death and stillbirths in multiple pregnancies, neonatal death is still 3 times more likely and still birth 1.5 times more likely than in singleton pregnancies (Draper et al., 2018).

Increased prenatal medical involvement and the physical discomfort of a multiple pregnancy can compromise the pre and perinatal mental health of parents. For mothers of multiples, there is an increased likelihood of pre-eclampsia and worse mental health outcomes (Wenze et al., 2015). When adults become parents, social isolation and emotional anxiety are common, and this is especially so with multiple births (Kehoe, 2016). The postnatal sleep deprivation, fragmented sleep and social isolation associated with caring for multiple can lead to higher levels of depression, anxiety and stress (Choi, Bishai and Minkovitz, 2009). For some parents, cultural expectations and rigid idealised views of parenthood can contribute to feelings of failure and embarrassment, which may result in a denial of postnatal depression, a reluctance to ask for support and a rejection of support (Bollen, 2015).

Multiple births can cause additional social and economic challenges to the functionality of the family (Jena et al., 2011). Increased demands to adapt and care for multiples causes disruption to existing family roles and higher financial burdens, with the maternal return to work rate slower for women with multiples than singletons (McKay, 2010). The demands of caring for multiples can lead to employment opportunities being temporarily or permanently curtailed, leading to financial hardship for all the family. Transition into poverty is associated with a significant increase in child and maternal mental health problems, which is independent of pre-existing mental health states (Wickham et al., 2017). Poverty fuels inequality and leads to intergenerational disadvantage. Unfortunately, current predictions for the national economy suggest that tax and benefit reforms will lead to increases in

absolute child poverty among families with three or more children by 2020-2021 (Brown and Hood, 2016).

Although in families with multiple births, marital stress and divorce rates are higher (Jena et al., 2011), levels of readiness, coping strategies and access to trustworthy and reliable social support contributes to more organised, confident, resilient and resourceful parents (Kehoe et al., 2016). Newburn (2008) noted that previous experience with babies, social support and the child's temperament and behaviour contributed to the transition-experience to parenthood. Indeed, there is evidence to suggest that post-natal mental health outcomes are better in those who are already parents of singletons (Wenze et al., 2015). It is thought that having established role identities and proven parenting skills and experience confers coping skills valuable for subsequent multiple births.

Changing societal awareness and improved provision for multiple birth support has contributed to the better outcomes (Draper et al., 2018). Social interaction and support are important determinants of parental psychological outcomes (Newburn, 2008). Offering timely and focused practical interventions within the home, helps to empower and enable parents and families to adapt to the demands of multiple births (Kehoe et al., 2016; Nelson, 2003). Acknowledging that anxiety often precedes depression allows the opportunity for early intervention strategies to restrict such deterioration (Stern, 2014). Professionals who empathetically listen to parents' concerns and are able to offer supportive practices, based on practical and professional knowledge, help these parental transitions (Heinonen, 2016).

The combination of targeted campaigning, education and research has led to a growth in parenting support from various providers in children's services, education and health (Draper et al., 2016). However, the ad hoc development of services within the UK private and public sectors has also led to confusion over responsibility, provision and need (Daley, 2016). A lack of awareness of either the duplication inadequacy of regional service provision, along with reduced funding and the ever-changing needs of increasingly diverse communities, means there are missed opportunities to optimize impact (Kehoe, 2016). To create a more effective and holistic service there is a need for effective communication and co-operation within and between the charity and state sectors. To ensure that services are shaped by actual rather than perceived need, research should capture the voices of parents and children, who traditionally have been viewed as beneficiaries rather than contributors (Kehoe, 2016).

The report

For over 40 years the Twins Trust (formerly the Twins and Multiple Births Association, TAMBA) has provided support and social interaction for parents of multiples that improves and maintains their wellbeing. The service includes signposting to other Twins Trust services including the Family Crisis Support service, Home Start referral, other charities' support, information on government benefits, help with sourcing equipment, phone support and liaison with Health Professionals.

The report focus

This report focuses on the Twins Trust Family Crisis Support (FCS) service, which at the time of the evaluation was known as the Helping Hands service, and was launched in 2014. This bespoke parenting support service provides short-term practical home advice to families with twins, triplets or more, in severe need or crisis. The need could be as a result of bereavement, medical conditions, severe post-natal mental health issues including depression, or serious child behaviour challenges.

To be eligible for the FCS service, families with multiple birth children under school age need: to be experiencing financial constraints, which makes them unable to pay for help; to be receiving child benefit; and to have sought help from family, friends, neighbours and appropriate external agencies.

Applications can be made through self-referral but must be supported by an involved health, education or social care professional. Once an application has been received via an online application form, the family are contacted directly by FCS to discuss their situation and support needs. All support is offered on a short-term basis, and eligible families will be assigned either a Twins Trust Support Worker (TSW) or a Volunteer Support Worker (VSWs), collectively referred to here as Family Support Practitioners (FSPs)

All the Family Support Practitioners (FSPs) are trained in Early Years and provide time-limited, intensive, home-targeted support. However, TSWs are employed by the Twins Trust to work with the more complex and challenging families. Norland College has for many years had close associations with the Twins Trust and qualified Norland Nannies provide support to families in their home as VSWs.

Although the FCS is designed to be short term, some families receive multiple visits in a short period of time, whilst others may receive repeated periods of FCS as a result of their changing needs. All families are contacted six months after FCS intervention to request feedback on the service and updates in relation to the original request for support. (See Appendix 1a-d, for copies of the forms used to gather this information).

Owing to the increasing community demands and diversity of needs, FCS service provision has grown rapidly over the years. This report is designed to assess FCS service provision as an impact-evaluation case study (Higgins, 2017).

The following questions guide this investigation:

- What are the current family demographics of FCS service users?
- What is the current scope of parental need?
- What support is provided by the FCS service?
- What are the qualities of the FCS service that parents value?
- In what ways do parents believe FCS has influenced their families?

Methodology

A convergent parallel mixed-methods design (Creswell, 2014) was used to gather data for this impact-evaluation case study. Qualitative and quantitative data were collected and analysed to identify emergent themes as well as offer specific numerical representation.

Numerical data sets were created from analysis of the demographic-based and Likert-type scale questions taken from the initial FCS request form, and from the six-month post-FCS support questionnaires. This included information on:

- Location/sources of information that alerted the families to FCS services
- Types of challenges/needs of families of multiples
- Age-combination of children in birth families
- Range of support families receive including online; phone, virtual, signposting to alternative services and home support by family support practitioners
- Frequency and length of home-based support given by Twins Trust support workers and volunteer support workers in family homes
- Parental perception of the efficacy of the FCS service provision, six months post-intervention
- Parental perception of personal coping skills and levels of confidence in parenting multiple births, six months post-FCS intervention

The open-ended, written comments were thematically analysed (Braun and Clarke, 2006). Parental comments in relation to their initial request for support; the assessment of the practical support that

FSPs provided; the approach and manner of the FSPs; and the effects of working with FSPs on their personal levels of motivation, confidence and competency were coded and organised to create themes. This data complements the numerical data collected, creating a layer of description and offering a detailed parental explanation of the FCS service.

The overall analysis provides a detailed and holistic evaluation of current FCS services for families with multiple births. The findings of this report can be used to evidence the current FCS service profile and, because of the focus and inclusion of parental perspectives, its direct connection with the needs of families with multiple births. It is anticipated that this documentation could be used to facilitate future development of the service and also support future funding bids

Ethical considerations

This is the first official evaluation of the FCS service since its original inception as the Helping Hands Service. Findings from this audit are wholly unknown and may reveal strengths as well as areas for consideration and development. Therefore, before the project began, Family Crisis Support was made aware of the range of possible positive and adverse outcomes and asked to consider how these would be managed.

The research design and the writing of this report reference and adhere to current ethical practices and protocols of the British Education Research Association (BERA) (2018), British Psychology Society (2014) and Norland College (2018). All the family case study records existed prior to the research project, and all participants gave retrospective permission to use their case records. All participants were contacted in person by FCS and sent an information sheet explaining the focus of the research; the expected level of participant involvement and their rights to confidentiality, anonymity and rights to withdraw if they agreed to participate. Only then were they asked to sign a consent statement form.

This report has been written by Dr. Louise Gilbert and Dr. Karen McInnes, who were both employees of Norland College at the time the evaluation was conducted and the report written. However, there has been no conflict of interest in preparing and writing this report.

Family Structures

There were 34 case study families that contributed to this report, 10 of the families had triplets and 24 families had twins.

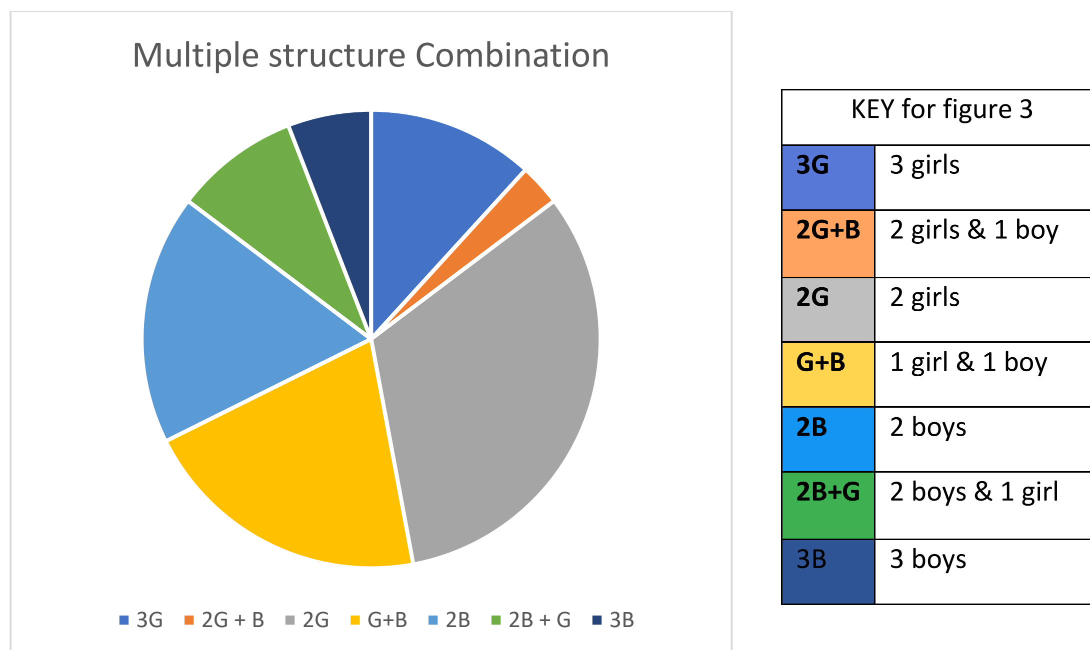
Of the 10 families with triplets, six had multiples of the same sex, two families having three boys and the remaining four families having three girls. Three families had a combination of two boys and a girl and only one family had two girls and a boy.

24 families had twins, with 17 families having the same sex multiples, that is, 11 with twin girls and six with twin boys. Seven families had multiples of girl/boy combination.

17 of the families also had other children, with 15 having one child, and two families having more than one child. Four of the families with triplets already children, with the oldest sibling being seven years old and the youngest sibling 27 months old at the time of the multiple's birth. All except one family had the multiple birth as their youngest children. However, one family of triplets had an older child and a child younger than the triplets at the time of requesting support.

At the time of request for FCS, the median age for multiples was four months. The median age was three months for triplets and six months for twins.

Figure 1: Family structure combinations



KEY for figure 3	
3G	3 girls
2G+B	2 girls & 1 boy
2G	2 girls
G+B	1 girl & 1 boy
2B	2 boys
2B+G	2 boys & 1 girl
3B	3 boys

Results

The results section will include the findings from quantitative and qualitative analysis of the 34 case study families. It should be noted that not all questionnaires were returned fully completed, and some questions were given multiple answers. Although not specified, from the comments, it appears that the majority of evaluations were completed by the mother of the multiples. However, the word 'parents' will be used to acknowledge the importance of both roles.

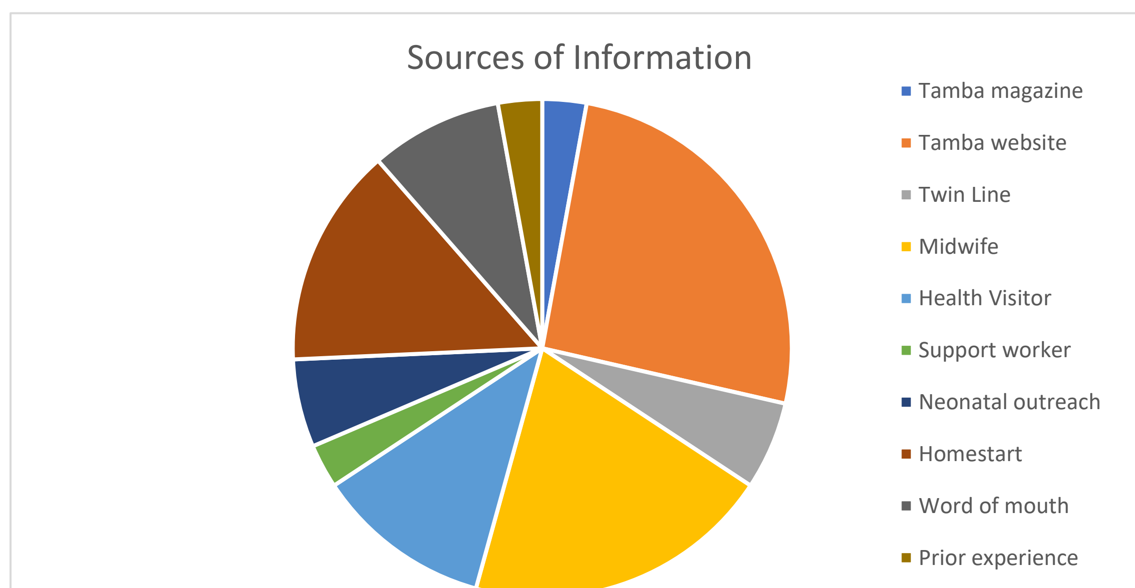
Quantitative findings

The quantitative, numerical-based data is presented below. The thematic analysis will then follow and be used to provide further, more nuanced discussion.

The source of information that alerted parents to the Family Crisis Support Service

Not all parents chose to answer this question, however those that did reflect the growing reliance on the use of online resources. the Twins Trust (formerly TAMBA) website (n=9) was the most frequent information source for self-referred parents (figure 2). However, half of the families were alerted to the FCS service through supporting health professionals including midwives (n=7), health visitors (n=4) and neonatal outreach workers (n=2). Homestart (n=5), a locally based network of trained volunteers

Figure 2: Sources of information

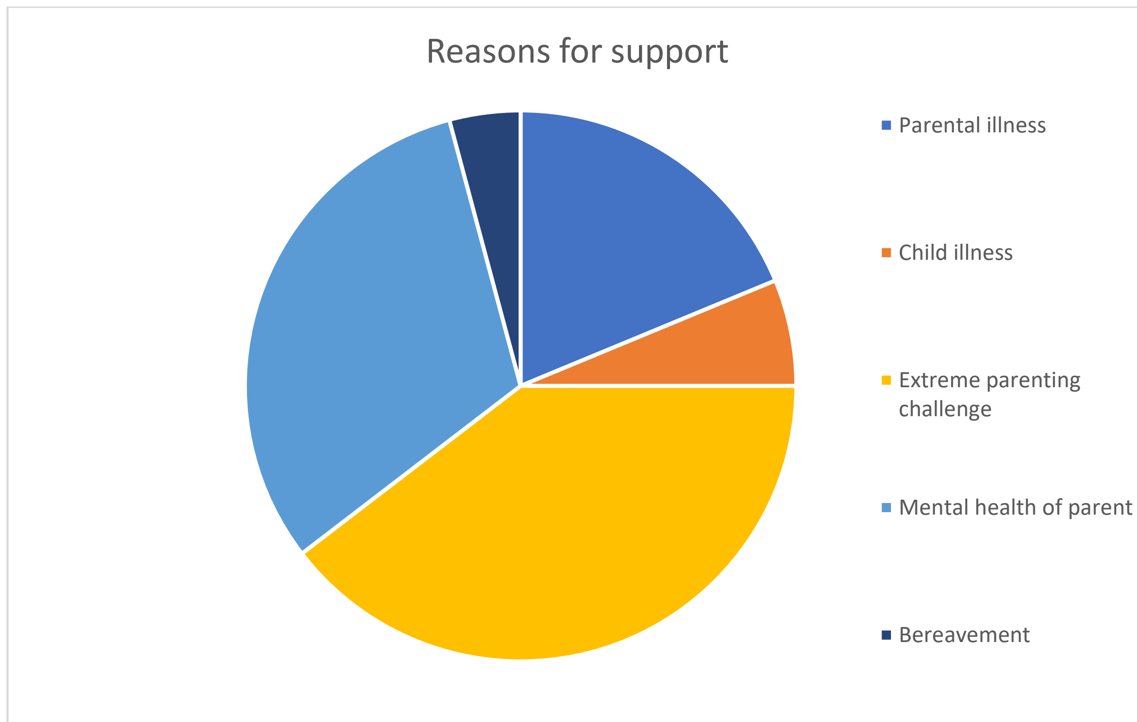


supporting families with young children through challenging times, word of mouth (n=3) and prior experience of the service (n=1) were also recognised sources of recommendation, as were Twinline (n=2) and the Twins Trust (formerly TAMBA) magazine (n=1)

The challenges /needs of parents requesting support from Family Crisis Support

The eligibility criteria for the FCS service are clearly stated on the website, and each of the families offered support from FCS would have fulfilled these. On the application clients were asked the reasons for their need for support. From analysis of these justifications, the largest category was referenced as '*extreme parenting challenge*'. This included difficulties in managing children's behaviours and in handling the dynamics of childcare following the birth of multiples. Concerns about '*mental health'* and/or '*physical health'* were frequently cited as justification for support. Indeed, as a combined category these were the most frequently referenced source of parental need. Nevertheless, as 'family need' is complex, incremental and accumulative and, due to the FCS criteria of eligibility, it is more likely that the clients would have multiple and complex needs.

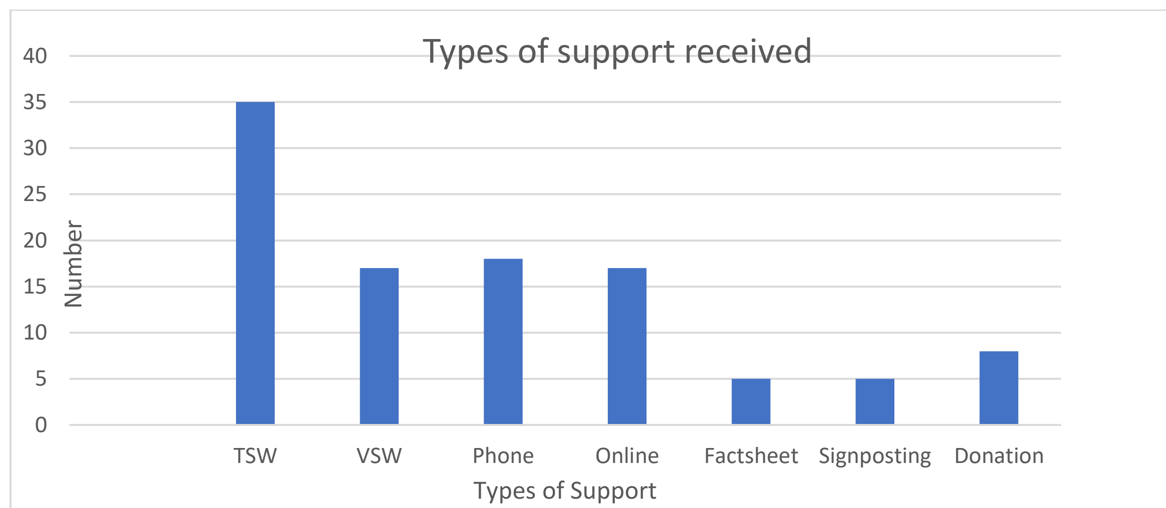
Figure 3: Reasons for support



Type of support families received from Family Crisis Support

Once families had completed a request and had been identified as eligible for support, family needs were assessed through a telephone conversation with the FCS co-ordinator. Support was initially offered on this basis, but also tailored by the written reports from the visiting FSP. These reports summarised the visit including information on the support given, family progress and continuing needs. As a result, cases were either closed or additional support offered.

Figure 4: Types of support received



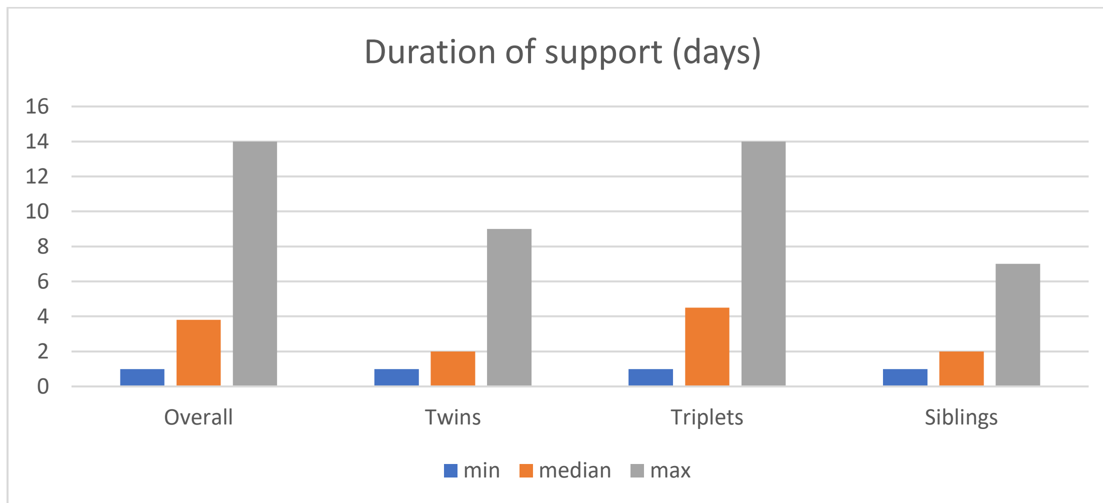
All families received a visit from either a TSW or a VSW or both, dependent on the support package offered. Other support was also offered, and 30 families received a variety of options including, most frequently, access to phone, but also consisting of online support including Twinline, membership to online support groups and access to Twins Trust videos. Twins Trust factsheets were used to reinforce advice and support offered by the FSPs. Donation of clothes, toys and equipment, such as crib sheets and double buggy strollers, offered practical economic support for some of the families who were experiencing financial hardship. Signposting to other organisations and agencies that could be supportive for the family, such as Home Start, also increased the network to accommodate the families' changing needs.

Duration of Family Crisis Support given by family support practitioners in the family home

The median duration of support for each family was 3.8 days, however the most common length of support offered was 2 days. As can be seen in figure 5, the range of support was between 1 to 14 days, which reflects a variation in need of each of the families. Although the majority of families only requested one support episode, some families requested repeated support over multiple time periods. For example, three families requested support, identified as returning but separate interventions and one family received FCS when the twins were 3 months, 6 months and 17-month-

old. Another family with triplets, received FCS when their children were 1 month and 20 months old and yet another when their triplets were 3 and 20 months old.

Figure 5: Duration of support in days



Days of home support		Explanation
Range	1-14 days	This evidences the span of the data, from minimum to maximum days of support
Median	3.8 days	The median reflects the middle score of the range of data families and has been used instead of the mean score to prevent distortion of data from minority outliers
Mode	2 days	This is the most frequently occurring score

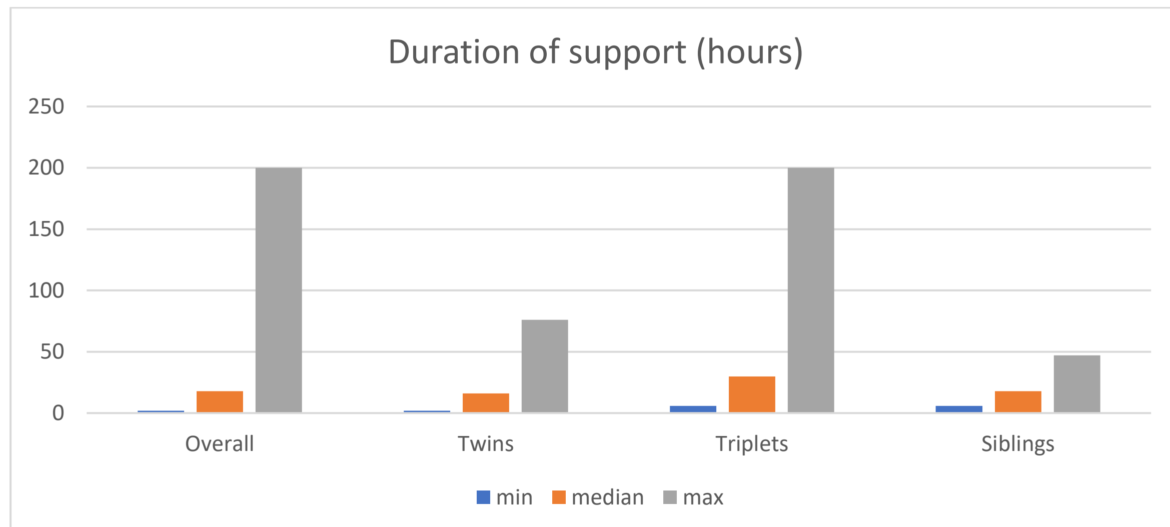
As can be seen in figure 5, once the results are divided into families with twins, triplets and families with siblings (multiples and other children), families with triplets received the greatest number of days of support (n=14). Families with twins and multiples with siblings received similar but fewer number of days of support than triplets.

Hours of home support given

As figure 6 shows, the most frequent overall average numbers of hours allocated to families is 18 hours, with a range between 2 to 200 hours. Again, families with triplets commanded the greatest number of hours per visit (n= 30 hrs), whilst families with siblings and twins on average received 17 hours. However, the variation in the hours of support was greater for twins than for families with

siblings. This could suggest that although families with older children needed FCS to manage the multiples, their experience in parenting and childcare as a result of previous children conferred some resilience.

Figure 6: Duration of support in hours



Average hours of support		Explanation
Range	2-200 hours	This evidences the span of the data, from minimum to maximum days of support
Median	17.5 hours	The median reflects the middle score of the range of data families and has been used instead of the mean score to prevent distortion of data from minority outliers
Mode	7 hours	This is the most frequently occurring score

Parental perception of changes in daily family living activities as a result of Family Crisis Support intervention.

Parental perceptions of how their lives had changed as a result of the support offered by FCS were measured by comparing the scores parents gave on a Likert-type scale (1=no problem to 5=very difficult) for five daily family living activities. These were measured on the initial referral form and again on the 6-month post support evaluation form. The preset categories on the form asked parents to rate the level of difficulty for *behaviour; feeding/weaning; establishing a routine; getting out and about and sleep patterns*. Six months post FCS, families were contacted and asked to re-score these five daily family living activities.

Figure 7: Pre and post Family Crisis Support intervention

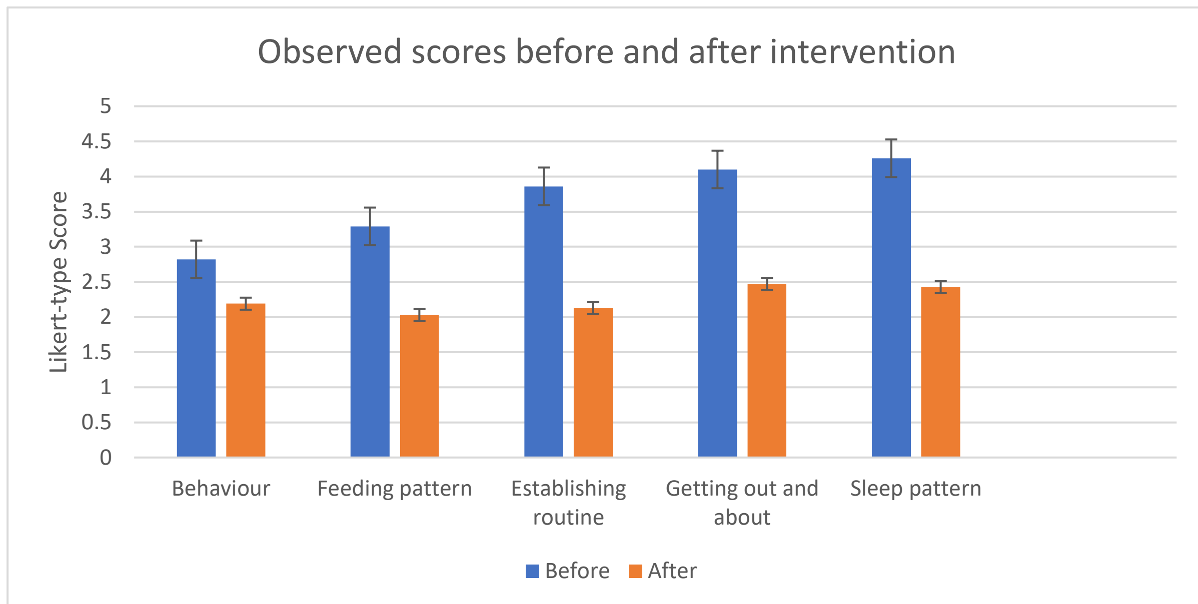


Table 1. Statistical analysis of pre and post intervention

Daily Family living activities	Student 2-tailed, paired t-test	Significant changes to parental perception post FCS
Behaviour	*P*< 0.02	Yes
Feeding/weaning	*P*< 0.001	Yes
Establishing a routine	*P*< 0.001	Yes
Getting out and about	*P*< 0.001	Yes
Sleep patterns	*P*< 0.001	Yes

Figure 7 ranks the daily family living activities, pre intervention, from the highest score in difficulty to the lowest, are as follows: *sleep patterns, getting out and about, establishing a routine*, *feeding* and *behaviour*. As a result of FCS intervention, improvements in all of the five daily family life activities were recorded. However, improvements were greatest for *sleep patterns*, followed by *establishing a routine, getting out and about*, *feeding* and finally *behaviour*. As a result of FCS intervention, *sleep* changed from being the daily family life activity given the highest score of difficulty, to the second highest, below *getting out and about*. Both feeding and establishing routines were perceived, post-FCS intervention, to be the least difficult for parents.

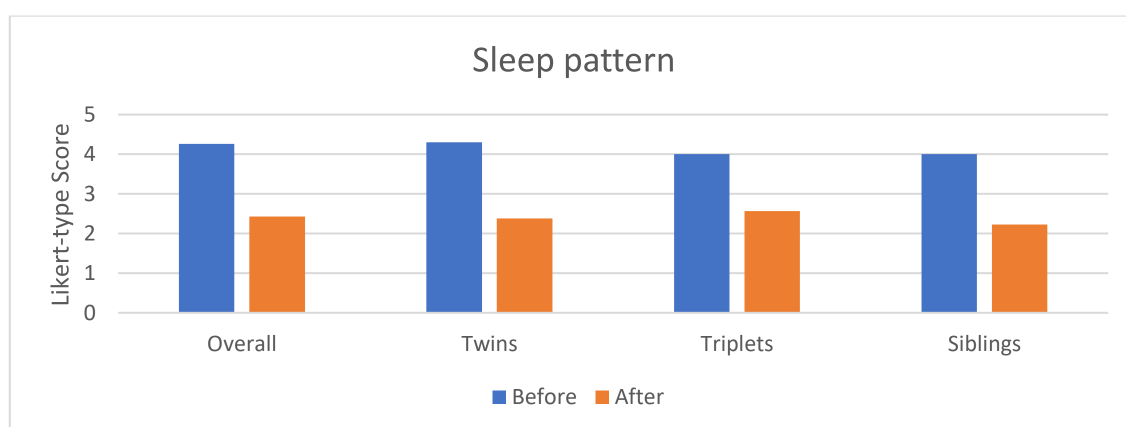
The data was subjected to student 2-tailed, paired t-test which identified the significance of change in the levels of difficulties for the five daily family life activities as a result of FCS. Table 1 (above) identifies that the changes recorded to *sleep, establishing a routine, getting out and about, and feeding* had a *P*- score <0.001. This indicates that the recorded changes to perceived parents' levels of difficulty with each of these activities pre and post FCS intervention were significant. Changes to the daily family living activity *behaviour,* although less, was also considered significant (*P*< 0.02).

Family support practitioners bring a wealth of experience to families in their homes. It is through opportunities for experiential learning that parents develop their skill competences to sustain care in the identified five daily family life activities. Parenting multiples is complex and, as the babies grow, the demands change. The adjustments needed to accommodate the diversifying needs of each of the babies means that overall levels of difficulties are likely to remain higher for parents of multiples. This can be seen in that the evaluation of changes show reductions of parental perceived difficulties, but levels remain high.

The following figures, 8 to 13, take each of the five daily family life activities, to reveal the contributions by parents of twins, triplets and parents of siblings (those with multiples and older children).

<u>*Sleep pattern*</u>

Figure 8: Sleep pattern pre and post FCS

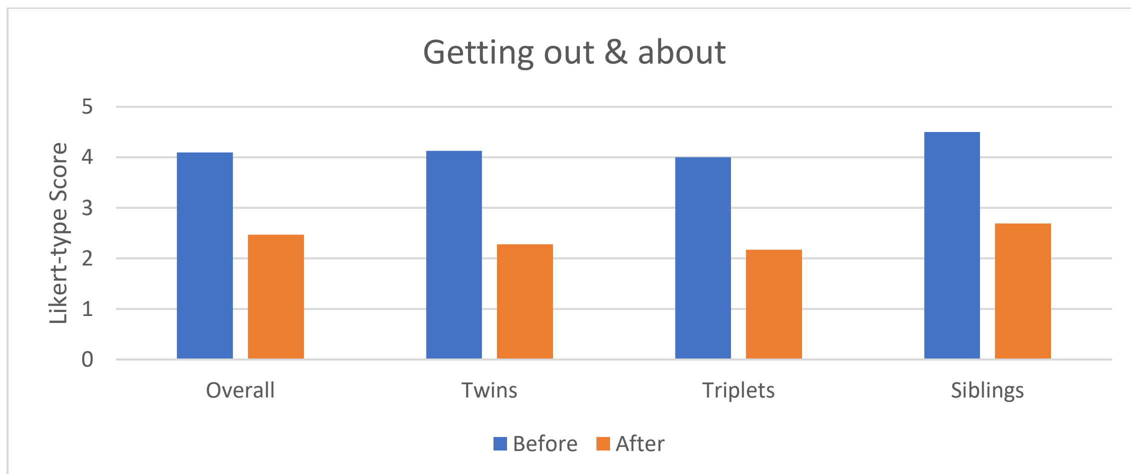


Sleep was identified as causing the most difficulties before FCS and given the highest score of 4.26 (1= no problems and 5= very difficult). After FCS, evaluations suggested improvements in all parental perception of difficulties, but the improvements were greatest for parents of twins, followed by those parents who already had children. Although all changes identified were significant (p< 0.001), for

parents of triplets, and those families with other children (siblings) changes in levels of difficulties with sleep routine were the lowest. This is likely to be related parents having to synchronize with more babies' sleep patterns together with managing the sleeping regimes of older children.

Getting out and about

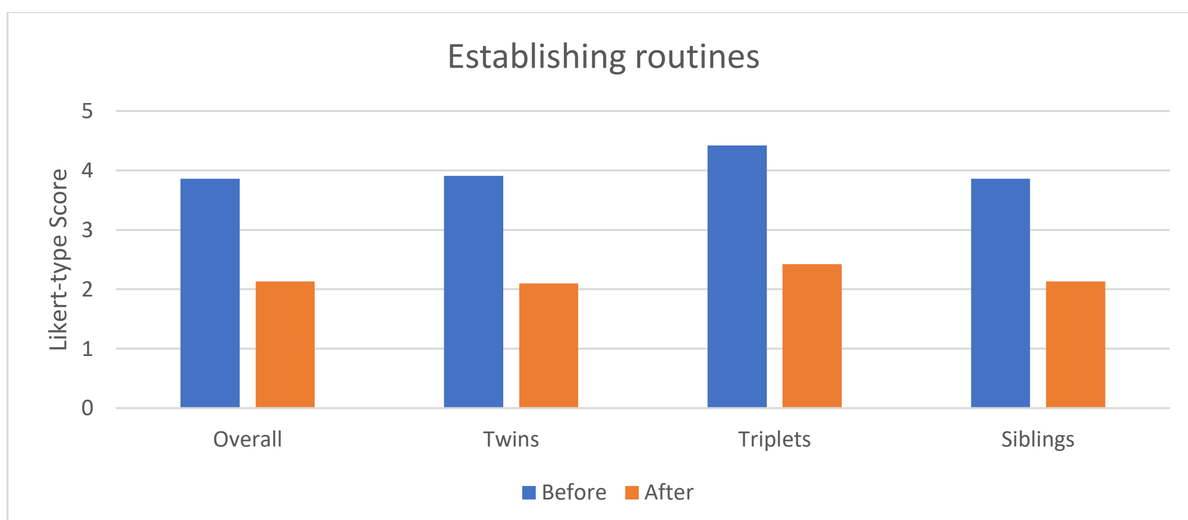
Figure 9: Getting out and about pre and post FCS



Before FCS, *getting out and about*, as perhaps expected, was given a higher score of difficulty for families with other children (siblings), who have to cater for a wider range of mobility needs than families with multiples only. Families of triplets recorded the lowest levels of difficulty, but it is not clear from the data if this reflects less priority/desire for this activity at the time or fewer perceived difficulties. However, the continuing levels of difficulties after FCS suggest that the logistics of managing larger numbers of children outside the home, remains an issue for families.

Establishing routines

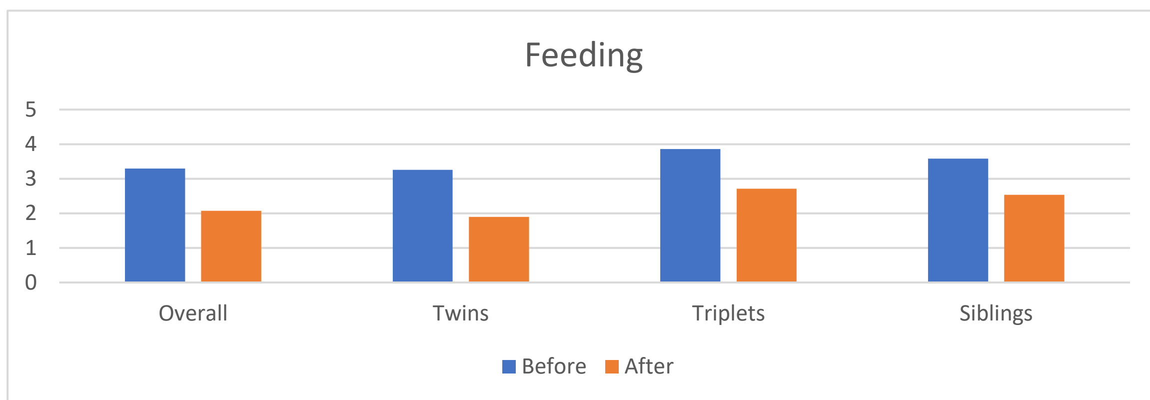
Figure 10: Establishing routines pre and post FCS



After *sleeping patterns* and *getting out and about,* establishing routines caused varying degrees of difficulty for all families. Parents of triplets gave this the highest score; however, they were also the group who, post FCS, showed the most improvement in establishing routines. This suggests that the FCS was particularly enabling for parents of triplets to develop routines to support everyday family life.

Feeding

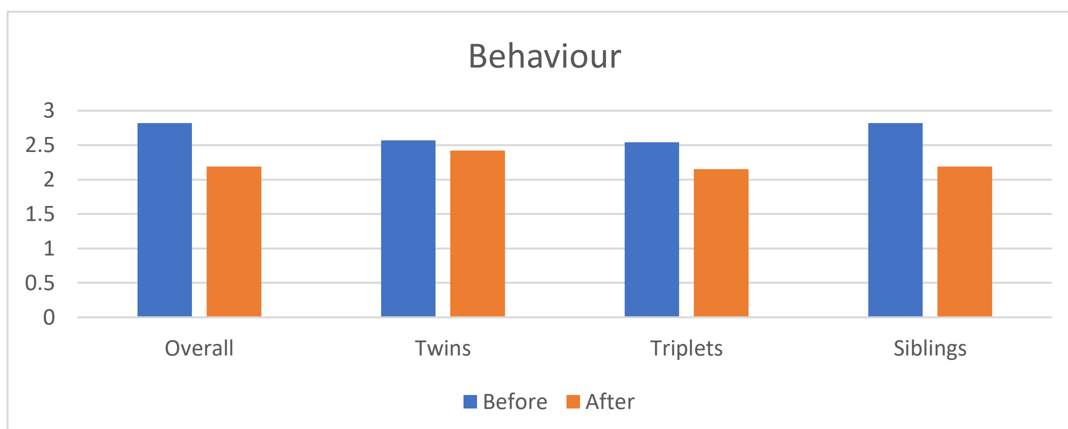
Figure 11: Feeding pre and post FCS



It is understandable that, logistically, it is more difficult to feed multiple babies than individuals and therefore, triplets would be particularly challenging, especially for a single parent. For parents with siblings, the demands of feeding had additional layers of complexity because of managing differing nutritional needs, routines and developmental feeding capacity. Scores for difficulty after FCS remained higher for this cohort, as it did for parents of triplets.

Behaviour

Figure 12: Behaviour pre and post FCS



Difficulties with behaviour was greatest for families with siblings, however, the intervention of FCS was perceived as having the greatest impact. This daily family living activity was recognized by parents as troublesome, although as noted earlier, the changes that resulted from FCS were significant. However, it needs to be noted that the descriptor label is broad, and it has blurred boundaries with the other identified daily family life activities. This could explain why it was the least referenced descriptor before intervention.

Parental changes in perceived levels of stress, coping and confidence as a parent of multiples

Stress

Parents were asked to rate the statement using a Likert-type scale: '*HH support helped reduce my stress and anxiety in the areas which I needed support'* (assuming the scale of 1=not at all and 5= significantly).

Figure 13: Overall stress pre and post FCS

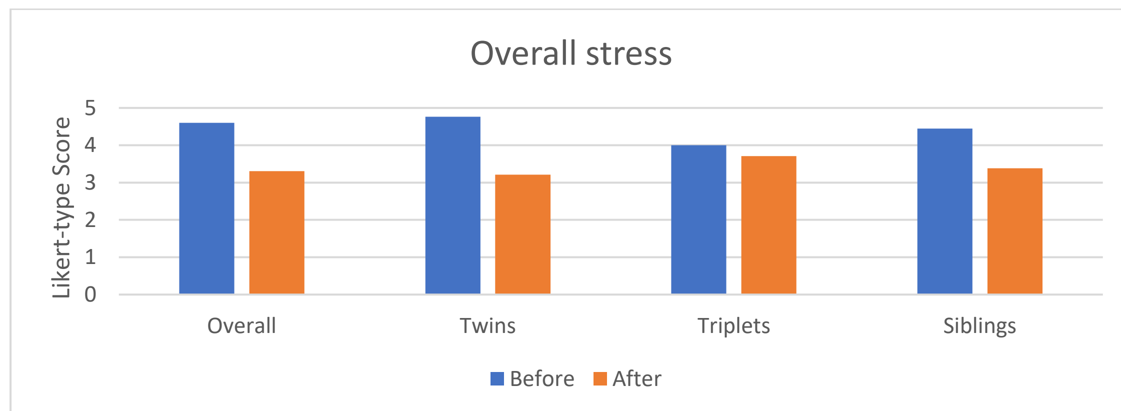


Table 2: Statistical analysis of pre and post intervention

Stress levels	**Student 2-tailed, paired t-test**	**Significant changes to parental perception post FCS**
Stress	P< 0.001	Yes

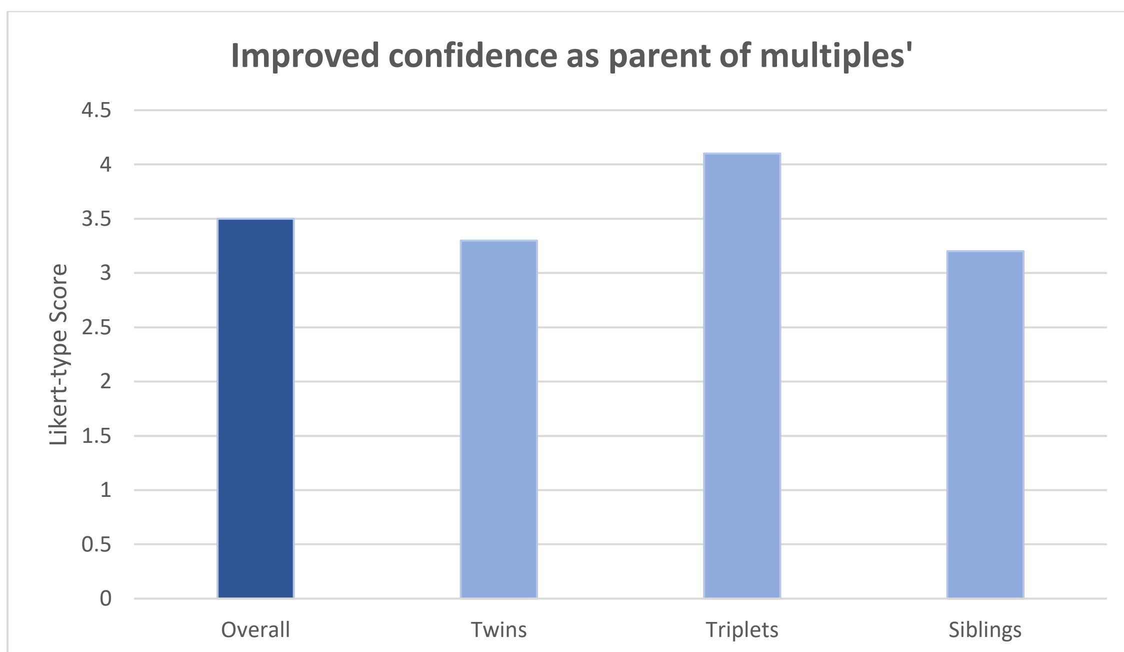
Overall, stress levels before and after FCS intervention indicated a reduction in perceived stress. Table 2 (above) shows a p-score of < 0.001, indicating that after FCS reduction in levels of stress were significant, however, it must be noted they remained relatively high. The demands put on parents and family life from caring for multiple babies are complex and interconnected, requiring additional time and resources to adapt. As children grow the stressors on parents and family life also change and for

parents of multiples the issue of the increased number of stressors remains. This perhaps contributes to continuing levels of stress reported by parents. However, it is interesting to note that although parents of triplets reported the lowest levels of stress before FCS intervention they also evidenced the lowest reduction in perceived stress levels. This may reflect the unknowns of the difficulties of care for triplets due to the rarity of triplets and the ongoing reality of stresses of caring for triplets.

Confidence

Parents were asked to rate the statement '*HH support has given me more confidence as a parent of multiples'* (assuming the scale of 1=not at all and 5= significantly).

Figure 14: Improvement in confidence levels

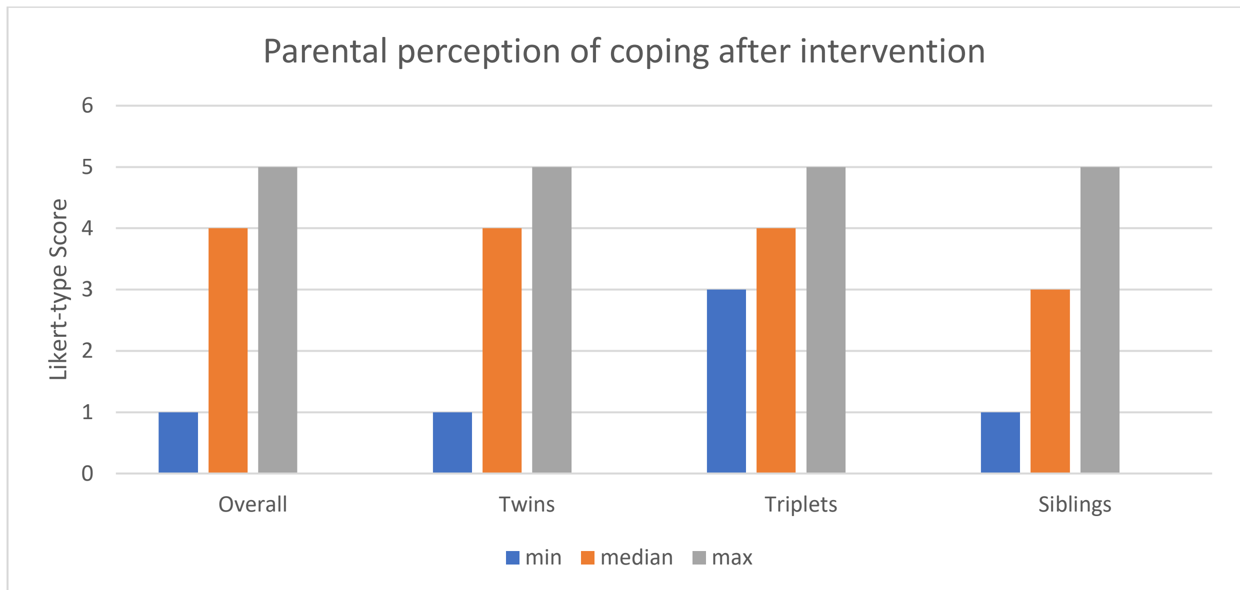


As seen in figure 14 the overall results suggest that, for all parents, confidence levels increased as a result of FCS intervention. However, parents of triplets evidenced the greatest increase in confidence post FCS.

Coping

Parents were asked to rate the statement, using a Likert-type scale '*HH support helped me to cope better with caring for my multiple birth children' (*assuming the scale of 1=not at all and 5= significantly).

Figure 15: Coping pre and post intervention

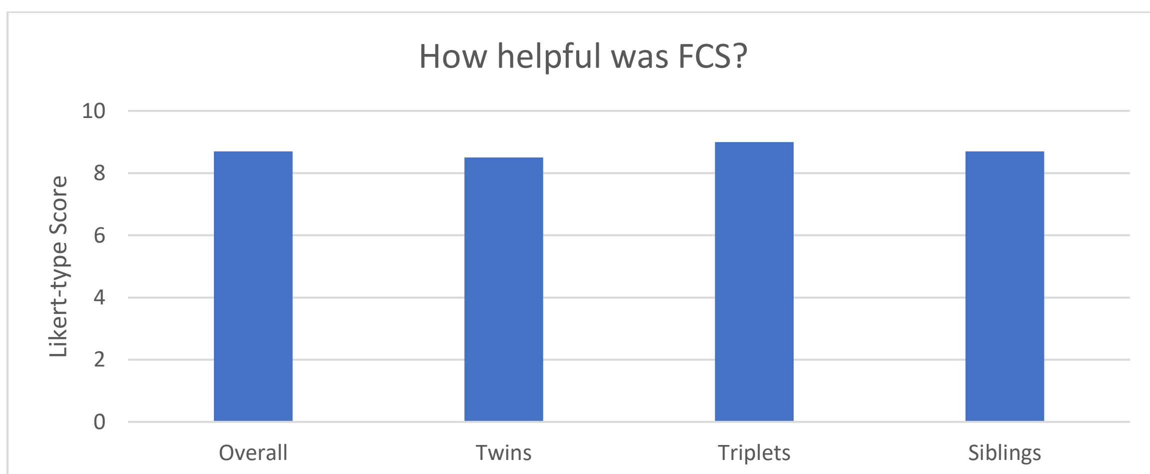


As can be seen in figure 15 all families felt they were coping better after FCS intervention, with parents of twins and triplets noticing the greatest improvement, and parents with additional children the least. Including the minimum and maximum of Likert-type scores given by parents shows the range in the perceptions of coping, whilst the median reveals the mid-range of scores for the 34 families and therefore is an indicator of the main score given.

Parental perception to how helpful Family Crisis Support was to their family

Parents were asked '*on a scale of 1 to 10 did Helping Hands help your family*' (with 1=is not helped at all and 10= significantly helped).

Figure 16: Overall helpfulness of Family Crisis Support



As can be seen from figure 16, the overall score of 8.7 indicates that families found the support from the FCS service was very helpful for their families. Triplet parents gave the highest rating, with an average score of 9, whilst those with additional children gave 8.7 and parents of twins 8.5. The higher rating given by parents of triplets could perhaps reflect their volume of needs as a result of caring simultaneously for 3 children and the advantage of having additional support to manage the daily family living activities. As noted in figure 5.4 and 5.5, it was the parents of triplets that identified the highest levels of difficulties with feeding and establishing routines and the highest levels in improved confidence after support (see figure 14).

Parental perception of the ease of access to Family Crisis Support

Finally, parents were asked '*How did you find the Helping Hands process'* (with 1= being poor and 5= being excellent)

Figure 17: Overall ease of access to FCS

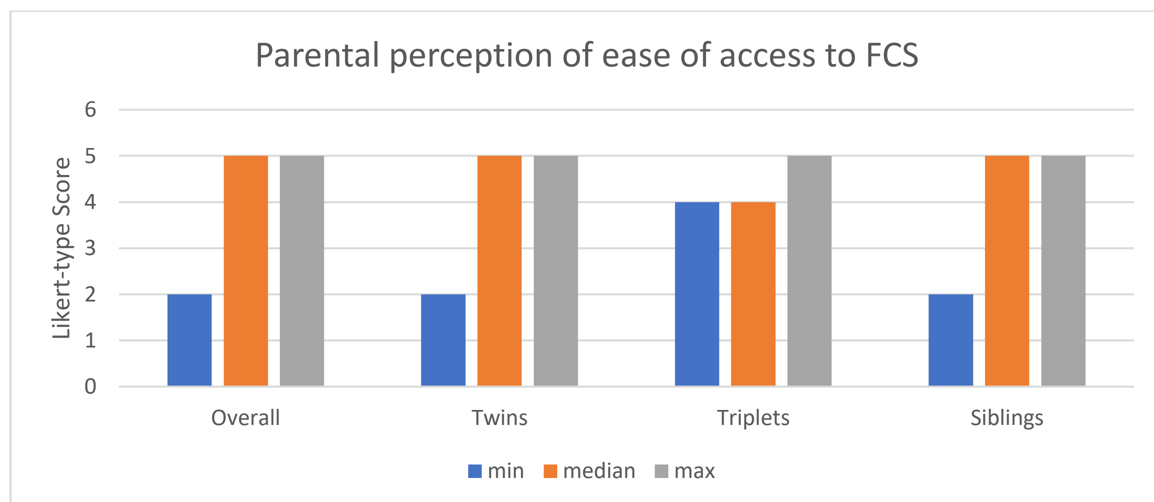


Figure 17 reveals that, overall, families found the ease of access to FCS excellent, with parents of triplets most consistently satisfied with the process.

<u>Summary</u>

Analysis of the numerical data from the 34 case studies identified that families found the overall process of accessing the FCS service positive. Although the types of support FCS offered to families varied, all received support in their homes from FSPs. The majority of families (88%) received additional support from other sources, including: Twinline and online services, leaflets, signposting to other services and donations of toys and equipment. Although a record was kept of the additional services offered to each family, these were not separately evaluated after support. Therefore, it is difficult to know how access to these additional resources influenced the overall assessment of the

FCS experience. From assessment of the identified five areas of daily family living activities (*sleeping, feeding, routines, behaviour, getting out*) the support of FCS led to significantly proven improved outcome scores. When questioned about levels of stress most parents believed that their stress levels were reduced. Although it is noted that reductions were modest, the change was significant and attributable to the FCS service. Parents also had increased coping abilities and confidence in their roles as a result of FCS.

Qualitative findings

Introduction

Thematic analysis was used to explore the data sources and focus on identifying and describing the implicit and explicit ideas within the written data from parents and family support practitioners. The following discussion is guided by overarching themes that emerged from inductive coding of parents' written comments on their FCS application forms, the parental post evaluation forms and the FSPs' visit evaluation reports. Table 3 (below) gives an overview of the interpretative analytical process of the data to evidence how the codes inform the six themes, that are organized into four categories to guide the discussion.

The parental voice and that of the FSPs are integral to this analysis, and direct quotes from the texts have been used to illustrate the discussion. All quotes have been anonymized to maintain confidentiality of all participants and their families.

Table 3: Categories and themes derived from the thematic analysis

	Category	***Theme***	***Examples of Codes***
1	Initial requests for FCS	*Troublesome transitions*	Shock, despair, chaos, world upside down, relationship issues, changing status, changing roles, overwhelmed, stressed, financial difficulties, emotional challenges, mental health challenges, illness with children, lacking control, feeling unsupported, having no one to turn to
2	Parental Experience of FCS	*Doing with rather than doing to my family*	Developing coping methods and skills, role- modelling, sharing, guiding, encouraging, spending time, working with, being in my home, validating needs, preparing for next steps, supporting organisation, emotionally supporting, reassuring parenting skills, seeing us as a whole, working with my other children
		Normalizing my family	simplifying routines, prioritising parents plans, identifying changes, recognizing parents' skills, recognising emotions, recognising needs, focusing on family's needs, empathising, respecting, non-judgemental, unflappable, suggesting strategies, balancing expectations and needs
		Learning to live again	Practical advice that worked, time to myself, achieving goals, seeing changes, feeling happier, feeling more in control, feeling more hopeful, feeling supported, feeling more like me, feeling good enough

3	What do family support practitioners bring to families	*More than just a pair of helping hands*	Listening, supporting, caring for all, recognizing difficulties, seeing the difficulties, non-judgmental approach, practical support, useful ideas, role-modelling, companionship, spouse support, professionalism, confidence building, knowledgeable, adaptable, understanding, motivating
4	The voice of the family support practitioners	*Listening to families with our eyes, ears and arms*	Reassuring, listening, building skills, role-modelling, developing trust, planning routines, guiding, trusting, understanding issues, recognizing depression and anxiety, prioritising time, building confidences, supporting their needs, encouraging

1. Initial requests for Family Crisis Support

Theme*: Troublesome Transitions*

The challenges of accommodating the often complex and changing needs of multiples left many parents physically exhausted and mentally challenged. This resulted in one parent simply stating, '*to be perfectly honest I just can't manage on my own at the moment*' and another claiming '*I am out of my depth'*. Physical and mental exhaustion leads to a loss of confidence in parenting skills to cope and care for their multiples (Choi, Bishai and Minkovitz, 2009). As one parent noted, *'I'm desperate at the moment and feel so bad I can't do it all on my own'.* Parents expressed feelings of being overwhelmed and an inability to develop routines in relation to feeding, sleeping, crying and managing older children. One parent of twins with an older child noted, *'I tried to get a certain routine going but it doesn't seem to work'*. For some parents, it was the changing routines needed to accommodate the growing demands of children that led to repeated requests for FCS, as illustrated by one mother writing, '*I'm at my wits end again. I just don't know how to bring them on and make them happy. Maybe a fresh pair of eyes from a Tamba support worker will help?*".

The detrimental consequences from a sense of inadequate time on family life was frequently mentioned, with one new parent noting, '*I just can't seem to find time to do anything'* and another observing, '*time seems to shorten rather than lengthen*'. Feeling unable to give enough time to other members of the family, particularly children, leads to a feeling of entrapment (Bollen, 2015). This is demonstrated by a mother claiming, *'I just can't give enough attention to everyone, which means a pretty unhappy household…. [including] parents unhappy because we are tired and feel that our children are unhappy'*. A dearth of time and lack of routine was identified as having a cumulative detrimental effect on mental health and wellbeing on mothers and fathers (Kehoe et al., 2016; Wenze et al., 2015).

For many parents, the problem was not in identifying the difficulties, as noted by the mother of triplets and an older child who believed, '*it's clear that times of transitions present extra challenge'.* Some

parents also had ideas of what would improve their situation, requesting specific support to put the plan into action. For example, after a partner had left the family home, one parent noted that she would be able to cope better, but, '*I need some time to be on my own…just for an hour to get out and about'*. Multiple pregnancies are more likely to have complications and be stressful, which is recognised as compromising resiliency thresholds and increasing the need for external support (Kehoe, 2016). As the parents of twins, with health complications, lamented, *'we've already been through so much, we are desperate for as much support as we can get'.*

However, parenting multiples can lead to the sharing of family roles and increasing parental involvement in childcare, resulting in greater satisfaction and enjoyment for both parents (Wenze et al. 2015). Nevertheless, changes to family structures, including divorce, separation and death of a spouse, challenges family structure and function, as one parent asserted, 'my *husband and I recently separated, and my trio are not sleeping at night. This is having a huge effect on our household and my health'.* It can also lead to increases in parenting load, pre- and post-natal illness of either mother or father with families struggling to cope and so in need of short term, additional support. As one mother wrote, '*I want to look after my boys, it is heartbreaking, we just need support to help me to get to that point*'.

Because of the specific criteria for eligibility for FCS the variation in parental justification for requests for support may be constrained. However, all the requests for support reflected personal and familial difficulties in managing transitions within families, as a result of the birth of the multiples, and caring for them as a result of changes in family dynamics, health and finances.

2. Parental Experiences of Family Crisis Support

All those that used the FCS service were asked, six months after intervention, to comment on their experience. The evaluation was through a questionnaire, using Likert-base scale scores, relating to levels of difficulty of the five daily family activities. Written comments were also invited. Analysis of parental experiences of FCS is explored through the four themes that emerged: '*Doing with rather than doing to my family'; 'normalizing my family'; 'learning to live again' and 'more than just a pair of helping hands'.*

Theme*: Doing with, rather than doing to, my family*

Parents valued the time FSPs spent with them in listening to their needs and in modelling and working to develop strategies to support family daily living activities. A parent of triplets reckoned that it was

'*incredibly valuable to have someone to observe the difficulties faced by our family and suggest some strategies'*. Another parent of twins believed that, '*just spending time with us and showing me how I can play with them both and sit them up is a major breakthrough'*. Having time to practice strategies with guidance from the FSP was considered particularly useful, and increased parents' confidence; '*just having her in our home helped give me the confidence to sleep train our twins*'. Another parent of triplets commented that '*she has given me such confidence in taking care of my babies'*. The ability of the FSPs to empower parents in feeling greater confidence in their parenting and in increasing their coping capacity were recurrent comments; as expressed by a parent who claimed '*she [family support practitioner] has given me such confidence in my parenting capabilities and taught me huge amounts in managing triplets'*.

The physical presence of the family support worker in their home gave parents confidence to trial new care strategies, '*on the day she was with me, I was able to practice the techniques she showed me twice- and I felt totally confident today to follow the plan on my own'*. Offering *'practical advice, support and encouragement'* was greatly appreciated, with one parent noting that the FSP had *'helped to organize things differently so that things would be easier and less stressful for me and the children'.* It was the quality of advice and level of practical expertise FSPs brought into their homes that was valued, as a mother noted, '*having a fixed and simple message is also really helpful to me as it makes me more confident in saying to other adults who work with the kids- "this is what we do"'*.

Additionally, the sensitive and non-judgmental delivery of support and advice was frequently mentioned, *'she really listened to how we work and how we want to work and then was able to help me work towards it'*. Parents of triplets commented that *'she [family support practitioner] comes with a wealth of knowledge and a nonjudgement, roll your sleeves up attitude'.* It was this approach that created an empowering and strong working relationship between the FSP and parent, *'she offered support and ideas for the future and all round made me able to move forward from our rough patch'*.

Theme*: Normalizing my family*

The personal delivery of bespoke strategies for families, and the sensitivity in the manner of support delivery was seen as contributing to the normalization of family life, regardless of the levels of difficulties. One parent wrote, '*the Tamba team made me feel so supported and normal'*, whilst another parent of twins commented, *'I found it really useful to have someone with so much knowledge and experience look at how we are doing and reassure me that we are doing OK'*.

Normalization of the situation imbued parents with a greater sense of confidence in their management of their families. This then improved parental coping skills and perceived competency levels. One parent with triplets and an older child believed that, '*speaking to the support worker has given me the confidence that our routines are basically OK'*. Another parent stated, '*she was reassuring and helped me realise I'm doing a good job'*.

The FCS service is not tasked to solve all the challenges that families were facing; however, they are able to provide some support to families in times of crisis. A parent who had experienced the death of a partner, praised the support the FCS service had been able to offer. She believed the support had *'helped us survive and keep surviving an incredibly traumatic and painful loss'*.

Theme: *Learning to live again*

Parents suggested that the FCS service, particularly the family support practitioners, had provided practical and psychological support that addressed their needs at difficult times, '*when we were feeling overwhelmed and exhausted the support worker came into our home and gave expert advice and support to help our family cope better*'. Indeed, another parent explained, '*she gave me hope and a bit of confidence when nobody else did.'*

Offering advice that focused on the immediate needs of the children and also developed parenting practical repertoires were valued, with a parent of twins summarizing what she appreciated most '*hands on care and practical advice, emotional support and confidence building'.* Another parent of twins with an older child suggested that the family support practitioner '*gave us some really practical advice and a model that I easily taught to my other half and we worked together to teach the boys to self-soothe and have naps*'.

As referenced in the theme *doing with rather than to my family* it was the qualities of the empowering relationship with the family support practitioners that were particularly noteworthy. Learning through co-working rather than being taught was appreciated, '*by working together with them [twins] we have very much reduced the level of problem behaviours'*. The support by FCS gave parents back a sense of confidence that many identified as having being eroded or lost since the birth of their children, '*becoming a mother of triplets has been the most challenging thing I've ever faced … she has helped me feel a lot more confident about my parenting skills'.*

There were high levels of trust in the relationship with the family support practitioners, '*I value her support and advice, the practical help, support and advice from the HH team has been invaluable to me and my family*'. Another parent commented on the quality of the whole FCS experience '*the process was great and has enabled me to believe that I can and am doing the best for my children'*. A parent of twins with older children noted, '*she is amazing! And, also, the Twinline coordinator on the Twinline, although I've never met you, you saved my life that day'.*

The physicality of the relationships with the family support practitioners provides a vehicle from which to offer psychological support (Bollen, 2015). It is the psychological support and encouragement that facilitates parents to adopt, adapt and sustain coping strategies for the families (Kehoe et al., 2016). The most frequent length of time spent with families was two days, therefore, these relationships were effective in quickly empowering parents to 'learn to live again'. The emotional investment is evident in the comments parents wrote to describe how and in what way FCS supported families, *'I struggle to put into words how much this has helped me! I am at a point now, as a result of the help I received, where I enjoy my twins immensely'.* For a family with twins with older children they wrote, *'thank you for your help, support and company over these last few weeks. Our little family have found our feet and all because of you'*

3. What do family support practitioners bring to families

Theme*: More than a just a pair of helping hands*

As stated earlier, it was the combination of gaining personalized, practical and relevant advice from a relationship deemed professional, non-judgmental and trustworthy that was recognised as critical and synonymous of the FCS service.

A parent of twins particularly appreciated the specialist knowledge, comparing the FCS with that from other health agencies. She felt that FCS was '*more understanding than midwives or support workers as Tamba specialises in families with multiples'.* Another parent described their FSP, '*she was so helpful and knowledgeable. Her passion for her work shone through and she helped me think about my confidence*'.

The ability of the FSPs to engage with parents whilst working with the whole family was recognized and appreciated by parents. A mother of twins described the FSP '*as an absolute delight, she was very knowledgeable, professional and easy to engage with- developing excellent rapport with myself, my*

husband and most importantly the twins. We are eternally grateful for her support'. Whilst the mother of triplets claimed, *'I felt completely able to trust [volunteer's name], she has a brilliant way of connecting and working with them [triplets] … her professional; attitude at all times, that helped establish trust from the very beginning. She was incredibly knowledgeable; she was a lovely personality to have in our home'.*

Whilst the support and qualities ascribed to the FSPs are not disputed, the potential influence of the personal context of statements needs to be acknowledged. All those that completed these evaluations had reached the threshold set for eligibility for FCS. They had been identified as in need, vulnerable (physically, psychologically and/or economically) and unable to access alternative sources of support, so any support would be particularly welcomed. The parental assessment may be more reflective of a focus on the FSP, described as '*a true angel*' and '*some kind of magical nanny',* rather than an holistic assessment of the FCS service. Additionally, when completing summative evaluation of a bespoke service, which has been personally delivered through interactive relationships, there can be unconscious bias to record the positive experiences and ignore others. That said, the overwhelming evidence suggests that family support practitioners are '*wonderful, helpful, easy to talk to and very supportive'* and the FCS service experience '*supportive, helping me to gain confidence in my ability as a mum'.*

4. The voice of the family support practitioners

Theme*: Listening to families with our eyes, ears and arm*

The FSPs also completed evaluation forms after their visits to the families, which were records of the advice given and practical support offered. The evaluation forms asked the family support practitioner to also assess if the family needed further visits, and this information was used to guide any further support offered.

The development of reliable and trusting relationships with the family is considered the most effective approach to impart specialist advice in a manner that facilitates learning and empowerment of parents of multiples (Heinonen, 2016). FSPs listened to the needs of parents with their eyes and ears, tuning into the parents' particular concerns and offering reassurance about the standards of their care to rebuild confidence. One FSP noted, '*she needed lots of reassurance that she has been doing a good job and that actually she has been coping remarkedly well'.* The additional time needed to care for multiples leads to many parents feeling overwhelmed, however, adjusting their care to manage the numbers is often seen as compromise rather than efficiency (Heinonen, 2016). For example, working

with a parent of twins who also had an older child, the family support practitioner noted, '*I reassured mum that individual attention is obviously important but that she shouldn't feel guilty about it'*.

Parents valued consistency and continuity of care from the FSPs, for example, a family support practitioner noted on her return '*for mum to have a familiar and trustworthy face has helped with the transition from hospital (mental health issues) back home'.* The benefits of being able to revisit parents is captured by the FSP, who on closing the case, commented, 'Mum *responded well to the support and seemed more confident, comfortable, self-forgiving with how she has been parenting her sons'*.

Mental health issues related to the birth of the multiples, illness or bereavement of spouses, separation of couples or pre-existing conditions were common and often exacerbated the challenges the family was facing. The Hospital Anxiety Depression (HAD) questionnaire (Zigmond and Snaith, 1983) is a validated screening tool primarily designed for use in a general medical population by professionals to assess anxiety and depression (Bailey, 2008; Bjelland et al., 2002; Stern, 2014). Families now complete this short questionnaire before and after the FCS intervention, however, as this has only recently been introduced by FCS its contribution cannot be assessed. That being said, the ability to assess and sensitively manage parents in fragile emotional states was evident in FSPs written evaluations, and they seemed to instinctively know the most effective methods to work with and empower parents. An FSP working with a family where the mother was seriously ill, wrote that she believed her visit '*allowed the family to have a bit of normality during the difficult time they are going through'*. This ability to listen with ears and eyes was important, as was recognising that, although the family was experiencing challenges, each and every family also had their own strengths. As one family support practitioner noted when visiting a parent of newborn twins '*she had great instinct and the babies were thriving, she just needed the confidence and rest'*.

Although the majority of the referrals to the FCS service were instigated by the parents themselves, some referrals were made by other health professionals involved with the families. Personal motivation to develop working relationship with the family support practitioner evidences a commitment to shared goals for change. One family support practitioner noted, '*I noticed right from the beginning that any advice I had to give was not really going to be accepted and maybe taken as a negative judgement on her capabilities, so I declined from giving and just listened'*. Thus, family support practitioners needed the skills to identify that a parent was not receptive to practical support and adapt to ensure the parent remained respected and in control.

Development and implementation of routines to support the five daily family living activities was the most frequent focus of their work. Parents responded well to the high levels of practical competency and specialist knowledge, which supported the development of a reciprocal relationship. Role modelling and then support, contingent on parent's confidence and skills levels, was a common approach used by family support practitioners to maintain respectful relationships. As one family support practitioner wrote, '*I did lots of role-modelling to show her how to encourage the babies to become more independent … we also discussed a lot about sleeping… but it was clear this way was going to distress[mum] too much'*. Another family support practitioner recognised her role as being a 'confident-other' and her presence empowering the parent to try new approaches with her twins '*mum needed someone to push her in the right direction with sleep training, but she did it herself*'. Having '*another pair of hands takes away some of the jobs she has to do daily taking the pressure off. It also empowers her to take on tasks and challenges"*.

Being confident in one's professional practice and knowledgeable about the mental health needs of parents of multiples, as well as the wellbeing of children, are qualities that FSPs seem to share. The ability to work flexibly, coupled with a desire to support new families through effective interpersonal skills, promotes successful practice and job satisfaction, '*my role within this family was constantly changing and adapting to their needs… I definitely feel I was able to make a difference to this family'*

Critical Considerations

Based on the evaluation of the qualitative data from the 34 case studies, the FCS service is considered a valuable resource for parents of multiples in times of crisis. As a parent of twins wrote, '*it has helped make life so much easier for us and we can never thank you enough'*. However, it is important to reflect on all comments given by service users, including the voice of the critical minority. This will ensure the service remains responsive to current and future needs.

The case study families were selected through completion of an application form requesting FCS. All their situations fulfilled the FCS eligibility criteria for support. However, although parents may be experiencing challenges in caring for their children, these challenges may be a symptom of the family's current situation and not necessarily the cause of their distress. Often, difficulties in coping occur at times when the parent's lives are undergoing crises in their everyday life, including financial, psychological and physical distress. The cumulative emotional overload can lead to temporary compromises in cognitive abilities and breakdown in family life (Kehoe et al., 2016). Therefore, the ability to identify and justify a specific support need can, in itself, add to the distress. As one parent of

twins and an older sibling noted, 'I *think at times you are too busy trying to cope to think how you can be helped… I did not know exactly what I was struggling with as it was just too overwhelming at the time*'.

As parents are in crisis when the FCS service becomes involved, it is important that the expectations of the parents are guided and boundaried by what the service can do at that time. There were very few critical comments of the FCS service recorded, however, for some parents, expectations of the service were perhaps unrealistic. Complex cases, such as a parent coping with multiples and other children, alongside serious ongoing financial, physical and psychological challenges may require longer term and multiple agency advice and guidance. Parents are often functioning in 'survival mode' and may have difficulties with reflective objectivity and longer-term planning (Heinonen, 2016). These parents are particularly vulnerable and desperate, as one parent claimed, *'the support I need is ongoing. It is not possible for me to meet the needs of all my children on my own… I have no support back-up from anyone at all'*.

Advice or support therefore may be deemed insufficient and viewed negatively because of a perceived hopelessness in their situation. For example, although one parent made a point to describe the family support practitioner as being '*lovely and very helpful and tactful and interesting to talk with'*, her assessment of the FCS service was critical, '*I am still struggling with the same issues*'. This parent's physical and psychological needs were such that she wanted ongoing regular support, however her financial constraints were such that this was not possible. Although FCS had provided equipment and support, the FSP had commented that the parent appeared currently unreceptive to childcare advice. She had therefore decided to offer support by listening to the mother's concerns and caring for the older children, so that the mother could have '*personal time for herself or to cook or spend time with just the baby feeding'*.

FCS specifies what support it can provide. It also signposts, where applicable, to other health and care services and supports families with any applications if necessary. However, there are boundaries between these services, and the level of FCS's control in other agencies procedures needs to be clearly communicated. This avoids disappointment or damage to the FCS working relationship. Ensuring that the other health and care services are aware of the referral procedures for the FCS service increases the opportunities to support families of multiples in need and decreases misunderstandings. For example, a family support practitioner, working with a parent of triplets, realized that the other support agencies were unaware that parents/ professionals could request further FCS if needed. She

wrote, '*unfortunately mental health social worker didn't realize they could still call Tamba for help- however, I have made sure they know to call if any help is required'*.

The initial referral form, the post-service evaluation form and the family support practitioner's family visit forms provided qualitative and quantitative data to evaluate the service provided to parents of multiples. However, the length of questions, wording of the questions, ordering of questions and use of multiple Likert-type scales led to some confusion and conflicting responses from parents. The question '*did Helping Hands help your family*' (with 1= not at all and 10 = significantly helped)' and '*How did you find the Helping Hands process*?' are broad in focus and therefore difficult to operationalize to quantify. Although the aim is to gather information to identify what ways FCS supports families, and how parents find the process of applying for and receiving support from FCS, the wording was such that they may affect bias to positive responses.

To quantify parents' perceived levels of difficulties with the five daily family living activities a Likert-type scale was used, with 1= no problems at all and 5= being very difficult. On the post- service evaluation form, this question was repeated, however, it appeared after a question that asked parents to rate 'did HH help your family?' using a larger Likert -type scale with differing valences (1= not helped at all and 10 = significantly helped). However, changing the order and valences of verbal labels and using differing numerical scales can lead to confusion when giving scores and bias results (Hartley and Betts,2010). The juxtaposition of these two differing Likert-type scales led to some confusion, for example a score of 4 was given by a parent for post-service coping and confidence levels, suggesting low levels with either scales. However, supporting comments suggested that the parent was feeling positive '*a significant amount of coping methods given*' and '*confidence increased significantly'*

Report Conclusions

The original research questions will be used to structure the concluding comments in regard to evaluation of the FCS service. The questions are:

1. What are the current family demographics of FCS service users?
2. What is the current scope of parental need?
3. What support is provided by the FCS service?
4. What are the qualities of the FCS service that parents value?
5. In what ways do parents believe FCS has influenced their families?

Comments will be given in bullet point form summarising earlier discussions.

1.What are the current family demographics of FCS service users?

- The Twins Trust website was most frequently referenced as a source of information in regard to information about the FCS service.
- Although self-referral was the most popular form of referral to FCS, collectively, health professionals were the biggest group of professionals to recommend referral to FCS.
- Twins were the most frequent multiples (n=24), and 10 out of the 34 families had triplets.
- 15 families already had children at the time of the multiple's births, with 4 of these having triplets.
- The ages of older sibling varied from 27 months to 7 years old.
- At the time of the request for FCS triplets were 3 months old and twins 6 months.

2. What is the current scope of parental need?

- '*Extreme parenting challenges'* was the largest category of need given on the referral forms, followed by '*mental health issues for parents'* and '*physical health illness of parents and children*'.
- Changes to family dynamics and support, resulting from divorce, separation, bereavement and illness are challenges when caring for multiples.
- Financial challenges, either due to reduced income as a result of parents stopping work to care for children or loss of an income from illness, increased the difficulties and stress levels for families.
- Parents health and well-being is a critical resource that can become compromised when families care for multiples. Many of the families had multiple needs which were interconnected and had an accumulative detrimental effect on the functioning of a family.
- Mental health issues, including anxiety and depression were common comorbidities for families with multiples applying for FCS. It is unclear if they are symptoms or causes of need.
- Although there is a pre and post service Hospital Anxiety Depression (HAD) measure on the evaluation form, due to the nascency of the introduction of this measure, its contribution to FSP support and family outcomes cannot be assessed.
- Identifying a specific category of need on the initial FCS referral was difficult for some parents who felt overwhelmed and unable to articulate their needs.
- Parents were focused on accessing external support in their home to better manage family life.

3. What support is provided by the FCS service?

- Families that fulfilled the eligibility criteria for FCS, were then assessed via the phone and the length of time spent with the family depended upon the FCS service's assessment of severity of family need, and the ongoing assessment of need from the family support practitioner. All families received home support from a family support practitioner, and the length of home support varied between 1 to 14 days.
- The FCS service provides invaluable support for families in their home through the provision of family support practitioners, online support and resources, donation of toys, clothes and equipment and signposting to other organisations.
- Support centered around five daily family living activities: *behaviour, feeding patterns, establishing routines, getting out and about and sleep patterns*.
- Parents were most concerned about *sleep patterns*, followed by being able to *get out and about* and *establishing routines*.
- FCS provided some families with financial constraints with clothing, equipment and toys
- The support given by FCS is significant in improving families perceived difficulties with the five daily family living activities ($P< 0.001$ and < 0.002).
- The support given by FCS is significant ($P<0.001$) in improving perceived stress levels in parents of multiples.

4. What are the qualities of FCS service that parents' value?

- Visiting parents in their homes.
- The level of expertise and experience of the FCS family support practitioners (professionalism) was noted as offering empowering practical support and giving parents new strategies to cope with caring for multiples.
- Having an opportunity to explain to a family support practitioner what the parents felt were their needs and the support being tailored to these needs.
- Being given the time and opportunity to have strategies role-modeled and then working with contingent support.
- Family support practitioners were empathetic, non-judgmental, friendly and had a flexible and hands-on approach.
- Overall, the process of accessing support from the FCS service was considered excellent. Written comments suggest an ease in engagement, from the initial online service to support in their homes *'I think that the process is a very good idea and works very well and is very organized from the first email/phone call to the visiting the family'.*

5. In what ways do parents believe FCS has influenced their families?

- Involvement of FCS services was believed to reduce levels of stress, although the stressful nature of caring for multiples meant levels remained high.
- Support from the FCS service increased all parents' perceptions of their coping skills, however parents with multiples and siblings recorded lower levels of coping post-support than other families.
- Families reported increased levels of confidence in parenting multiples as a result of FCS.
- Engagement with FCS helped parents normalise their family situation, which increased their confidence to manage.
- All families reported that support from FCS was very helpful, with parents of triplet parents giving the highest score.
- The opportunities to learn and practice strategies with an experienced family support practitioner gave parents the skills and confidence to start to focus on enjoying rather than enduring parenthood.

The FCS service is greatly appreciated by those families who were eligible for support. Crucially, as also noted by Kehoe et al., (2015), social interaction and support offered both in person and online is recognised as vital to promoting and sustaining the emotional well-being of parents. As one grateful parent wrote '*Tamba have been the only organisation able to offer the support I need. No other service could offer me what is really needed. I appreciated it so much. It has made a tremendous difference'*.

Recommendations

The service is greatly valued by all those that have received support. This evaluation has evidenced that the FCS service makes a significant difference to parents' engagement in managing *sleeping, developing routines, feeding, getting out and behaviour* with multiples. Parents felt more confident as a parent of multiples and more able to cope as a result of the support of FCS service. Below are recommendations, which are the result of the current research findings and supporting literature.

These are as follows:

- The knowledgeable FCS online support, and FSPs having experience of caring for multiples and working directly with parents in their home, are 'brand-markers' of the FCS service. Family

support practitioners, with an approach that is described as empathetic, professional, knowledgeable and non-judgmental, are powerful brand-ambassadors for the FCS service.

- With the prevalence of depression and anxiety often co-existing with other problems, it could be useful to ensure that all family support practitioners are trained and feel confident to work with parents who are likely to be experiencing anxiety and /or depression alongside other issues.
- Consideration of the use of the Hospital Anxiety and Depression (HAD) measure (Zigmond and Snaith, 1983). Acknowledging that anxiety often precedes depression (Stern, 2013) it could also alert the FCS service to specific early intervention focus of support, resources and signposting to other support agencies.
- The HAD is designed to be simple to complete (for the literate) and quantifies levels of anxiety and depression. Although it is designed for use with a clinical population, it has been effectively used in the general population (Bjelland et al. 2002). As this measure has only recently been introduced, it is not yet possible to identify how it informs FSP practice or its credibility as a measure of the outcomes related to FCS.
- The increasing complexity of family-need, within a climate of reduced social service support and increased financial hardships, means that family support practitioners are faced with parents experiencing multiple challenges. Although family support practitioners are defined by their high levels of experience and competencies, creation and access to an FCS community-based shared resource may be beneficial. This could support immediate queries or offer guidance/advice to family support practitioners to aid support for more complex family cases. In this way all family support practitioners will be able to share and maintain the high standard of family support practitioners' knowledge and understanding.
- Parents valued having the same family support practitioner visiting them on repeated visits.
- Allied support professionals need to be aware of what FCS can provide for families in need and eligibility criteria and referral procedures to ensure effective liaison.
- A review of the ordering and wording of the questions on FCS forms to reduce the complexity of some of the questions and increase sentence-structure simplicity. For those parents with English as an additional language, translated forms could be useful.
- Consider the phrasing of questions to reduce any potential positive bias of responses.
- Offer opportunities for parents to also comment to justify their Likert-type scale score
- Standardization of Likert-type scales to measure changes in behaviours and perceptions would improve the consistency of scoring (Hartley and Betts, 2010)

- This report concurs with supporting literature as to the importance of supportive, stable relationships for parents caring for multiples (Kehoe et al., 2016). However, the challenges of caring for multiples also affects spouses, and although there is some literature, they are an under-researched group at present, particularly same-sex spouses (Wenze et al., 2015). Bearing in mind the emotional and physical support many spouses contribute to caring routines, it could be useful to consider gathering data in regard to their contribution and ongoing mental health and wellbeing. This would help to provide a better picture of the needs of the family to support FCS to the family as a whole.
- The FCS service delivery, from referral to home visit, is considered an effective and efficient process that makes good use of online technology and resources. Recognising the many logistical barriers of parenting multiples (Wenze et al., 2015) and the improvements in IT technology, the ongoing development of resources and support services, which can be accessed remotely and online, remains apposite to increase the reach of the support into communities. Increasing accessibility to include wider audiences would provide opportunities to challenge some culturally informed rejection of support by normalising the needs of parents with multiples.

The report will leave the final word to the parents, with the following quote that succinctly summarises the FCS service:

"very friendly on the phone prior to the visit and from the moment she entered our home. She offered practical advice, support and encouragement. I felt our main concerns were identified and addressed. Her hands-on help and positive attitude towards me and my children helped me feel empowered rather than judged and incapable"

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Appendix 1

1a. Client initial request form

Client Initial Request Form for Helping Hands Support

Case number

Type of application

Ethnic group Scottish/English/Welsh/Northern Irish/British

Type of multiples

Number of other children under 11

Role of the supporting health professional

Category/reason for support

Ratings on application

- ☐ **Behaviour**
- ☐ **Feeding/Weaning**
- ☐ **Establishing a routine**
- ☐ **Getting out and about**
- ☐ **Sleep patterns**
- ☐ **Overall stress**

How did you hear about Helping Hands?

1

1b. Client evaluation of Helping Hands report

Helping Hands Summary of Helping Hands Support

Case number

Type(s) of support given

Total number of days supported at home

Total number of hours of support given at home

1c. Helping Hands case study summary of family support

Support Worker/ Volunteer Support Worker Visit report Summary

Case number

Hours spent with the family

Date(s) of visit(s)

Rating on arrival

- ☐ **Behaviour**
- ☐ **Feeding/Weaning**
- ☐ **Establishing a routine**
- ☐ **Getting out and about**
- ☐ **Sleep patterns**

Explanation of ratings

Ratings following visit

- ☐ **Behaviour**
- ☐ **Feeding/Weaning**
- ☐ **Establishing a routine**
- ☐ **Getting out and about**
- ☐ **Sleep patterns**

Explanation of ratings

Do you feel you have been able to make a difference to the family? .

Any other qualitative feedback

Would you recommend a further visit and if yes for what reason(s)?

1

1d. Tamba Support Worker/ Volunteer Support Worker summary of support

Client Helping Hands Evaluation Form

Case number	
Type of support given	
On a scale of 1 to 10 did Helping Hands help your family? (1 is not helped at all, 10 is significantly helped)	
Please rate how you find the following now 1 being no problems at all; 5 being very difficult. ☐ **Behaviour** ☐ **Feeding/Weaning** ☐ **Establishing a routine** ☐ **Getting out and about** ☐ **Sleep patterns**	
Please rate the following statement: Helping Hands support helped reduce my stress and anxiety in the areas which I needed support (as indicated on your initial application)	
Please rate the following statement: Helping Hands support helped me to cope better with caring for my multiple birth children and where I needed the support (as indicated on your initial application)	
Please rate the following statement: Helping Hands support has given me more confidence as a parent of multiples (as indicated on your initial application)	
How did you find the Helping Hands process? 1 being poor, 5 being excellent	
Pre-visit HADS	
Post-visit HADS (where available)	

Qualitative feedback following visit(s) where available

1