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# Evaluation of Parentline Plus

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The views expressed in this report are those of the authors, not necessarily those of the Home Office (nor do they reflect Government policy).

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Jane Carlisle and Jacoby Patterson evaluated all the tape-recorded calls and conducted interviews with callers to the helpline, and Mary Cousseley acted as a consultant to the project, in relation to aspects of organisation, management and equal opportunities issues.

## Abstract

This report describes an evaluation - conducted between August 2002 and March 2003 - of the Home Office-funded Parentline Plus helpline. The evaluation was designed to investigate whether the helpline offers an efficient and effective way of providing support to parents, and whether it is making a positive impact on families. There were four elements to the evaluation: a secondary analysis of existing Parentline Plus and BT data on calls to the helpline; interviews with key personnel in Parentline Plus central management and in call centres; interviews with key personnel in linked organisations; and an assessment of call handling, and callers' perceptions of the helpline service. The evaluation revealed that there were very significant levels of otherwise unmet needs in many of the callers to the helpline, and that the majority felt they had been 'helped' by calling. It was acknowledged that the organisation is still at an early stage in its history, and the evaluation highlighted issues relevant to the future development of Parentline Plus, for example relating the recruitment and retention of volunteer call takers. It was concluded that Parentline Plus is providing a good quality helpline service to a significant number of parents and others caring for children, and that it has an important role to play in supporting parents and families.

# Evaluation of Parentline Plus

## Executive summary

### Background

This report describes an evaluation - conducted between August 2002 and March 2003 - of the Parentline Plus helpline. The Home Office consultation document '*Supporting Families*' (1998) put the help and practical support of 'ordinary' parents at the centre of some key proposals aimed at supporting and strengthening families. Against this background, the Home Office funded the creation of a new national freephone helpline for parents, called Parentline Plus. As an organisation, Parentline Plus was created by the merger of Parentline UK, which ran a parenting helpline, the National Stepfamily Association and Parent Network.

The Parentline Plus helpline was established to provide an accessible universal service, to offer advice and support to parents in a non-stigmatising way and, where appropriate, to refer them to other sources of advice or local support. The service aimed to be easily and freely accessible to all those who are parenting children. This includes parents who are socially excluded, who are black or members of minority ethnic groups, or other potentially excluded groups of parents, such as fathers and single parents.

At the time of the evaluation, the helpline service was based in eight call centres in England. Most helpline call takers are volunteers (over 200 at the time of the evaluation), working in shifts of up to four hours with the support of paid supervisors and call centre managers. Two call centres also employ paid call takers (42 in total at the time of the evaluation) to cover the night service and other hard-to-fill shifts.

### Aims

The evaluation was designed to investigate whether the helpline is an efficient and effective way of providing support to parents, and whether it is making a positive impact on families. The findings presented in this report derive largely from the analysis of calls to Parentline Plus, based on:

- secondary analysis of Parentline Plus and British Telecom call data;
- evaluation of tape-recorded calls to the helpline; and
- interviews with callers about their views and experiences of using the helpline.

In addition, the report highlights any broader organisational issues that might be relevant to a wider audience, stemming from interviews with staff and volunteers in Parentline Plus, and representatives of other organisations that provide helpline services, and/or work in the parenting support sector.

The conclusions and recommendations of the evaluation, presented below, should be viewed in the context of two observations. Parentline Plus was formed relatively recently, with the support of the Home Office *Supporting Families* initiative, and the evaluation comes at an apposite time to describe the helpline's development. As a related point, the recommendations contained in this report are concerned specifically with factors relating to the development of the helpline service, reflecting the focus of the evaluation brief.

## Principal conclusions

- Parentline Plus is providing a good quality helpline service to over 5,000 callers a month. Over the 15-month period reviewed, the volume of calls taken increased by over 70 percent. However, further expansion in the helpline service is necessary to meet demand from callers.
- Most callers interviewed for this evaluation were satisfied with the service they had received, and felt 'helped' by having made the call. A significant group said it had impacted positively on their feelings about the problem, in some cases, more directly on the problem. The value of providing callers with someone to talk to cannot be underestimated.
- The complex and severe nature of the problems that many callers telephoned about provided evidence that the helpline is dealing with a far higher level of need, and otherwise unmet need, than had been envisaged when it was first established.
- There is good evidence that the helpline is reaching some excluded or hard-to-reach groups, but the extent to which the helpline is used by callers from black and minority ethnic groups, or those whose first language is not English, is less clear.
- Most calls were judged by the research team to have been adequately or well handled, although there was some evidence of inattentiveness from the call taker for a small number of calls. In many of the evaluated calls, call takers demonstrated considerable skill and sensitivity in their handling of the call, and in the quality and suitability of the advice given.

## Key recommendations

- The telephone helpline should be at the heart of Parentline Plus's activities, and the organisational focus should not be taken off this important activity. Further developments to increase efficiency and the volume of calls answered by call takers must not be at the cost of quality, or indeed the support needs of call takers.
- Parentline Plus has encountered difficulties in volunteer recruitment that were said to have constrained development of the helpline service. These experiences were common to other voluntary service providers with helplines, yet most of the stakeholders interviewed in linked organisations would not advise Parentline Plus to stop using a volunteer-led service.
- The extension of sessional paid call taking – for example, to other call centres – offers a potential strategy for increasing the volume of calls that successfully reach the helpline. Paid call takers who handle higher volumes of calls are likely to have distinctive training and support needs.
- Parentline Plus could usefully explore creative and supportive approaches to collaboration with other providers of parenting and family support services, to support the process of signposting and referral between services, and to share ideas on service development strategies, particularly those relating to demand for the helpline.

## Policy messages

The evaluation of Parentline Plus clearly demonstrates a significant and high level of need among those who use the service. Despite low levels of public awareness, the helpline is providing a universally accessible, anonymous, and non-stigmatising route to support for those whose needs are not currently met by other forms of service provision. The volume of successful calls (those that reach a call taker) has increased substantially since the helpline was first funded, and a very significant number of people are helped each year. While further work is necessary to meet demand for the service, it is clear that the Parentline Plus helpline has achieved a great deal since it was established with the support of *Supporting Families*, and has an important role to play in supporting parents and families. As such, it seems essential that the organisation has the support and security of funding necessary to enable the future development of the helpline.

# 1. Introduction

This report describes an evaluation of the Parentline Plus (PLP) helpline, conducted between August 2002 and March 2003. The Parentline Plus helpline was funded by the Home Office<sup>1</sup> as part of the Government's commitment to parents and others caring for children described in *Supporting Families* (1998). The evaluation was designed to investigate whether the helpline is an efficient and effective way of providing support to parents, and whether it is making a positive impact on families. The evaluation was also designed to investigate whether the helpline is being run in an efficient way, and to consider the views of key stakeholders within related organisations.

## Background

The document, *Supporting Families*, was the first governmental consultation paper on the family. It put the help and practical support of 'ordinary' parents at the centre of some key proposals aimed at supporting and strengthening families. It stated that what was most often needed by parents was not crisis support or intervention, but advice, information or help (or sometimes just encouragement and gentle support), in order to enable them to get on with the difficult and often stressful task of parenting and bringing up their children. It was acknowledged that some issues, such as separation, divorce or other changes in household constitution, the parental control of children, as well as children's difficulties or behaviour problems, presented particular parenting challenges, and were common causes of worry and stress to parents, who often did not know how to behave, or what to do. At the same time, it was recognised that there was little by way of ordinary support and advice services for parents, and no universal service.

It was against this background that the Home Office supported the creation of a new national freephone helpline for parents, called Parentline Plus. As an organisation, Parentline Plus was created by the merger of Parentline UK, which ran a parenting helpline, the National Stepfamily Association and Parent Network. The Parentline Plus helpline was established to provide an accessible universal service, to offer advice and support to parents in a non-stigmatising way and where appropriate, to refer them to other sources of advice or local support. The service aimed to be easily and freely accessible to all those who are parenting children. This includes parents who are socially excluded, who are black or members of minority ethnic groups, or other potentially excluded groups of parents, such as fathers and single parents.

## The evaluation

The aim of this evaluation has been to see how far, and how effectively, Parentline Plus has met its intended objectives in relation to the Home Office funded helpline. That is, the goal was to assess the extent to which Parentline Plus is, via its freephone helpline service, providing positive practical support and advice to parents. At the same time, a further aim of the evaluation was to assess the extent to which Parentline Plus has achieved its aim of communicating information on parents' needs and issues that are causing difficulty for families, to Government and policy makers, and other parenting and family support agencies.

A yet further objective of the evaluation was to identify what has been learned from the establishment of a national helpline as a means of supporting parents, to identify barriers or problems that have been encountered in achieving the stated aims of Parentline Plus and to suggest possible remedies to these.

There were four elements to the evaluation:

- A secondary analysis of existing data from Parentline Plus (including BT<sup>2</sup> data on call volume).
- Interviews with key staff within the central organisation of Parentline Plus, and with helpline call centre managers, and some supervisors and call takers from each call centre. In addition,

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<sup>1</sup> The Department of Education and Skills have funded Parentline Plus since July 2003.

<sup>2</sup> British Telecom – the telephone provider used by Parentline Plus.

documentation from Parentline Plus, relating to the strategic development and finances of the organisation, and aspects such as recruitment and training, was reviewed.

- Interviews with key personnel in a number of linked organisations.
- An assessment of the way in which calls to the helpline were handled, and an investigation of the views and perceptions of a sample of callers to the helpline.

The findings presented in this report derive largely from the analysis of calls to Parentline Plus, through secondary analysis of PLP and BT call data, and evaluation of tape-recorded calls, and on callers' views and experiences of using the helpline. In addition, the report highlights any broader organisational issues that might be relevant to a wider audience, stemming from interviews with staff and volunteers in Parentline Plus, and representatives of other organisations that provide helpline services, and/or work in the parenting support sector.

## 2. Methods of evaluation

### Secondary analysis of Parentline Plus data on calls to the helpline

Parentline Plus supplied the evaluators with two sources of data on calls to the helpline. The first was information from BT collated by Parentline Plus, and the second was information on each individual call, recorded by call takers at the different call centres.

The BT data provide a measure of the overall volume of calls made to Parentline Plus, but within this they only distinguish calls that have been 'answered', from those that have not, and the 'answered' calls included those that reach telephone answering machines (no messages can be left, but a recorded message is played to callers, providing information about the Parentline Plus website and asking them to try again later), as well as those that have been answered by a Parentline Plus call taker. Thus, Parentline Plus call monitoring data, which related to all calls that reach a call taker ('successful calls'), were combined with the BT data on answered calls, to determine the rate of 'ineffective calls' (i.e. those that reached an answering machine).

### Callers' experiences

The evaluation of callers' experience of using the helpline formed a central part of the evaluation, and was conducted in two parts. In the first stage, an independent assessment by a researcher was made directly from tapes of recorded calls to the helpline. The second stage entailed telephone interviews with a sample of callers to Parentline Plus whose tape-recorded calls had been analysed, and who consented to follow-up contact from a member of the research team.

### Analysis of calls

Calls were recorded from four call centres, selected (with the advice and approval of the Steering Group) to represent collectively different features of the eight call centres – for example, the largest call centre, which handles the largest volume of calls was included in the sample, as was the only call centre that operates at night, and a long-established small call centre.

Calls were recorded for a number of days (up to five) in each of the selected call centres, between January and mid-March 2003. Copies of all call monitoring forms from each of the four centres were obtained for the period during which callers were being asked to participate in this part of the evaluation, and asked that their calls might be recorded. This was done to establish:

- whether there were any differences between the periods when calls were being recorded and 'normal' call-taking behaviour; and
- to ascertain whether there were differences in call characteristics between those callers who agreed to be taped and contacted; those who agreed to their calls being tape recorded but not to further contact, and those who declined both of these.

Some characteristics of the call and the caller were recorded from the tape, as well as the researcher's assessment of such things as what the caller was seeking in making the call, the call-taker's manner (for example, listening style, attentiveness, appropriate use of language and tone, the pace of the call); problem identification; and response to the problem (clarity of guidance or advice; type of advice or guidance given, appropriateness of the advice or information given); and closure. As is evident, several of these assessments required the researchers to make judgements about the quality and appropriateness of some aspects of the call.

### Interviews with callers

One hundred follow-up interviews were conducted with callers to the helpline whose tape-recorded calls had been analysed by the evaluators. Initially, it was intended that 60 callers would be randomly selected from among those who had agreed to participate in the evaluation, and that particular groups

of interest would be oversampled as necessary, so that the other 40 interviews would include at least eight callers who were fathers, eight from minority ethnic groups or whose first language was not English, eight callers with specialist or complex problems, and eight callers in atypical family situations.

In practice, the ethnicity and first language of the caller were not routinely recorded on the call monitoring form, so it was not possible to selectively oversample in these groups. For all the other groups of interest, a check on the first approximately 40 callers included in the sample indicated that selective sampling would not be necessary, and that (as far as possible from within the sample population) all the groups of interest would be adequately represented. Thus the interview sample of callers represents a true random selection of callers to each of the call centres where calls were tape-recorded.

Callers were interviewed by telephone, by a member of the research team, within about two weeks of their call to Parentline Plus. Care was taken to ensure that the interview was conducted at a time when the caller could speak openly to the interviewer. A structured interview format was employed, which addressed the following areas: background information about the caller (e.g., family structure, socio-economic status); information about callers' social support and networks; previous experience of help seeking, including helpline use; reasons for making the call to Parentline Plus; what callers wanted, and what they felt they got from the call; impact of the call on callers' situation and feelings; and callers' evaluation of Parentline Plus (e.g., whether the caller felt helped, or would use the service again).

## Parentline Plus organisational interviews

Key current and historical documents were provided by Parentline Plus, relating to the strategic development and finances of the organisation, and aspects of practice such as recruitment materials. In addition, interviews were conducted with senior management representatives who are involved in helpline work. A member of the evaluation team also visited each of the PLP call centres, and spoke to managers, supervisors and call takers (volunteers and, where appropriate, paid staff). Broadly, all these interviews were aimed at understanding the work of the helpline within the context of the wider organisation, in terms of history, current practice and future plans. We set out to explore the perspectives of senior and local management, other paid staff, and volunteers with regard to two specific objectives:

- evaluation of the helpline service itself (for example, training, values, diversity issues); and
- consideration of organisational issues and management structures relating to the helpline, and to the organisation as a whole (for example, support, pathways of communication).

## Central organisation interviews

Interviews were conducted in two phases with key staff in the central organisation of Parentline Plus. At an early stage in the evaluation, informal interviews were carried out with a variety of senior personnel, including the Chief Executive and Deputy Chief Executive with responsibility for Service and Practice Development, the regional manager with responsibility for helpline development, and a call centre manager. Detailed records were made of these interviews, which were open-ended and largely unstructured. They provided invaluable background information about the structure and organisation of Parentline Plus, and served to inform the design and execution of all aspects of the evaluation. Towards the end of the evaluation, the evaluators conducted additional topic-driven open-ended interviews with four members of the PLP senior management team: the Chief Executive; the Deputy Chief Executive (Resources and Performance); the Head of Human Resources; and the Deputy Chief Executive (Service and Practice Development).

A detailed record was made of each interview, including factual and evaluative data, and the interview with the Chief Executive was tape-recorded (not transcribed). Interview data were analysed using the constant comparative method to highlight similarities and differences between accounts, and identify any emerging themes. These interviews have not been summarised individually in this report; instead an integrated discussion of issues raised that are pertinent to the evaluation is presented below. First

we will consider the historical background of Parentline Plus, before going on to discuss the charity's strategic aims and objectives, and other more specific organisational issues that pertain to this evaluation.

### Call centre interviews

Interviews with staff and volunteers in call centres were aimed at exploring questions relating specifically to the helpline service (for example, call taker values, quality assurance) and to wider organisational and managerial issues for local centres (such as recruitment and retention, support needs, staffing, and communication). In addition to paid and/or voluntary call takers, each call centre employs a paid manager and one or more paid supervisors, who are responsible for directly supporting and monitoring call takers at work on the helpline. To reflect the views of all these groups of workers, open-ended semi-structured interviews were carried out with call centre managers (total eight interviews); one shift supervisor in each centre (total eight interviews); up to five call takers in each centre (total 35 interviews, ranging from three to five in each centre).<sup>3</sup>

Call takers and supervisors were nominated for interview by call centre managers, who were asked to select interviewees to represent variation in characteristics of interest to the evaluators, including ethnicity, other language skills, gender, and length of experience. In both of the call centres that employ paid call takers, two paid call takers were interviewed; in the call centre that runs the overnight service, the sample included one night call taker and the night supervisor.

Interviews were carried out face-to-face where possible, but to avoid only sampling those call takers who were 'on-shift' during the researchers' visits, telephone interviews were also conducted with some call takers. All face-to-face interviews were tape-recorded (not transcribed), and detailed notes were made of telephone and face-to-face interviews, including factual and evaluative data. Interview data were analysed using the constant comparative method to highlight common issues or differences between accounts. No attempt has been made to quantify the views expressed by respondents; instead, analysis has been used to identify common themes, highlight common observations, distinctive or unusual comments, and any other issues that were particularly relevant to the remit of this evaluation. To protect the confidentiality of participants' responses, quotes and comments presented in this report remain unattributed wherever possible.

### Key stakeholders in linked organisations

Interviews were conducted with senior representatives of eight organisations, selected to represent key providers of telephone support services and other parenting sector organisations. Where possible, the Chief Executive (CE), or equivalent, of each organisation was interviewed; in two cases other senior representatives nominated by the CE were interviewed instead, and other senior managers were interviewed alongside the CE in a further two organisations. Time constraints on the evaluation limited the number of interviews it was possible to achieve, and so the Chief Executive of another organisation in the parenting sector, which also provides a telephone helpline, was invited by the Home Office to contribute her views by letter.<sup>4</sup>

Interviews were open-ended around a topic guide, which addressed questions including the background and structure of the organisation, including staffing, funding and information about any telephone services; perceptions of Parentline Plus including issues around collaboration; advice for Parentline Plus, including helpline development; related policy issues. All interviews were tape-recorded (not transcribed), and a detailed record was made of each interview, including factual and evaluative data. This information was analysed using the constant comparative method to highlight similarities and differences between accounts.

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<sup>3</sup> Five call takers who gave permission to be contacted by phone for interview were not reachable within the time constraints of the evaluation.

<sup>4</sup> The nine organisations that contributed their views were as follows: ChildLine; FamilyLine Surrey; Kidscape; National Council for One Parent Families; National Family and Parenting Institute; NHS Direct; NSPCC; the Samaritans; Young Minds.

## 3. The Parentline Plus helpline

### The history of Parentline Plus

Parentline Plus was formed when the National Stepfamily Association and Parent Network merged with Parentline UK, leading to the development of a national freephone helpline for parents. The Home Office Supporting Families initiative coincided with this merger, and the helpline's formation was supported by dedicated funding from the Home Office, which set out the need for a *“free-phone service for parents, with the strong brand name, knowledge, identity and national coverage of ChildLine”* (Home Office, 1999, p 11). Parentline UK was the umbrella organisation for a network of independent charities, each with their own board of trustees, that provided telephone support to parents. The main call centre for Parentline UK was based in Hadleigh in Essex; the National Stepfamilies Association, which also ran a parents' helpline, was based in London.

When the merger between Parentline UK, Parent Network and the National Stepfamily Association was proposed, trustees of the individual Parentline UK branches voted on whether or not to become part of Parentline Plus. Some decided against joining the newly-formed national organisation, and one of these helplines (FamilyLine Surrey) was visited during linked organisation interviews. Of the eight call centres that PLP has currently, only one (based at the PLP central office in London) was not previously part of Parentline UK. The former Chief Executive of the National Stepfamily Association, Dorit Braun, became CE of Parentline Plus, guiding the newly-formed organisation through the merger.

This history is relevant to the evaluation for several reasons. Foremost, it must be recognised that one of the key organisational challenges for Parentline Plus has been the need to create a unified national culture within a network of formerly autonomous call centres. A number of PLP call takers have been volunteers for many years, beginning in the mid-1970s or 1980s with organisations such as Parents Anonymous and OPUS (Organisation for Parents Under Stress). When these groups started, some volunteers were involved in a befriending system; this grew into telephone support based in volunteers' own homes. Later, call centres were established. Callers would call a national number (in Hadleigh), and be directed to their closest local branch. Since the merger, Parentline Plus has needed to persuade these experienced and potentially very independent workers that they are now part of a single organisation, with concomitant expectations of national consistency across centrally-determined organisational frameworks.

A related issue is the siting of PLP call centres. Their geographical location reflects the history of the organisation, and was not a strategic choice. Only three of the call centres are based in cities (Kentish Town in London, Newcastle, Nottingham), with a fourth in a large town on the outskirts of London (Croydon); the remaining call centres are based in small towns, and several interviewees said call centre location caused difficulties with volunteer recruitment, due to population size. A new call centre is being opened in Bristol, in part because it is thought that another city location will help with volunteer recruitment.

### Parentline Plus call centres

At the time of the evaluation, Parentline Plus had eight active call centres, and there follows a brief description of each, along with a summary of their key characteristics (in Table 3.1), as reported in interviews with call centre managers, including numbers of paid and voluntary helpline workers, available phone lines and hours online. The centres open on different days and at different times, to ensure maximum coverage across the week. Call centres may not use all available phone lines at all times, depending on the numbers of call takers available. For example, the Hadleigh call centre has ten incoming lines, only nine of which are active. In reality, we were told that usually fewer than eight phone lines are open at once, to allow some flexibility, for example during shift changes. Kentish Town is the only call centre providing weekly coverage on a Sunday; all the other centres operate an occasional system of Sunday opening, for which they ask volunteers to work an extra shift. For example, the Nottingham call centre covers six Sundays a year from 10am to 3pm, and Hadleigh aims to open for six hours (times vary) on seven Sundays throughout the year.

**Table 3.1: Summary characteristics of call centres**

Call centre	Paid			Number of phone lines	Hours/ week online <sup>6</sup>
	Supervisors N (fte <sup>5</sup> )	Call takers N (fte)	Active volunteers		
Croydon <sup>7</sup>	1 (0.6fte)	0	20	2	26
East Midlands (Stamford) <sup>8</sup>	3 (1.6fte)	0	35	4	32.5
Essex (Hadleigh)	5 (2.9fte)	7 (2.1fte)	41	9	68
Hampshire (Eastleigh)	1 (0.3fte)	0	10	3	9
Hertfordshire (Hatfield) <sup>9</sup>	3 (1.2fte)	0	41	4	27
London (Kentish Town)	6 (2.7fte)	35 (9.9fte)*	20	6	91
North East (Newcastle)	3 (1.5fte)	0	24	4	22
Nottingham	3 (1.2fte)	0	17	6	16.5
<b>Total</b>	<b>25 (12 fte)</b>	<b>42 (12fte)</b>	<b>208</b>	<b>38</b>	<b>292</b>

\* There are 35 paid call takers at the Kentish Town call centre, of whom nine are night staff (5.1fte) and 26 are sessional workers (4.8fte).

## Croydon

Parentline Plus in Croydon grew from a voluntary support organisation called Parents Anonymous that later became part of Parentline UK, and this call centre has been open since 1980. The call centre is closed on Mondays, but otherwise their two phone lines (soon to increase to four) are online for 26 hours each week, including evening coverage on two days. It is not open at weekends, except for one Sunday every six to eight weeks. The Croydon call centre is also active in parenting education.

## East Midlands (Stamford)

This call centre was formed in 1981, as an independent charity linked to OPUS, before joining up with Parentline UK in 1995. It is not currently involved in any parent education work. There are four phone lines, and the centre is online for 32.5 hours per week. Two of the centre's phone lines are funded by Lincolnshire County Council Social Services, and during morning and evening shifts on Monday to Friday, calls from the Lincolnshire area are routed to these lines, so only two lines are in the national system.

<sup>5</sup> Full time equivalent hours are calculated on the basis of 1 fte=35 hours/week.

<sup>6</sup> Reported figures for hours online do not include hours on Sundays, with the exception of the Kentish Town call centre. This reflects the fact that the other centres do not have regular coverage of the helpline on Sundays, but are open for variable periods on occasional Sundays during the year (usually aiming to cover one every six to eight weeks).

<sup>7</sup> At the time of interview, the Croydon call centre was expecting to increase its phone lines to four within the next few weeks.

<sup>8</sup> Two phone lines at the Stamford call centre are funded by Lincolnshire Council Social Services Department, for 27.5 hours per week (mornings and evenings). At these times, these two lines are dedicated to calls from Lincolnshire.

<sup>9</sup> The Hertfordshire call centre is open for three hours every other Saturday average (i.e., equivalent to 1.5 hours/week), so the figure of 27 hours represents a weekly average.

## Essex (Hadleigh)

In 1994, Parentline UK established a national office, based in Essex, which became a Parentline Plus call centre following the merger in 1999. Reflecting its history as Parentline UK's national office, the Essex centre is open for longer hours than all the centres but Kentish Town: 68 hours a week, ranging from 8am to 10pm. Paid call takers work a late afternoon shift (3 to 7 pm) on weekdays, when volunteer coverage could not meet demand. The Parentline Plus textphone service is also based in Hadleigh, and the centre has recently secured funding to develop parenting education.

## Hampshire (Eastleigh)

The Hampshire call centre was originally established 14 years ago within OPUS, growing from a group of parents who took calls in their own homes, and later became part of Parentline UK. It is a small centre, with three phone lines, and it is online for three-hour sessions on three weekday evenings. The Hampshire centre is not currently involved in any parenting education work.

## Hertfordshire (Hatfield)

The Hertfordshire call centre grew from one of the founding branches of Parentline UK, beginning in 1977. At that time, volunteers took calls in their own homes, and the call centre was not established until 1997. It has four phone lines, and the centre is online on four weekdays, usually for a morning or afternoon shift, with one 12-hour day and one other evening session. The call centre does some outreach work, linking with other centres and support agencies, but was not involved in parenting education.

## London (Kentish Town)

The newest call centre for Parentline Plus in Kentish Town, was opened in February 2002, attached to the Parentline Plus Central Office in north London. There are six phone lines, and the centre is open for 91 hours each week, including an overnight service seven days a week (9pm to 8am) and coverage from 8am to 6pm on weekends. The call centre is closed on Mondays from 2pm to 9pm, and all day on Wednesdays and Fridays. This centre is also involved in parenting education work.

## North East (Newcastle)

The Newcastle call centre grew out of Parentline UK, joining Parentline Plus at the time of the merger and was originally founded in 1978, by a local paediatrician, as Parents Anonymous. The centre operates four phone lines, and is also engaged in some parenting education work. The phone lines are open most of the day on Mondays and Tuesdays, and for three hours on Monday and Wednesday evenings.

## Nottingham

The Nottingham branch of Parentline Plus was originally formed in 1976, as part of Parents Anonymous, and later Parentline UK. It is a relatively large call centre, with six phone lines. The centre is online for 16 hours a week, spread over three three-hour morning shifts and one seven-hour day during the week. The Nottingham call centre has a volunteer who does occasional outreach work, but it is not involved in parenting education.

## 4. Secondary analysis

### Helpline demand: volume of attempted and answered calls

Parentline Plus provided the evaluation team with data on calls to the helpline from two sources: call taker records of each call taken on the helpline (call monitoring data), and BT data on all attempted calls to the helpline. As noted previously, data from these twin sources were combined, in order to examine demand for the PLP helpline, with regard to numbers of attempted and answered calls.

Figure 4.1 shows the overall volume of calls made to the helpline during the fifteen month period from October 2001 to the end of December 2002. Within this, the calls are divided into failed calls (i.e. those that receive no answer); ineffective calls (which reached an answering machine only); and successful calls, which reached a call taker. As can be seen the volume of calls made to the helpline appears to fall somewhat over time (with a suggestion that there is an annual pattern in call making, with October a peak month for calls) from a total of 74,606 calls in the three months from October 2001, to 62,472 in the same three months in 2002 – a fall of 16 percent.

At the same time, there is a clear and steady increase in the number of successful calls over the 15 months represented on the figure. During the same three month period from October 2001, the number of calls that reached a call taker was 8,924, compared to 15,434 in the same three months the following year. This is an increase of 73 percent in the number of calls that reached a call taker. One plausible explanation for the apparent drop in the overall number of calls is that a significant proportion of the failed and ineffective calls are from callers who are trying repeatedly to get through to Parentline Plus, and as the number of callers who succeed increases, so the overall volume appears to decrease. Although the situation is improving slowly, it remains the case that the majority of calls to Parentline Plus are unsuccessful, in that they do not succeed in reaching a call taker. A quarter of all calls made in the three months to December 2002 reached a call taker, compared with 12 percent in the same three months the previous year.

### Information on calls

Once a caller is successful in reaching a call taker, information about the call is recorded on a call monitoring form – directly onto a computerised version of the form in six centres, but onto a paper version of the form in the other two call centres. For calls of less than about five minutes duration, a 'short log' data form is used, which records the date and time of the call, its duration, and what type of call it was in a number of pre-coded categories, such as 'referral', 'send information', or 'silent'. For all other calls, a call monitoring data form<sup>10</sup> is completed, which records more detailed information about the caller and the nature of the call. Data were available for a period from January 2001 until October 2002. During this period, call takers completed a total of 78,149 call monitoring forms, of which 23,474 (30%) were short forms and 54,675 (70%) were long forms.

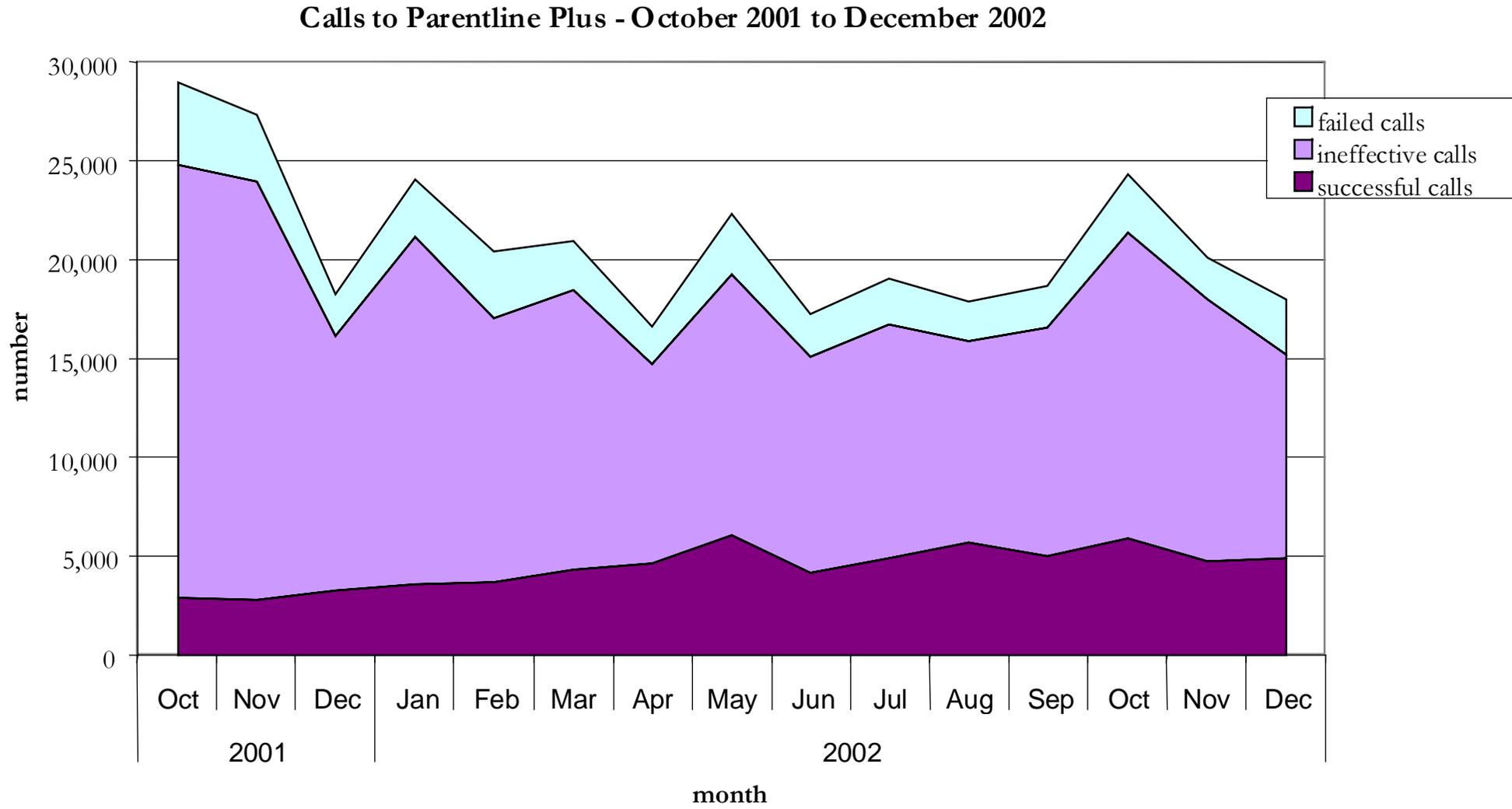
### Short calls

Of the calls about which information was recorded on short log forms, nearly a quarter (23%) were from callers who hung up when the call taker answered. In addition, three percent were silent callers, and another five percent were categorized as callers who 'did not expand' or borderline silent calls – these three categories accounting for nearly a third (32%) of all the calls logged on the short forms. Another 23 percent were identified as referrals. These were callers who telephoned asking for information about another agency or helpline, or with questions or problems that were outside the remit of Parentline Plus. For example, a child caller might be referred to ChildLine, or someone with a legal problem might be referred to the Children's Legal Centre or another agency able to offer specialist legal advice.

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<sup>10</sup> The call monitoring form used for longer calls is entitled a "Call Taker Return Form".

Figure 4.1



Sixteen percent of calls recorded on short log forms were from callers asking for information (for example, how they could find out the whereabouts of their local Social Security Office), or for information to be sent to them. Thirteen percent were recorded as wrong numbers, such as callers who were trying to reach Parcelforce, and another 16 percent were recorded as 'other' (for example, an evaluator telephoning, and getting through at the second attempt, to ask for clarification of some of these categories!).

Calls recorded on the short form averaged less than two minutes in length. The shortest call durations were, not surprisingly, associated with callers who hung up, and the longest with calls that were referrals (2.3 minutes<sup>11</sup>) or from callers requesting information (2.1 minutes).

### Longer calls

The average length of the more than 50,000 calls about which information was recorded on long log forms between January 2001 and September 2002, was 23 minutes, with a maximum of 165 minutes. There appears to be a slight but consistent trend over time, for a drop in call duration, from a mean of 24 minutes during the first quarter (January – March 2001) to 22 minutes during the last complete quarter for which data were available (July – September 2002).

### Who the callers were

Nearly three quarters of all calls (74%) to Parentline Plus were reported to be made by mothers, with fathers making 12 percent of calls. Step-parents (three quarters of them stepmothers) accounted for four percent of calls, grandmothers for three percent, and other unrelated females (such as neighbours) for two percent of calls, but of the other 12 categories (such as other relative, friend, or professional), no other category of caller accounted for more than one percent of calls. By gender, it appears that 85 percent of calls were made by female callers.

### Ethnicity of callers

During the time period for which data were available (1 January 2001 to the end of September 2002), the majority of callers to Parentline Plus were not asked about their ethnic origin, so for 93 percent of callers ethnicity was unknown. Information on ethnicity was obtained predominantly by call takers at one call centre, who were participating in a pilot trial of obtaining this information, although a small number of call takers from other centres asked for, and recorded, this information. The table below (Table 4.1) shows the ethnic origin of the seven percent of callers (N=3758) for whom information was available. This shows that approximately one in five of these callers was of minority ethnic origin, with six percent of Black or mixed Black origin, and ten percent of Asian origin, and about three percent of mixed or other non-white origin.

### Family type

Much of the information on the long call monitoring form relates to the 'cause of concern' – this is the person (or persons) about whom the caller is calling. Questions on family type relate to the family status of the 'cause of concern' so if the caller is for example, a non-resident father, telephoning about his child, the family status would not necessarily be the same as that of the caller. The figure below shows the percentage of calls relating to each of the different family types (Figure 4.2).

Over a third of calls were about 'nuclear' families and another four percent about cohabiting families. As was evident from the analysis of calls (reported on later), callers were often not asked for precise details of their marital status and, in most instances, it was not appropriate that they should be. Thus the analysis reported here probably indicates that four percent of calls were about situations where it was evident to the call taker that it was a cohabiting rather than a marital relationship, but the legal status of many of the nuclear families is not known. The 'other family type' category includes adoptive families (one percent), foster families (less than one percent), and gay and lesbian families (less than one percent).

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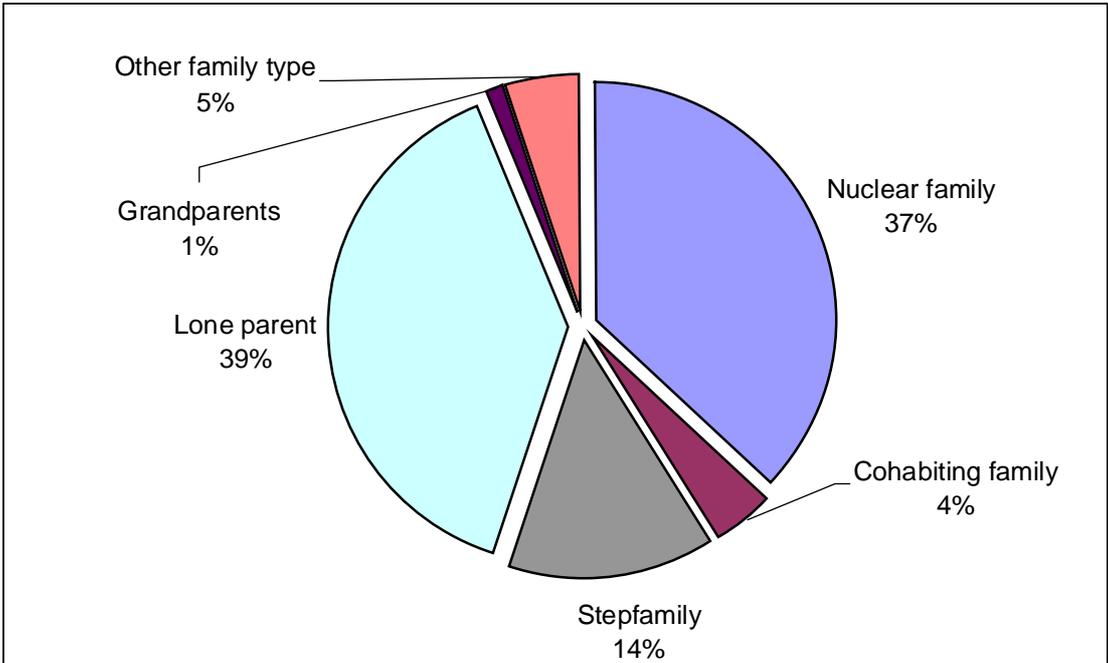
<sup>11</sup> Call length is recorded by the call taker and is estimated in whole minutes, so this is the averaged product based on those estimates.

What is evident from the figure is the relatively high numbers of calls made about individuals in 'atypical' family situations such as lone parent families or stepfamilies. The most recent figures for England and Wales indicate that 22% of households with dependent children are lone parent households (Office of National Statistics: *2001 Census*). The most recent figures for the UK population indicate that eight percent are stepfamily households (Office of National Statistics: *Social Trends 33*, from GHS, 2000/2001).

**Table 4.1: Ethnic origin of callers**

Ethnic origin	Number	Percentage
White British	2919	78
Other White background	154	4
Black	207	5
Mixed Black	42	1
Indian	160	4
Pakistani/Bangladeshi	69	2
Mixed Asian	27	1
Other Asian	115	3
Mixed Other	7	<1
Other ethnicity	58	2

**Figure 4.2: Family type of the 'person causing concern'**



## Who was 'the cause of concern'?

Nearly all calls to Parentline Plus (97%) concerned children, but call takers could record more than one 'cause of concern'. The table below (Table 3) shows the status of the person or people causing concern, with respect to the caller. Although nearly three-quarters (73%) were concerns relating to a single child, a quarter (24%) related to more than one child.

**Table 4.2: Who was the 'cause of concern' (N=54,675)**

Status of 'cause of concern'	Number	Percentage
One child	39,706	73
More than one child	15,454	24
Caller/self	1,492	3
Other person	7,851	14
Not known	697	1

\*Percentages do not sum to 100. Call taker could have coded more than one cause of concern.

Over half of all calls (54%) were from mothers ringing with concerns about one child, and another fifth (21%) were from mothers concerned about more than one of their children – often all of them. That means that approximately three-quarters of calls were from mothers about their children. The pattern is similar for the smaller number of fathers calling Parentline Plus, and indicates that regardless of who is making the call, the large majority of calls to Parentline Plus were made about the children in the family.

## First time or repeat caller

Callers were asked whether they had called Parentline Plus before. Nearly a fifth (19%) said that they had, while over three quarters (77%) were recorded as first time callers. A small number of callers were recorded either as 'misuse of service' (N=271, <1%), or repeat callers (N=1598, 3%). Since callers were not (normally) asked how many times they had used Parentline Plus before, but simply whether they had or not, the criterion for recording callers as repeat callers is probably simply that the call taker recognises their voice – so this categorisation would depend on reaching a call taker who did.<sup>12</sup> The real number of calls made by frequent (as distinct from repeat) callers is not known, but this is almost certainly an underestimate.

Analysis of previous call taking patterns by call centres suggests that the call centres that take more of their calls outside 'shop hours' were likely to have proportionally more callers who had called before. The rates of previous users (including 'repeat callers') for the Hampshire and Kentish Town call centres were 29 and 30 percent respectively, against 21 percent for Hadleigh, and 18 percent and 17 percent for the Croydon and Nottingham call centres.

## What was the nature of the concerns?

The call monitoring form requires call takers to indicate the nature of the issues that the caller is calling about, on a checklist with ten different 'children and young people issues', and eight 'adult/caller issues'<sup>13</sup>. Each of these major categories of concern comprises a number of more detailed categories identifying the nature of the concern. The call taker does not actively seek information from the caller in order to make these codings – as is undoubtedly appropriate – rather, she or he records as many categories as are judged to apply, from the content of the call.

<sup>12</sup> We were told that some frequent callers telephone repeatedly and hang up, until they get a call taker they know, to whom they will then speak.

<sup>13</sup> There are some differences between the categories on the old and new versions of the form, so the base rate is lower for issues that appear only on the new version (early developmental issues, educational concerns, sex issues and emotional state).

In line with our analysis of tape-recorded calls (presented later in this report), most calls related to quite complicated problems or situations, and only a minority of calls (18%) was identified as being about a single issue. The table below (Table 4.3) shows, from the ten different categories of child or young people issues, how frequently each of these was recorded in relation to the calls received. For a quarter of calls (24%) no 'children or young people issues' were recorded, in comparison to over half the calls (52%) where there were no adult or caller issues recorded.

As can be seen, the most commonly recorded issues were challenging behaviours, which includes such things as conflict or fighting with siblings or parents, lying, stealing, smoking, drug or alcohol use, or threatening to leave home. This was recorded as an issue applying to more than half the calls. In nearly as many calls the emotional state of the child or young person, which included anger, anxiety or stress, was an issue, although this demonstrates the collinearity of several of the categories, as in most instances where one of these categories was applicable, so was the other.

**Table 4.3: Type of children/young people issues recorded<sup>14</sup>**

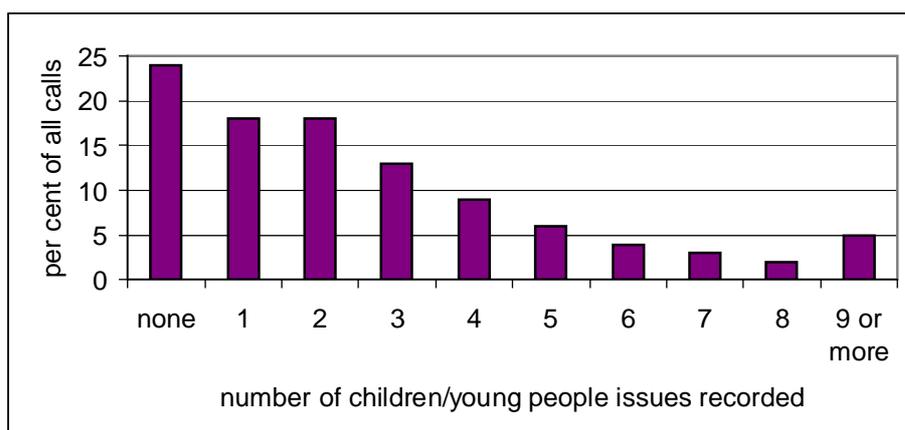
Child/young person issue	Number	Percentage*
Challenging behaviours	29,483	54
Divorce issues	12,547	23
Mental health	8,838	16
Abuse	7,737	14
Bullying	5,037	9
Physical health	1,811	3
(Number of cases	54,675)	
Emotional state	7,992	40
Educational concerns	4,033	20
Early developmental issues	1,702	8
Sex issues	1,604	8
(Number of cases	19,834)	

\*Percentages do not sum to 100. Child/young people issues were not recorded for all calls to the helpline.

The figure below (Figure 4.3) shows the numbers of 'children and young person issues' that were recorded as applying for each call. There was an average of three issues. Although only applying to a small number of calls, it was evident that some calls were very complex and involved most and, in a few cases, all of the potential issues.

<sup>14</sup> The split in this table reflects the differences in categories in the old and new versions of the form used in the evaluation.

**Figure 4.3: The numbers of children/young person issues recorded for each call (N=54,675)**



Call takers also recorded adult or caller issues that were relevant to the call or the nature of the problem. Children and young people's problems were more often recorded than adult or caller issues, and as already identified, over half the call monitoring forms did not record any relevant adult or caller issues. Table 4.4 shows the adult or caller issues recorded, and the frequency with which they were recorded.

**Table 4.4: Types of adult/caller issues recorded<sup>15</sup>**

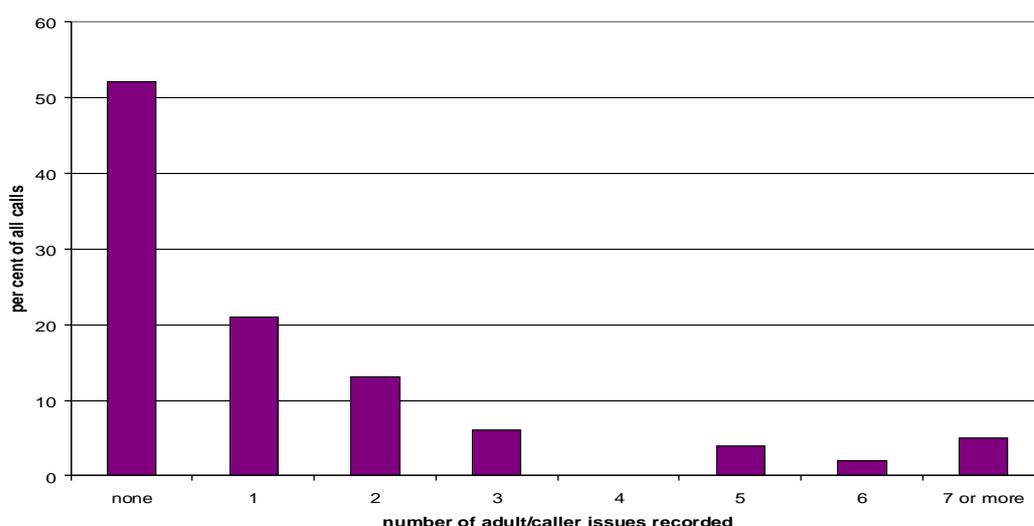
Adult/caller issue	Number	Percentage*
Mental health	11,100	20
Divorce issues	9,746	18
Couple disagreements	8,161	15
Abuse	7,984	15
Domestic violence	3,328	6
Physical health	2,952	5
(Number of cases	54,675)	
Emotional state	15,648	79
Isolation / loneliness	6,105	31
(Number of cases	19,834)	

\*Percentages do not sum to 100. Adult/caller issues were not recorded for all calls to the helpline.

As with children or young people issues, call takers could record as many issues as they judged were applicable to the call, and it was clear that for many callers there were multiple issues that were relevant to their call. For a fifth of callers, only one issue was recorded as relevant, but for many callers a number of issues were salient. The mean number of adult issues recorded was two. Figure 4.4 shows the numbers of adult or caller issues relevant to each call.

<sup>15</sup> Ibid.

**Figure 4.4: The numbers of adult/caller issues recorded for each call (N=54,675)**



### Time trends in the nature of concerns

Analyses were conducted to investigate whether there had been changes over time in the types of patterns of concerns or issues that were called about. These analyses were carried out by comparing the relative proportions of calls in each category over the seven quarters from January 2001 to the end of September 2002<sup>16</sup>.

For most types of children and young people's issues the numbers of calls on these issues remained remarkably stable over time. One of the two exceptions relates to a slight increase in the last three quarters from January 2002, in the number of calls relating to 'child divorce issues'. These rose from an average of less than 20 percent in the first three quarters of the previous year, to being a feature in over a quarter of calls. The other discernable trend was the rise, from an average of less than eight percent per quarter in 2001, to 13 percent in the two most recent quarters, of calls in which bullying was an issue.

In relation to adult or caller issues, the sorts of issues that were recorded as relevant to the call remained remarkably stable, and there were no clearly discernable changes over time in the pattern of issues called about.

### Caller status in relation to the type of problem called about

Analyses were conducted to see whether different types of caller (mothers, fathers or others<sup>17</sup>) to the helpline, were likely to call about different types of problems. Equally it was relevant to see whether different adult or caller issues were associated with different types of callers.

In relation to children and young people's issues, although the picture was broadly comparable for different callers, it was evident that mothers were more likely to call about challenging behaviour in their children (57% did, versus 46% of fathers or others), and more likely to call about child mental health issues (17% did, versus 12% of fathers and 14% of others). At the same time they were less likely to call about 'child divorce issues', or child abuse, than fathers or others. Mothers were also less likely to have 'no child problem' recorded in relation to their call – this applied to 22 percent of calls from mothers, and 29 and 27 percent of calls from fathers and others, respectively.

In relation to adult or caller issues, there were also some discernable differences in the issues that were recorded as salient for different types of caller. Mental health issues were more likely to be

<sup>16</sup> These analyses have had to take account of the two different versions of the call monitoring form: the form was changed, with additional categories, in April 2002.

<sup>17</sup> This category included a range of people including step-parents, grandparents, professionals and friends and neighbours connected to the child. The numbers in these groups were too small to be analysed separately.

recorded as relevant in calls from mothers, than those from fathers or others (this was an issue in 22% of calls from mothers, versus 14% and 17% respectively, for fathers and others). Similarly, from the newer version of the call monitoring form, adult emotional state was also more likely to be a relevant issue for mothers than for fathers (46% versus 38%). 'Adult abuse' was also more likely to be an issue in calls from mothers (it was in 16% of calls) than in calls from fathers (10%). On the other hand, 'adult divorce issues' were much more likely to be recorded as an issue for fathers who called the helpline, than for mothers: they were for 32 percent of fathers versus 15 percent of mothers.

**How the caller was helped**

Call takers recorded for each call how they felt the call taker had been helped or if they had not been helped. Table 4.5 shows the ways in which the call takers recorded they had helped the caller. It is notable that call takers recorded that they had not helped in only one percent of calls. That is to say, call takers believed they had helped callers in 99 percent of calls, even though for three percent of these they could not identify the way in which they had helped. It is also evident that for nearly four fifths of calls the 'chance to offload' was seen as therapeutic, and was the most commonly recorded way in which call takers felt they were effective.

**Table 4.5: Ways in which the caller was helped (Number of cases = 54,675)**

Caller was helped by.....	Percentage*
Chance to offload	79
Ideas of what to do next	59
Information given	23
Reassurance	34
Other way	1
Do not know how caller was helped	3
Caller was not helped	1

\*Percentages do not sum to 100. Call taker could have coded more than one way in which the caller was helped.

There was some variation in the ways in which call takers reported that they had helped the caller. These were associated with the type of problem or issue that the call concerned. For example, call takers were more likely to record that they had helped by giving the caller a chance to offload in calls about children's challenging behaviour, children's mental health, educational concerns, children's emotional well being, or early development issues. In calls about child abuse or bullying, call takers were more likely to say that they had helped by giving reassurance. In relation to divorce issues affecting children, or adult finance issues, call takers were more likely to say they had helped by giving ideas of what to do next.

**Call takers' actions**

Call takers record whether they have said that they will send the caller some information as a result of the call, or whether they have suggested the caller should speak to another organisation or agency (referred the caller on to someone else). Call takers could also record whether they suggested that the caller spoke to anyone else as a result of the call. Table 4.6 shows whom the call takers suggested callers should speak to. Call takers were unlikely to suggest that the caller does not speak to anyone, as a result of the call. A third of callers were invited to call the Parentline Plus helpline again, and it was suggested to four out of ten callers that they might speak to their children.

**Table 4.6: Call taker suggested caller should speak to... (Number of cases = 54,976)**

Suggested speaking to:	Number	Percentage*
Parentline Plus again	13,735	33
Child or children	17,285	42
Professional	12,989	31
Other family	12,572	30
Other person/place (e.g., website)	10,684	26
Caller not told to speak to anyone	2,136	5

\* Percentages do not sum to 100%. Call takers could suggest more than one option.

## Key points

Data collected by Parentline Plus in relation to the use of the helpline were analysed to investigate aspects of helpline usage, and of callers, and the sorts of problems they telephone the helpline about. Differences between call centres and trends over time have also been investigated in these data. Analyses of BT data, obtained via Parentline Plus, have also been conducted to look at the overall volume of calls and call taker availability.

- The number of calls that reached a call taker (successful calls) has increased significantly over the time period reviewed (from October 2001 to the end of December 2002). At the end of the period, an average of over five thousand calls were being handled each month. While the trajectory of increase in the number of successful calls over the 15-month review period is impressive, the number of successful calls does not meet demand, and the majority of attempted calls do not reach a call taker.
- The overall volume of calls to the helpline appears to have fallen over time. Since this data include all unsuccessful attempts to call the helpline, the fall in call volume may be a consequence of the increase in the number of successful calls.
- The majority of calls to the helpline were made by mothers calling about problems in one or more of their children. Fathers made 12 percent of calls that reached the helpline, and others (such as grandparents or other relatives, stepparents, or unrelated people) accounted for 14 percent of calls.
- From the rather limited information available it appears that approximately a fifth of callers were from minority ethnic groups. These data, however, may not be entirely reliable.
- It was evident that lone parents, and parents in stepfamily households were both over-represented among the callers, suggesting that people in these family situations are more likely to make use of the helpline.
- Over three-quarters of callers to the helpline were first time callers.
- The most frequently cited child problems that caused parents to call the helpline were challenging behaviour, and the 'emotional state' of the child. Child divorce issues and education concerns were issues for over a fifth of callers.
- The adult or caller issues most frequently recorded in the call monitoring data were the emotional state of the adult, isolation or loneliness, and mental health issues.

- Many calls were complex with several interrelated child and adult/caller issues as part of the problem. The average number of children's issues recorded per call was three.
- There was rather little evidence of any change over time in the sort of problems that people called the helpline about, although there was a slight increase in the number of calls recorded involving 'child divorce issues', and bullying.
- There was some evidence of difference in the patterns of child concerns and adult issues, between types of caller. Mothers were more likely to call about challenging behaviour, and mental health problems in their children, and fathers were more likely to call about divorce issues in relation to their child. Mental health and emotional state were more often recorded as adult issues in relation to mothers rather than fathers.
- Allowing the caller to talk (ventilation, or the 'chance to offload') was the way that call takers most often recorded they felt they had helped the caller. For more than half the calls, call takers also felt they helped by providing strategies or ideas of what to do next.
- Approximately a third of callers were referred on to some other source of support or advice. Less than a fifth were sent information after the call.

## 5. Callers' experiences

One of the central elements of the evaluation entailed an assessment of the way in which calls were handled, and of callers' perceptions of the helpline. In addition to researcher assessment of taped calls to the helpline, callers were interviewed to ask how they evaluated the service and advice or information they received, as well as whether this had made any changes (or was anticipated to make changes) in any aspect of their behaviour or thinking. Parents' or other callers' perceptions of whether they felt 'helped' as a result of their call, and their views on any impact on their children, were also an important part of this element of the evaluation.

### Analysis of taped calls

Calls were recorded for up to five days in each of four selected call centres between January and mid-March 2003. Copies of all call monitoring forms from each of the four centres were also obtained. In total, 510 calls (of over approximately five minutes duration, and therefore meriting completion of a call monitoring form) were made to the selected call centres during the period when tape recording was in progress in that centre.<sup>18</sup>

Analyses to assess the representativeness of the evaluated calls were conducted in two parts and are presented in two sections. In the first, the representativeness of all calls made in each centre during the period when tape-recording was taking place (N=510) was considered in comparison with secondary analyses of all call monitoring data. In the second stage of this analysis, characteristics of the callers who agreed to their calls being taped, and to follow-up contact from the researchers, were compared with those of callers who did not agree to participate in the evaluation.

### Representativeness of calls made during the evaluation period

Overall, the indications were that calls made during the evaluation period were representative of all calls to Parentline Plus, in terms of their main characteristics. There was considerable comparability in the call duration, the status of callers, the person causing concern, the nature of the concerns, and other relevant issues. It seems reasonable to conclude, therefore, that these calls were a representative sample of calls to Parentline Plus.

Although the duration of the calls did not differ, there was some indication that in more subtle ways, calls during the evaluation period were not wholly representative of call taker behaviour. The most significant difference between the two data sets related to the call takers' suggestions of whom the caller should speak to, as a result of their call. These indicate that during the evaluation period call takers were more than twice as likely to suggest that callers should telephone the Parentline Plus helpline again, and there are quite significant differences in the pattern of their other suggestions. One plausible explanation for this finding is that it is seen as 'good practice' to suggest that the caller phones the helpline again, so observed differences were evidence of calltakers on their best call-taking behaviour.

### Characteristics of the callers who agreed to take part in the evaluation

Of the 510 documented calls during the evaluation period, 255 (50%) callers agreed to their call being tape-recorded, and to further contact from the research team; 64 callers (13%) agreed only to the tape recording of their call, and 145 (28%) did not agree to either of these. A further 18 callers (3%) were not asked whether they would agree to participation<sup>19</sup>, and for another small group (N=28, 5%) the status was unknown, as it had not been entered on the form, but it is possible that a number of these callers were also not asked about participation.

There was a tendency for lower rates of agreement to participate from the call centre where the fewest calls were recorded (41% agreed to tape and contact). This may reflect a practice effect, in that call takers achieved higher rates of success as they gained more experience in asking callers to participate.

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<sup>18</sup> For simplicity, this will be referred to as the evaluation period.

<sup>19</sup> A small number of call takers indicated that they were not asking for consent from any callers, as a matter of principle.

There was also a slight but significant variation in call length between the three groups of callers, with the longest calls associated with those who agreed to their calls being tape-recorded and to further contact (25 minutes), and the shortest calls with those who agreed only to the tape recording of the call (18 minutes). The mean call length for those who declined to participate in the evaluation was 22 minutes ( $F=7.9$ ,  $df=2$ ,  $p<0.001$ ). It is not clear why this difference exists, since from the information available on the call monitoring forms, there were no apparent differences in the nature of the calls in the three groups (for example, whether they were for information, as distinct from advice, or ventilation).

Overall, analyses indicated that callers who agreed to participate in the evaluation were broadly similar to those who did not, or agreed only to their calls being tape recorded. The slight differences that were apparent were mostly in relation to adult issues, and suggested that the callers who did not want to participate were more likely to have (or be calling about) mental health problems, to be victims of (or calling about) domestic violence, or to be socially isolated.

### Sampling of taped calls

A random sample of taped calls in which the caller had agreed to further contact, was drawn from each call centre, broadly in proportion to the number of calls normally received by each call centre, with some oversampling of the two smaller centres – thus approximately 40 percent of the calls analysed were made to the largest call centre, and 20 percent to each of the three other centres. In order to achieve the desired sample of 100 callers who were interviewed to provide feedback on the experience, a total of 121 tape-recorded calls were listened to and analysed, and the data entered on the computer database. The first part of the analyses includes all the calls ( $N=121$ ) where the call was tape-recorded and assessed.

### Characteristics of the evaluated calls

The mean duration of the 121 assessed calls was 22 minutes, which is identical with the mean duration of all calls ( $N=21,602$ ) made during the period April to October 2002. There was no difference in the mean length of call between recorded calls to the four call centres, nor by time of day when the call was made. The majority of the calls recorded were made in the afternoon (37%), or morning (29%), with just over a fifth (21%) made in the early evening (between six and nine o'clock), and a small number made in the late evening (5%) or night (8%). This reflects more the call centres selected than the overall pattern of calls to Parentline Plus. Similarly there was no difference between the two researchers assessing the calls<sup>20</sup>, in the mean duration of call<sup>21</sup>, nor were there any differences associated with the gender of the caller.

The evaluation of the tape-recorded calls indicated that nearly two-thirds of the assessed calls (64%) were made by mothers concerned about a child, with 23 percent of calls made by fathers, three percent by grandparents, and two percent by step-parents. Five percent of calls were made by others, and for three calls (2%) the relationship of the caller to the person causing concern was judged not known, or was not applicable (indicating that there was no concern). This is a slightly lower percentage of mothers and a higher percentage of fathers than the Parentline Plus call monitoring data (and a lower percentage than that from the overall analysis of taped calls, which suggested that 73 percent of the callers were mothers), but may reflect a change in the information recorded. In relation to the taped calls, the question related not simply to caller status, but to the relationship of the caller to the 'primary cause for concern' - that is, the person whom they had called about. So, a mother who called but identified her own isolation and loneliness as the problem would not be identified as a mother in this rating, and this coding difference may have resulted in some variation in the figures.

### Nature of concerns

In terms of the types of problems called about, Table 5.1 shows the types of problems called about, according to the research evaluation.

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<sup>20</sup> The researchers were required to code calls on pro-forma with pre-defined categories. Calls were randomly allocated to the researchers. To ensure the two researchers were recording calls consistently the research team ran checks to ensure that there were no significant differences in the distributions of responses recorded by each researcher.

<sup>21</sup> All relevant analyses have been checked to ascertain that there were no researcher 'effects'.

**Table 5.1: Children/young people and adult issues called about (Number of cases = 121)**

	Number	Percentage*
<u>Children/young people issues</u>		
Child challenging behaviour	31	26
Educational problems	24	20
Child mental health	19	16
Child physical health	11	9
Child abuse	10	8
Bullying	9	7
Child sexuality	4	3
Early child development	1	1
<u>Adult problems or issues</u>		
Parental conflict	21	17
Custody/contact issues	20	16
Parental divorce	17	14
Adult mental health	13	11
Adult emotional issues	11	9
Adult isolation	9	7
Financial problems	8	7
Adult abuse	4	3
Adult physical health	3	2

\*Percentages do not sum to 100. Young person and adult issues were not recorded for all calls to the helpline.

The data summarised in this table are not identical with secondary analyses, nor those based on call monitoring data relating to the evaluation period, but the categories used to record concerns identified from the tape-recorded calls also differed slightly<sup>22</sup>. That said, there is considerable comparability in the pattern and rank order of concerns, with challenging behaviour in the child, educational problems, and mental health the three categories accounting for the largest proportions of concerns in children; and parental conflict, custody and divorce issues, and adult mental or emotional health, accounting for the majority of adult problems. It is notable however, that the adult and child issues recorded most frequently on call monitoring forms (challenging behaviour in the child, and emotional state in the adults) were both recorded with much lower frequency in the evaluation.

<sup>22</sup> This reflects the fact that the evaluators and Parentline Plus used slightly different categories to record calls. The researchers developed different categories from PLP to capture information that was related to the evaluation, however the evaluator's categories were consistent with those used by Parentline Plus.

## Severity and complexity of concerns

What the above table does not demonstrate adequately is the complexity and severity of many, if not the majority, of calls to the helpline. It is possible to identify a few calls that were ostensibly about minor problems (such as a caller who was concerned about the attitude of her nine-year-old daughter to homework, and her generally “sloppy habits”), or some relatively straightforward calls, such as about oppositional behaviour in young children, but these were very much the minority. Even these calls were often found to be more complicated when further information was known – for example, it might become apparent that the mother felt depressed and hopeless, and unable to cope with any oppositional behaviour in her child. Far more of the calls were of a serious nature – relating to such things as children in trouble with the police; criminal behaviour; children who were violent, abusive or aggressive to their parents or siblings; suicidal behaviour or suicidal thoughts; underage sex and pregnancy; drugs and alcohol abuse; school refusal and absenteeism; extreme social isolation or runaway children. If there was a general pattern, it appeared that calls about young (under about the age of six years) children tended to be somewhat more straightforward, and less complex and complicated by other family factors, than calls about older children, and particularly mid- to late-teenage children. For example, a not untypical call about a 15-year-old boy might include elements of criminal behaviour, some contact with authority, drug problems, physical violence and verbal aggression to members of the family, truancy or school exclusion, as well as indications of mental health problems. Other problems were less multifactorial but no less severe – relating for example to a child who had recently ‘disappeared’ for several days, and now said he wanted to leave home, but would not say where he was going to live; or a teenage girl whose mood swings ranged from extreme aggression and violence, to mutism and complete social disengagement.

Some callers were worried about themselves (for example, a new mother troubled by the thoughts she was having about harming her baby; a caller who wanted help in controlling her own temper after an incident in which she had injured a child; callers who were the victims of violence or assault from their partners or previous partners; or callers feeling isolated and a sense of loss at having been left with the children after their partner left). Other callers were worried about the current situation of their children, with whom they were no longer living – these calls might include concerns about the unsuitability of their ex-partner’s new partner, who might be suspected of violence or abuse to the children, or concerns about the home environment being unsuitable (because of the presence of drugs, for example); or the parenting or behaviour of their ex-partner being a serious concern. Other callers wanted information about complex legal or custody situations, or situations to do with post separation or divorce contact.

## Type of call

Researchers rated the type of call, on the basis of what they judged the caller to be seeking (ventilation, information, advice, reassurance, or something else) in making the call. For example, callers who wanted to know about ‘their legal situation and where they stood’ would be categorised as wanting information and advice. Another caller, who was worried about the behaviour of her two-year-old child who was being aggressive, and wanted to know whether this was normal, and how to handle him, might be judged as seeking advice, ventilation and reassurance. Table 5.2 shows how calls were categorised. This shows that the largest number of calls was judged to be from callers who were seeking advice. Most callers were judged to be calling for more than one reason. Although 42 of the callers seeking advice were judged only to be seeking advice, 39 (32% of all calls) were also judged to be seeking to ventilate or talk about their problems, and 30 (25%) were also seeking information. Twelve calls were rated as only seeking information, and only a small number (three in each instance) were judged to be seeking only ventilation, or reassurance.

Researchers also assessed how the call taker responded to the caller in terms of whether they provided whatever the caller was seeking. Although the large majority of call takers were judged to have responded appropriately in terms of providing the sort of help the caller was seeking, the match was highest for ventilation (96% of those seeking to talk about their problems were judged to have achieved this) and reassurance (93%). Slightly fewer (84%) of those seeking advice were judged to have received this, and 82 percent of those seeking information were provided with information. Conversely, it could be said that nearly one in five callers (18%) who wanted information did not receive the appropriate response.

Since in most cases callers were judged to want more than one sort of help, the implication is that, in the main, call takers were sensitive to this, and accurately matched what they provided with what the caller appeared to need.

**Table 5.2: What type of call was it? (Number of cases = 121)**

Type of call	Number	Percentage*
Ventilation	46	38
Information seeking	44	36
Advice	95	78
Reassurance	27	22
Other	3	2

\* Percentages do not sum to 100%. Callers could be judged to be calling for more than one reason.

### Caller distress

Calls were rated to record whether the caller showed any signs of distress at the beginning, middle, and end of the call. About a quarter of callers were judged to be distressed at the beginning of the call – 21 percent were judged distressed, and three percent as very distressed. By the middle of the call, the figure had risen, and 27 percent of callers were judged to be distressed, and another seven percent as very distressed, but the number of callers who were distressed fell by the end of the call. At that point, 14 percent (N=17) of callers were rated as distressed, and none as very distressed. Of these seventeen callers, two had not apparently been distressed at the beginning of the call, but 12 had been and three had been very distressed. The general impression was that call takers were relatively successful in dealing with distressed callers. Although the level of distress in callers was greatest in the middle of the call, suggesting that talking about their problems caused or increased distress for some people, in most instances distress had reduced or disappeared by the end of the call. A minority of callers remained distressed throughout the call, or became distressed during the call, and remained so at the end of the call.

### The quality of call handling

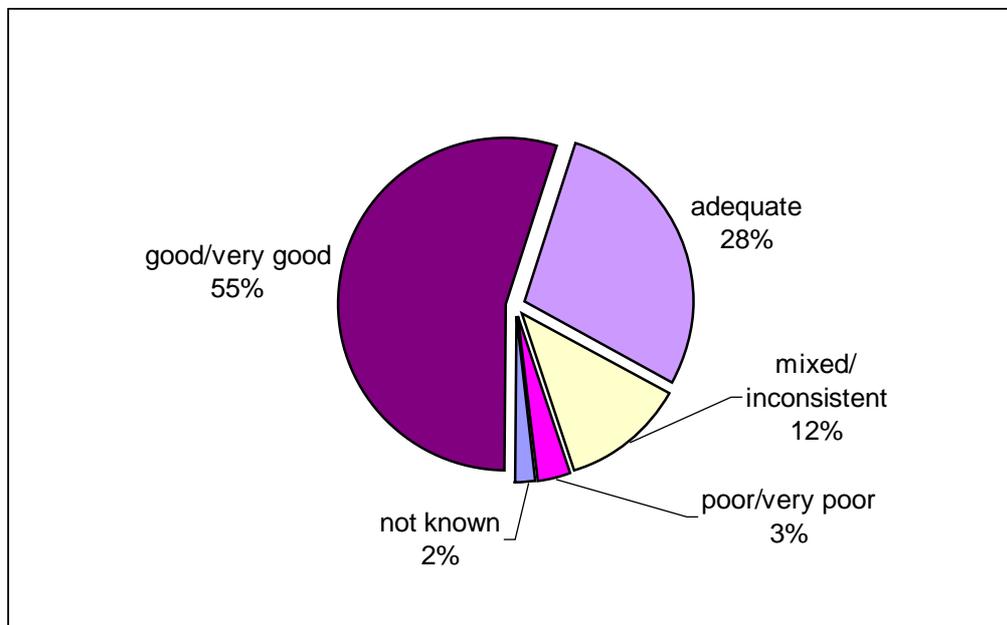
At the end of listening to and rating the tape-recorded call, researchers evaluated the overall quality of the call handling, which included elements such as the call taker's listening skills and attentiveness to what the caller was saying, his/her sensitivity to the caller's needs, how he/she moved the call on and paced it towards some suggestions or guidance for the caller, and how he/she closed the call. At the same time, the overall rating was able to take account of any other aspects of the call that had not been specifically identified and rated. The figure below (Figure 5.1) shows how the evaluated calls were assessed in terms of the overall quality of call handling.

Over half the calls were rated as good or very good, and four-fifths were adequate or better. There was, however, a small but significant group where call handling was variable or inconsistent, so while parts of the call may have been well or adequately handled, there were other parts that were not. Four calls out of the 121 evaluated were judged to have been poorly or very poorly handled. These calls were characterised by poor listening skills, inappropriate language or behaviour by the call taker, in some cases by failure to move the call on appropriately, and by inappropriate solutions suggested. For example, in one long call (over 50 minutes) there were long periods of silence from the call taker, where the caller was allowed to continue talking repetitiously. However, the call taker was also judged to be very repetitious, in repeatedly asking the same questions. There was no attempt by this call taker to reframe or progress the concern. The 'resolution' that the call taker eventually arrived at was to suggest that the caller should do what he/she had already said (repeatedly) that he/she was doing.

In another call that was judged to be poor, the call taker interrupted the caller several times, laughed frequently and inappropriately, despite the caller sounding quite despondent throughout the call, and the call taker was quite judgemental in describing the behaviour of the young person who was the cause of concern, as 'disgraceful', which did not reflect a phrase or concept used by the caller. The call taker was also implicitly critical of the caller's behaviour in saying that the caller had let the problem go on too long, and that, "*I would never have let him.....*" in relation to aspects of the young person's behaviour. The call taker failed to pursue one of the statements made by the caller, which appeared to indicate a further potential major problem with the young person, and the 'resolution' offered was judged by our researchers to be inappropriate, and somewhat extreme.

Although the number of calls from any one call taker that were evaluated was likely to be small, it became apparent even from these small numbers, that some call takers had 'stock responses' to particular types of calls, such as challenging behaviour in teenage children, and this militated against listening properly to the problem that the caller was describing. It was evident that one consequence of failure to listen properly to the caller and what the caller was saying, exacerbated by failure to ask the right questions, was incorrect assumptions being made about the precise nature of the problem, with the result that inappropriate or unsuitable strategies were suggested to the caller.

**Figure 5.1: Overall rating of the quality of call handling (N=121)**



The concerns we have highlighted about these few poorly handled calls do, however, need to be understood in the context of evidence that the large majority of calls were judged to have been handled adequately or well. The listening skills, sensitivity, and call handling skills of the call takers in dealing with potentially very challenging calls and callers were often very impressive.

### Follow-up interviews with callers

One hundred follow-up telephone interviews were conducted with people whose taped calls to the helpline had been analysed. It was not possible to contact a number (N=21) of the callers who had previously agreed to participate in the evaluation, and had agreed to be contacted by the researchers, and whose tape-recorded calls to the helpline had been evaluated. The most frequent reason for failing to conduct a follow-up interview was that there was no reply from the telephone number given, or if it was a mobile telephone number, it was permanently switched off (N=11). In all cases, researchers tried repeatedly to contact these numbers but were not successful. In several cases, despite agreeing to take part in the evaluation, the telephone number was not, or was only partially, recorded on the tape. In several other cases, the telephone number given on the tape was unclear, inaudible, unobtainable or incorrect. Three callers could be said to have declined to take part, having previously agreed. One person (not necessarily the caller) hung up when the researcher called; another caller said (via her daughter who answered the telephone) that she did not want to take part in

the evaluation; and a third asked the researcher to call back later, but subsequently left the answering machine on.

**Characteristics of the sample interviewed**

The table below summarises some of the characteristics of the callers who were interviewed (Table 5.3). Nearly three-quarters of the sample were calling about one of their children who they lived with. The largest group were mothers calling about their children. Of those who did not live with the person they were calling or concerned about, the largest group was mothers (N=5) or fathers (N=10) whose children were living with the child's other parent. Five grandmothers called: in each case the direct concerns were with their (adult) children or their children's partners or ex-partners, and the impact of this on their grandchildren. In addition, one evaluated call was from a reporter who called the Parentline Plus helpline to, 'get an angle for an article she was writing on abuse in the home', and subsequently agreed to take part in the evaluation.

**Table 5.3: Characteristics of the interviewed sample (Number of cases = 100)**

	Number
Female	76
Male	24
<b>calling about someone in the household</b>	<b>77</b>
eldest child	53
second child	19
third or subsequent child	5
mother of the person 'causing concern'	63
father of the person 'causing concern'	11
stepfather of the person 'causing concern'	3
primary cause of concern is female	39
primary cause of concern is male	38
<b>calling about someone not in household</b>	<b>22</b>
own child living with other parent	15
own child aged over 16	2
grandparent with concerns about children/grandchildren	5
<b>other</b>	<b>1</b>

The marital or civil status of the callers is shown in Table 5.4. The largest group of callers were from 'nuclear families' where both partners were in their first marriage. Overall, 56 callers were living in two-parent households, and 40 callers in single adult households.

**Table 5.4: Marital status of the callers (Number of cases = 100)**

Number	
'nuclear family'	30
remarriage (either parent)	16
cohabiting	10
single (never married)	16
separated/divorced	21
widowed	2
steady relationship without cohabitation	1
not known	4

Ninety-one of the callers were born in the UK, and English was the first language for all but three of the interviewed callers. The age of callers (based on their year of birth) ranged from 23 to 62 years. Over half the callers (56) were currently in paid employment. Of those (44) currently without employment, five were students, 22 were 'economically inactive' and not seeking work, and 17 were unemployed. Table 5.5 shows the occupational classification of callers and their partners, utilizing information on callers' past occupation for those who were not currently employed.<sup>23</sup>

**Table 5.5: Occupational classification of the callers' families (Number of cases = 100)**

		Caller	Partner
Number			
(I)	Professional	6	8
(II)	Intermediate/managerial	16	13
(III <sub>n</sub> )	Skilled non-manual	27	7
(III <sub>m</sub> )	Skilled manual	16	13
(IV)	Partially skilled	13	3
(V)	Unskilled	11	4
	(economically inactive - including student)		8)
	(unemployed)		4)
	(not applicable)		40)

<sup>23</sup> 11 callers are excluded as they had never been in paid employment.

## Callers' social support and networks

Although difficult to evaluate, as there is no comparable information available for a representative community population, it was of interest to know whether callers had other sorts of social support, such as someone they could talk to or confide in; whether they had someone they felt they could turn to in an emergency; and their social networks, in terms of contact with family, friends and others. Callers were also asked about other sources of help they had used in the past year for advice or information about their children, or family concerns (but not necessarily about the current problem or concern).

### Confiding

The majority of callers (63) said that they had a close friend or confidant(e) in whom they could confide. Twelve callers said that they only had their partner to confide in; twelve more said they had a possible or potential confidant(e); and another twelve said they had nobody to talk to if they were worried about something. In terms of whether the caller had actually put this in practice and confided in someone else about a problem such as the one they were calling about, 59 callers said that they had, 26 had talked in a limited way with someone else, and 14 callers said that they had not been able to talk to anyone.

### Crisis support

Callers who had resident children (87) were asked about whether there was anyone they could turn to for help in an emergency. Fourteen callers said that they had no one they could turn to for help in an emergency. Although in most instances they had not tested it, nearly half the callers (47) felt that there was probably someone, such as a family member, friend or neighbour, who would help out if needed, while 22 callers had experience of this occurring, and had been able to find someone to help out.

There was some overlap between the lack of a confidant(e) and the lack of crisis support. Of those (14) who said they had no one to talk to about their problems, five also said they had no one to turn to in an emergency and four of the rest were dubious about whether there was anyone they could turn to. None of this group could actually identify an occasion when they had asked someone else to help out in a tricky situation.

### Social networks

Callers were asked about social contacts in the week before the interview took place, with their family or their partner's family, other relatives, close friends, acquaintances or professionals (e.g., teachers). More than a quarter had seen their own parents in the preceding week and nearly three-quarters had spoken to them. One in five had met with their siblings. Callers were most likely to have met friends or acquaintances (such as other mothers at the school gates, or colleagues at work). Investigation of the pattern of contacts showed that only one caller had not had contact (including speaking) with any of these people in the previous week, but for exactly half the callers (50), contact with any of these people, where there had been some, had been confined to telephone contact only. That is, only half the callers had actually met at least one of these different types of people in the previous week; those who did have face-to-face contact had usually met people in several different categories.

### Other sources of help

Callers were asked, from a list of possible sources of support, help or advice, which, if any of them, they had been in touch with in the previous 12 months for advice or help to do with their children or family problems. Table 5.6 details the responses.

More than three-quarters of callers had talked to their family doctor about children's or family problems in the previous year, and the same number had sought help from someone (usually the teacher) in the child's school. It was notable, also, that about a quarter of callers to the Parentline Plus helpline had called other telephone helplines for help with their children's or family's problems. Although callers were not always clear which helplines they had called (for example, one caller said, "I called lots from in the front of the Thompson's Directory", and another said she had called "a drugs helpline from the Thompson pages") a wide variety of helplines was mentioned more specifically.

**Table 5.6: Other sources of help sought by callers in the past year (Number of cases = 100)**

	Number
GP	77
Health visitor or nurse	35
Midwife	10
Social worker	22
Religious leader or organisation	11
Child's school or college	77
Parenting group or class	13
Voluntary or community organisations	18
National Family and Parenting Institute	3
Youth Offending Team	4
Child and Adolescent Mental Health Services	15
Other telephone helplines	24 <sup>24</sup>

### Previous calls to Parentline Plus

For over two-thirds of callers (N=68) the evaluated call was the first they had made to the Parentline Plus helpline, but nine had used the helpline once before, and 23 had used it several, or in some cases many times before. Although most previous callers estimated that they had used the helpline on between three and six previous occasions, three callers said they had successfully called ten times in the past year, one said 24 times, and another said he had telephoned 45 times in the past year. While these numbers are probably rather rough estimates of actual usage, they do indicate that for a small minority of people, using the helpline was a habitual exercise. Although it is hard to quantify with any objectivity, it appeared that habitual or frequent callers were likely to call the helpline with less serious problems. For example, one frequent caller, who estimated that she had called 24 times in the past year, called about aggressive behaviour in her two-year-old child, who had 'thrown a stone' the previous day. Another repeat caller was concerned about her nine-year-old daughter's attitude to homework - and this caller said that, "*because of the cycle of [her daughter's] behaviour*" she might often call two days running.

According to the interviewed callers, and in relation to the evaluated call, seven out of ten said they had got through to the helpline on their first attempt. Of those who remembered making more than one attempt to get through, most said that had got through to the helpline in three or four attempts, but there were a few callers (N=9) who estimated that they had to try on more occasions than this, with one extreme example saying that he made 50 attempts before being successful.

### Other sources of help

As summarised in Table 5.7, callers were asked for details of any people or organisations that they had talked to (or in some cases attempted to talk to) about their current concerns before they called the Parentline Plus helpline. Fifteen callers had not sought help from any other source before calling

<sup>24</sup> Included (as described) ACE; ADHD helpline; AXE; ChildLine; CAB, Cruse; Domestic Violence; Gingerbread; Mind; National Drug counselling line; National Schizophrenia drugs helpline; NCOFP; NSPCC Child Protection line; Samaritans; and Victim Support.

the helpline, but the majority of callers had at least discussed their concerns with someone else, often their partner or a close friend, to seek their views and ideas, and many callers had tried multiple sources (up to a maximum of 16) in order to try to obtain help with their problem. The average number of other people or organisations that had been tried before calling the helpline was three (s.d.<sup>25</sup> = 3). Twenty callers had also called other telephone helplines in relation to their current problem. A very wide range of helpline services was mentioned by callers, including ChildLine (five callers), the Samaritans (four callers), the NSPCC helpline (two callers), Saneline, Citizens Advice Bureau legal helpline, a drugs helpline, and Gingerbread.

**Table 5.7: Other sources of help tried before calling the helpline (Number of cases = 100)**

	Number
partner	40
ex-partner	9
other relatives (e.g. parent, siblings)	8
close friend	35
acquaintance	14
health care provider (e.g. GP, psychiatrist, nurse)	30
education provider (e.g. head teacher, teacher)	22
social services	18
local parenting organisation	6
other national voluntary organisation (e.g. CAB, Relate)	6
other telephone helpline	20
other	17 <sup>26</sup>

### What had precipitated the call to Parentline Plus

When the Parentline Plus helpline was first established, it was intended to be an advice and support line for parents, and not a crisis support line. However, for 35 of the callers we interviewed, the call was precipitated by a significant acute event or crisis, such as an underage child becoming pregnant, or a violent attack on a sibling by a teenage child. For example, one caller said, *“I was at the end of my tether. My son had just attacked my daughter with a screwdriver”*. For 52 callers the situation was more chronic, and in these instances the call was often triggered by a minor ‘last straw’ event. One caller who called about her 14-year-old daughter who was abusive and stealing from others in the household, explained that her daughter had *“always been troublesome, and has now really started to rebel”*. Another (frequent) caller said that the call was the result of *“nothing acute, just a slow build-up.”* Another caller, who had not spoken to anyone else about her problem, but who had used the helpline before, said *“I ring them when I’m worried sick – losing sleep. No authorities can help. I don’t know what I would have done without them. I’m the only one that can help the situation. Parentline has helped me to carry on”*.

For some callers, the anonymity of the helpline was an important factor in their decision to call. A father, whose call was triggered by a critical event, said *“I can talk to the family and I have done so,*

<sup>25</sup> Standard deviation – this is the average or ‘standard’ deviation of scores away from the mean.

<sup>26</sup> Included in this category were counsellors (3); solicitors (3); police (1); youth offending team (1); religious leader or organisation (1); internet (3); ‘a good childcare book’ (1).

*but on this occasion it was a bit more personal". Others recognised the value of independence in seeking advice. One caller said "I wanted information [on what to do] from a third party – not anyone who was involved".*

Other callers had telephoned directly because of their dissatisfaction with other potential sources of help that they had tried. One caller with a serious problem had called a specialist helpline, and felt that they had belittled her problem, and did not let her talk about her it. She had called Parentline Plus as a result of this dissatisfaction, because there *"I could moan about it [her problem] all day"*. Over a fifth of people interviewed said that they had called the Parentline Plus helpline because they were unsuccessful in getting help anywhere else, and twelve said they were advised to call by someone else (for example, a friend or a counsellor, or another agency, such as ChildLine). Twenty callers called because they had called before, and 19 called for other reasons, such as that they found the Parentline Plus advertisement in the Yellow Pages, or they had seen an article about behavioural problems in children in a magazine which gave the helpline number. One caller who was experiencing serious problems with her teenage daughter said *"I rang directory enquiries for the number of ChildLine, and said what a pity there isn't something like this for parents, and directory enquiries said there is, and gave me the Parentline number"*.

### **What callers wanted from the call**

The majority of interviewed callers (78) described themselves as wanting advice, or reassurance (51) from the call, but a significant number said that they 'just wanted to talk about it' (48). A small number of callers (7) aimed for resolution of their problem as a result of calling the helpline. As can be seen from some of the quotes below, there was considerable overlap between the categories, and many callers seeking advice were also looking for reassurance.

### **Examples of what callers said they wanted from the call**

#### **Reassurance**

*'Reassurance that I wasn't being unfair or mad in my expectations'*

*'As a lone parent, especially a male lone parent, there's not a lot there. I wanted reassurance that I was doing the right thing'*

*'I wanted some advice – I wanted them to tell me that I was doing the right thing'*

#### **Ventilation**

*'They were there when I needed to talk'*

*'I had had a bad day. I was anxious. I just wanted to talk to someone.'*

#### **Advice**

*'Thought I would get some new ideas about how to cope with the problem'*

*'I couldn't cope, I needed some advice. I was in a state'*

#### **Information**

*'I was just trying to find out if there were any organisations that I could contact'*

*'I wanted to know if there were any support groups for her condition that I could contact'*

## What callers got from the call

In general, there was a reasonably good match between what the caller had said they wanted and what they felt they got from the call with many callers also recognising that they got more than they had been seeking. One caller, who had predominantly wanted to talk to someone about her problems (ventilation), found that the call taker *“showed me a different way of seeing things”*.

Of those who wanted to talk about their problem (48), nearly all (46) felt that they had been given the opportunity to do so, but so did another 18 callers who did not identify this as something they had wanted when they made the call. One caller said *“it’s good because they don’t rush to get you off the line. It’s good because they tell me what I already know, but it is better when someone else says it”*. (This account related to one of the small number of calls that the researchers had evaluated from the tape recording as handled poorly.) At the same time, 67 of the 78 callers who wanted advice felt that they had received advice (as well as five who had not actively seen themselves as seeking advice). Of the 51 callers who wanted reassurance from the call, 42 felt that this was what they received. An additional four callers who had not identified this as something they wanted in making the call, said that this was one of the things that they got from the call. Only one of the seven callers who said he/she was seeking resolution of his/her problem felt that it was satisfactorily resolved by the call – but six callers who did not identify this as their reason for calling, said that this was one of the outcomes of the call.

Not all callers felt that all their needs had been met by their call. One caller who was seeking advice said *“they just listened. I was looking for advice. They made suggestions but it was what I knew already”*. Another, who was hoping for a solution to her problem, said *“they gave me the usual things like ‘calm down’ that I’ve already tried”*. And another, who wanted advice and guidance said *“I would have liked more advice about rules and regulations that we knew we should have enforced, but it was good to know that we are not the only parents it happens to”*. One frequent caller said that what she had got from the call, was *“nothing - nothing she said was relevant”*. This caller conceded that sometimes her calls to the helpline had been very beneficial, but did not feel that this one had.

Some callers were more satisfied with what they got from the call. One said *“I wanted to find out our legal position, and I did”*. Another said *“I was reassured that what I was thinking was correct”*, and a caller who wanted advice and information, said what he/she got was *“stuff which I already knew, which was reassuring”*. And a caller who simply wanted to talk about her concerns said *“I felt calmer”*.

## Referrals to other organisations

A number of call takers made recommendations that the caller should contact other organisations that might be able to help. Exactly half the callers (50) remembered being provided with such information, and all but one said they were given clear information about the organisation (for example what its remit was, and how to contact it). Six callers could not remember whether they were given any such information. Of the 50 callers who were, 29 had already contacted the recommended organisation, and six had plans to do so. Fourteen callers, however, had no plans to act on the advice they were given.

Of the 29 who had already contacted - or, in some cases, had tried to contact - another organisation, seven had found it very satisfactory, eight callers had found it moderately satisfactory, but the largest group (14) had not found it to be useful. For example, one mother had been unable to reach the organisation to which she had been referred as *“it was an answer machine and they did not call back for two or three days, and then they made an appointment to phone but did not keep it – all this, in order to get her on a waiting list for a one-off assessment”*. She said her daughter was *“getting worse as time goes by”*, and so were her own feelings, because it was *“frustrating that [this organisation] has not called back”*.

## Listening skills

Callers were asked during the interview whether they felt ‘listened to’ and whether the person they spoke to heard what they said. Nearly all callers were very positive about this aspect of their call – only four said that they had not felt listened to at all, or that there were some points in the call when they had not felt that the call taker was listening. For most callers the experience was much more positive, as illustrated by the examples presented below.

### Did the caller feel listened to?

*"Oh yes, 100%. I could take my time, get my words out. There was no feeling of being hurried."* (this was a caller with quite a marked speech impediment)

*"She listened so well. She was very good at listening."*

*"They let me speak rather than butting in. The responses and answers were immediate."*

*"You just know when someone is listening."*

*[the call taker had] "listened carefully to the history of the problem."*

*"Yes, it was not just off the cuff. Her responses were referring to what I had said."*

*"She listened properly."*

### Impact of the call on the callers' feelings and behaviour

Callers were asked whether the call had had any impact on the situation that they called about, and secondly whether it had made any difference to the way they felt about things. It was recognised that the time between the call and the interview was often very short for any real impact on the situation to have taken place. Table 5.8 shows how callers felt that the call to the helpline had impacted on the situation and their feelings.

Although nearly a third of callers reported no change in their feelings, the largest group, over a third of callers, felt that their call to the helpline had resulted in a marked improvement in their feelings or mood. Considerably over half felt that there had been at least a slight positive impact on their feelings. On the other hand, two callers felt that the helpline call had had a negative impact on the way they felt about things.

**Table 5.8: Impact of the call on the situation, and on callers' feelings (Number of cases = 100)**

	<u>Impact on situation Number</u>	<u>Impact on feelings Number</u>
marked/definite improvement	28	39
minor/slight improvement	26	26
no change	45	32
negative change	0	2

Many callers described a moderate or marked improvement in their feelings as a result of the call. For example, one caller said simply *"I was unable to cope. Now I can"*. Another caller reported rather similarly *"Now I feel strong inside. I'm not going to give up"*. One caller said of her feelings *"I am much happier. It was good to have ideas from another source"*. In the words of another *"I do feel better. I know I can phone Parentline or Connexions at any time if I do need help"*. A lone parent who called as she was worried that she was overreacting to a situation in her child's playgroup, said, after a long call *"I went from being stressed to being happy"*.

A smaller number of interviewees reported that the call had no positive impact on their feelings or the situation. A non-resident father who called with concerns about the very unsuitable home environment that his children were living in, commented that he felt no different as a result of the call, and that the

situation had not changed. He said *"[the call] has not made any difference. I went to the police like she suggested, but they were useless. It has not made any difference"*. One of the two callers who reported that he felt worse after the call, said, *"the call put me in a despair because there was no result. I'm on my own with this"*. (This was an interesting call that will be discussed later in this section, where there was a considerable mismatch between the caller's memory and feelings about the call, and the tape recording of the actual call.)

The other person who reported feeling worse following her short call (about six minutes) to the Parentline Plus helpline, had been referred to another organisation to help her, and she had found them unsatisfactory. The resulting feeling of frustration (the situation was still ongoing) had impacted on her feelings about the Parentline Plus helpline. Although in general this caller was positive about Parentline Plus and the helpline, this demonstrates the potentially negative impact on callers of referring them on to helplines or other sources of help that are overstretched and unable to cope with the numbers of people calling – and in this case, to unreliable helplines, where the caller had not had her call returned, and was subject to a considerable delay. The frustration with the helpline the caller was referred on to by Parentline Plus, had, to a certain extent, reflected back onto her feelings about the Parentline Plus helpline.

### Callers' intentions to use the helpline again

Callers were also asked if they would call the Parentline Plus helpline again. Fifty of the interviewed callers said that they definitely would use it in the future, and 40 said that they might do – often expressing the hope that they did not need to. For example, one caller said *"I hope I won't need to, but if I do I probably will"*. Many callers were far more definite than this. One said *"without a doubt"*, and another said *"if I needed it, it would be my first port of call"*. A non-resident father identified the lack of other sources of help and advice for people in his situation. He said he would use the Parentline Plus helpline again *"because there is no one else to talk to"*. Eight of the interviewed callers (most of them already frequent or repeat callers) had already made further calls to the helpline by the time they were interviewed about it. Eight callers said they would not use the helpline again.

The large majority (88) of the callers said they would recommend the helpline to other parents, and several commented that they had already done so. One frequent caller, who had rated the call poor, conceded in response to the question on whether she would call the helpline again, that *"I have had good advice previously when I have called the Parentline helpline, so I would call again"*.

### Was the caller helped by the call

This was the first thing that callers were asked during the interview. Having been reminded of the call and the date on which they made it, callers were asked 'whether they felt it had helped to talk to Parentline Plus that day'. The majority of callers (71) reported very positively, with 12 saying that it was moderately helpful. Nine callers gave more mixed responses, and three reported that it had not been helpful.

A caller who had found her call to the helpline really helpful, said *"it was excellent – really helpful. It calmed me down. I'm really grateful. It's really good to have them there. People should be more aware of it"*. Another caller who was suffering from post-natal depression and anxiety, and who had felt very low when she called, also reported positively. She said *"very good. They even made me laugh"*. A father who called about problems with his teenage son, said *"it helped a lot. I told my son about it. He did calm down a bit. He's still partly the same, but he's worried about us kicking him out. We don't want to, but he's bullying us – we're not going to stand for it"*.

### Callers' overall evaluation of PLP

At the end of the interview, callers were asked 'to sum up what they thought of their call to Parentline Plus' on the particular date. Table 5.9 shows how callers evaluated their calls overall. More than three-quarters of the callers evaluated their call as good or very good, and a further eleven felt that it had been at least adequate. These summary judgements are illustrated in the many positive comments made by the callers we interviewed, and selected examples are highlighted in the box below.

**Table 5.9: Callers' overall evaluation of their call to Parentline Plus (Number of cases = 98)**

	Number
good/very good	76
adequate/all right	11
mixed/ambivalent feelings	8
poor/very poor	3

### Callers' comments on telephoning the Parentline Plus helpline

*"Very positive, intuitive and non-judgemental. Parentline is a fabulous thing".*

*"I was pleased with it on that occasion. Other times – not so much. It depends on the particular person you speak to. Some are good and listen, others are not" (a frequent caller).*

*"They were very helpful. They listened - didn't give their own opinion. They gave advice if I wanted it. An impersonal listening ear."*

*"It was very good. She gave good advice, which was what I needed."*

*"They were very helpful – willing to listen, and I felt as though they understood my situation – she sounded as if she had been through my situation."*

*"A professional, caring and interested approach, and they are prepared to listen."*

*"She helped me out of a hole. It made such a difference. It worked out really well [about tackling the problem with her daughter]. It changed her whole attitude. She was upset and ashamed [her daughter]. She was very apologetic. There was no punishment; she's just not allowed to go to sleepovers for a while, while we rebuild our trust. But it worked out very well. Absolutely fantastic."*

*"I had an overwhelming sense of relief and reassurance, and security, because I didn't know anything like this existed."*

A small number of callers, however, either had mixed feelings about the call, or felt that it had not been good. One of this group, who was judged as rating the helpline as adequate, said it was *"middling. I already knew what they told me"*. Another caller in this category said *"they were very sympathetic. I was listened to, but I was still lost at the end – out on a limb – back where I started"*. Another caller in this group who had telephoned about a complex legal problem relating to residence orders and his son, had been disappointed to find that it was beyond the scope of the Parentline Plus helpline (although the call taker took some time to establish this fact). The caller, who was an otherwise rather silent man, said that *"they did not help me at all, and neither do I want to waste my time answering stupid questions [the evaluation interview] when no one can do anything to help"*.

### The relationship between the rated quality of the call and caller satisfaction

It was relevant to investigate whether the way in which the call was handled (as judged from analysis of the taped call) was related to the caller's perception of the usefulness and helpfulness of the call, and to his/her overall satisfaction with the experience of calling the helpline. Such analyses, however, were somewhat hindered by the relatively small number of callers who reported the experience as less than satisfactory, or who reported negatively on particular aspects of the call, and at the same time, the relatively small number of calls that were judged from the tape recordings, as less than satisfactory. It was also evident that while some callers were quite negative about particular aspects of the call, the same callers were often positive about the overall experience.

A cross tabulation of the (researchers') overall rating of the quality of call handling against the callers' evaluation of the call, showed that the four calls judged by the researchers to be poorly handled were all rated as good or very good on the basis of the callers' reports of the call. One of these callers said of the experience *"she gave me good advice and it was nice to speak to someone distant from the problem. They are understanding, but they don't judge you"*. Another said *"the first call was extraordinarily good, the man was chortling all the way through. It was not disrespectful but saying we've all been there. It was very helpful"*.

Of the three calls that the callers evaluated as poor, two were judged by the researchers on the basis of the tape recording, as mixed or inconsistent, and one as good. One of the callers who judged his experience of the Parentline Plus helpline as poor said *"the conversation was not relevant to the issue I wanted to address. Nothing she said was relevant"*, and to a large extent this matched the relevant aspects of the researcher's ratings, even though the call was rated as of mixed or inconsistent quality overall.

There was a much greater degree of mismatch between the research evaluation and that of one caller who evaluated his/her overall experience as poor. In this case, the researcher recorded 'exemplary call handling' of a call made in very stressful circumstances, in the midst of a fraught situation in the family home. What was of interest about this interview was that the caller's recollection of aspects of the call bore very little relationship with what is on the tape. For example, the caller recalled being advised to contact the police (which they had subsequently done, and not found useful), while the call taker actually suggested that the caller might contact the family doctor, or that the young person concerned might telephone ChildLine – the police were not mentioned. This call offers a good example of one of the difficulties for call takers in trying to provide advice and help to parents in acute situations or crises. The still small voice of calm on the telephone will not be heard or listened to (and certainly not remembered), amid the surrounding storm.

## Key points

This section of the report has explored the experience of using the helpline from the end user or consumer's viewpoint, as well as assessing directly the nature of calls to the helpline, and the quality of call handling by call takers. The main findings from this section are summarised below.

- The sample of taped calls, and taped calls that were followed up by an interview with the caller, were reasonably representative of calls to Parentline Plus.
- The majority of callers were calling about problems that were severe, and often complex, and many appeared to be quite socially isolated, indicating high levels of unmet needs in relation to parenting and family support. There were few calls where the concerns could be described as trivial or minor.
- There were a small number of calls where the call taker was not judged to have handled aspects of the call well. In a fifth of calls there was evidence of some inattentiveness from the call taker, for example, asking for information they had already been told. The large majority of calls were judged by the research team to be adequately or well handled, and there were only a few calls where the overall call handling was judged poor. Over half the calls were judged to be well handled, and four-fifths were dealt with adequately. In many of the evaluated calls, call takers demonstrated considerable skill and sensitivity in their handling of the call, and in the quality and suitability of the advice given.
- Where calls were handled poorly it appeared most often to be due to the development of response 'sets', and the use of 'stock responses'. There was occasional evidence of judgemental responses from some call takers.
- Callers who were interviewed about their call to the helpline were equally positive about the experience, with over three-quarters evaluating the call as good or very good, and nearly all as at least adequate.

- Most calls provided what the callers were seeking in making the call in terms of reassurance, advice, information, or a chance to talk. Callers appeared to value the listening skills of the call takers highly, and the large majority of callers felt 'helped' by their call.
- More than a third of callers described a definite positive impact on how they were feeling as a result of the call, and more than a quarter felt that the call to the helpline had resulted in a definite improvement in the situation.
- The importance of successful referral from the Parentline Plus helpline to other organisations or helplines was evident. Where callers were referred somewhere else, and their subsequent experience was not good, they were not likely to feel that they had been 'helped' by Parentline Plus.
- There appeared to be rather little relationship between the way the call was evaluated by the researchers, and callers' perceptions of the experience. For the very small number of calls that were judged by the evaluators not to have been well handled, most callers reported the experience as helpful and positive.
- The overwhelming impression was that callers valued highly the service they received from the helpline, and found that it provided a source of support otherwise unavailable to them.

## 6. Organisational perspectives

### Core aims and values

A very high degree of consistency characterised call takers', supervisors' and managers' accounts of the aims of the work they did and the values they saw as central to the helpline service. Foremost among these was the need *“to listen – listen, listen, listen, listen, listen”*. One call taker spoke of providing *“a warm objective ear”*. Alongside listening, many respondents talked of reflecting what the caller is saying so they know they have been heard. Interviewees further emphasised that call takers should be empathic and non-judgemental. We heard that it was important to contain personal reactions to what the caller said, and one call taker spoke of the need to *“hold their problems for a while”* in order to give the caller the space to think and tell his/her story. As noted in the previous section of this report, many callers to the helpline spoke positively about call takers' listening skills, suggesting that these values are expressed in call taking practice.

Beyond these initial skills, many respondents talked about enabling the caller to move on: empathic listening alone was not thought sufficient. They emphasised that the helpline is not there to provide advice – as one said *“who are you to do that?”* - but to empower the caller, and help him or her work out next steps. This approach necessitates skills and restraint, because several commented that callers frequently ask for advice and want or expect the call taker to fix their problems. We heard that callers' opening words are often *“can you give me advice on...”* or that they ask *“what would you do?”* One call taker commented that some callers are *“expecting miracles. They're expecting you to be able to turn round and be able to say yes... but it's been going on for so long and so many problems that it's just not an easy solution”*. Despite these pressures, the call takers interviewed were clear that their role in the helpline is to enable callers to take personal responsibility for their decisions. Consistency of service was also highlighted as important, in that callers should know what to expect when they call.

Interviewees were very largely in agreement that these core skills and values were addressed effectively in their call taker training and we heard several interesting examples of training exercises around listening. The degree of consistency we heard among respondents indicates that recruitment and training succeed in fostering a common ethos for helpline work. This observation is particularly encouraging because the history of the organisation as a single body formed out of several independent charities could give rise to differences between call centres in their approach to, and values around, helpline work.

### Support, supervision and quality assurance

#### The supervisor's role

Support for call takers and supervision or quality assurance were generally seen as inextricably linked and this was summed up in the comments of one call centre supervisor:

*“I'm responsible for ensuring that the call takers are taking the calls in the way that they should be taking the calls – in line with Parentline Plus. And also that the call takers are happy, that they're doing a good job and that they're happy with the voluntary work that they're doing. So it depends. I've got two hats I suppose. Parentline Plus, but I also look after the call takers.”*

The other key element of the supervisors' role is logistic – opening and closing phone lines (using a web based BT system) to put the call centre 'online', and to some extent regulating the rate of incoming calls. Most supervisors also had some shift management and administrative responsibilities. Control over incoming phone lines was seen as important in terms of support because it meant that supervisors had the ability to close a line, for example, if a call taker needed a break, or to catch up on completing monitoring forms. However, one interviewee commented that supervisors can underestimate how many calls volunteers can cope with and so this local regulation can have a negative impact on productivity.

Call takers clearly found their work on the helpline to be rewarding, but because they deal with such a variety of difficult caller issues, their need for support cannot be underestimated. For example, several

call takers spoke of suicidal calls, and one interviewee said she “felt raped” after a hoax call about child sexual abuse. With experience, longer-serving call takers suggested that they learned to manage upsetting calls more effectively but supportive supervision was said to be “invaluable” in enabling call takers to cope with distressing calls.

In all the call centres where the supervisor was based in the call takers’ room, this arrangement was thought to be very important to successful working. For example, in one call centre, the supervisor sits centrally so that (s)he can tell call takers who should take each incoming call, and can directly monitor calls, including listening in, to pick up immediately on support needs or quality assurance issues. One manager spoke of the supervisors’ responsibility to protect callers by ensuring that the service is as good as it can be. We heard, for example, that if the call taker starts to get more directive, the supervisor can hear this because (s)he is close by, and puts a note in front of the call taker. Ultimately, the call can be put on hold, and the supervisor could take over – for example, if a call taker was becoming distressed, or if the supervisor had serious concerns about the way the call was being dealt with. Call takers almost all viewed this level of involvement very positively; one described feeling very nurtured by a supervisor who was said to “have antennae for a call”, and would come over to support or listen in as necessary. In another centre, the supervisor said that if (s)he has any concerns about distress on a call, or simply feels it is not moving on, (s)he will pick up her handset, and listen in to offer support and advice. This system seemed to work very well, and the call takers interviewed there reported feeling wholly supported.

Supervisors also run debriefing sessions, at the end of each call taking shift, and debrief individual call takers as necessary between calls. Debriefing practices varied to some extent from centre to centre, but there was general agreement on the aims of the process, summed up by one manager as follows:

*“the focus of that should be on the [call takers] feelings [about the calls]. In reality, call takers want to go through every detail of their calls, and trying to keep them on just how that call made them feel can be quite tricky, ‘cause their need is to go through every word... But I suppose, regardless of how we get there, the goal is that people walk out of the door not troubled or burdened by what they’ve heard, and that’s how I measure the success of the [debriefing] group...if those people walk out the door and they don’t have to worry any more, then we’ve achieved the goal.”*

A small number of call takers expressed some criticism of shift supervisors, but to a large extent these comments seemed to reflect preferences for individual working styles or personalities, and the great majority of call takers we interviewed spoke in glowing terms of their supervisors. An additional factor was that Parentline UK branches did not use supervision and the longest-serving volunteers had begun by taking calls from home. While one or two of these respondents did not feel any great need for supervision, or even expressed a little resentment, others highlighted this past experience of working unsupervised as a strong argument in favour of the current Parentline Plus system. It is perhaps telling that, among these longer-serving volunteers, their descriptions of the most difficult calls they had taken often dated back to Parentline UK days. Probably, this partly reflects their increased experience over time, but equally, the support systems instigated by Parentline Plus appeared to have significant protective value. One of these experienced volunteers gave a striking example from the days of working from home of the difficulty of coping with a suicidal caller, while she could hear her own partner and children downstairs.

Many supervisors also expressed their “huge admiration” of the work done by call takers, and one described the satisfaction of getting to know different volunteers and listening to them work: “it’s lovely, I think it’s a privilege”. Very occasionally, it was mentioned that some call takers could be resistant to supervision, but again these accounts were exceptional and most referred to call takers who had left the organisation.

## Supporting volunteers

*“a very strong group, and I’m proud to be in it”*

Volunteer call taker

Because volunteers do not get any financial reward for the work they do, it is critical that they feel valued and supported, and supervisors and managers clearly played an important role in this. Support was seen as particularly important given the difficulty and complexity of call takers’ work in responding

to callers' accounts of complex and distressing situations. Call takers deal with a great variety of potentially difficult, distressing and frustrating calls, and there were some commonalities in those they found most challenging or upsetting. Not surprisingly, interviewees spoke of the difficulty of dealing with suicidal callers, angry or hostile callers, and calls about child protection issues. A commonly expressed frustration for call takers was the inability to help callers make changes, particularly with chronic or entrenched problems where *"the caller has tried everything"*.

Managers in all the centres visited appeared to have good working relationships with supervisors and call takers, and the importance of pastoral and informal support was highlighted by several interviewees. For example, one long serving volunteer spoke very warmly of her manager's support during a difficult period of serious illness. Other forms of support for volunteers included social events, which were clearly enjoyed, and appeared to be of great benefit to the sense of community among volunteers. Social reasons were a factor in many interviewees' decisions to volunteer, and several cited the desire to meet people as a major reason for volunteering with Parentline Plus, often following a life change such as relocation. All the managers interviewed saw volunteer support as central to their role in the organisation and several had initiated consultation mechanisms in order to provide volunteers with a forum for discussing organisational issues.

## Meeting demand for the helpline

The Parentline Plus grant conditions set out a target 'capacity' figure for the helpline of 500,000 calls annually. The term 'capacity' has been described as a theoretical planning figure, said to be commonly used by other helpline providers. PLP's target capacity is based on a calculation of the number of lines open at any one time, multiplied by the number of hours the lines are open, divided by a hypothetical figure for average call length. Currently, the average call length used for this calculation is ten minutes. Theoretical capacity was said to offer a useful tool for Parentline Plus in service planning when the helpline was first set up. It was, however, based on a number of assumptions now known to be erroneous. The first of these related to call length, which is in fact considerably longer than ten minutes. We were told that, based on the experience of other service providers such as ChildLine, PLP anticipated a relatively high number of short calls, such as hoaxes, 'testing calls'<sup>27</sup>, and short information-seeking calls, relative to longer and more complex calls.

Capacity is a notional figure, which bears little relation to the reality of helpline use. Parentline Plus now has good data available to aid its future planning. These data are based on the actual characteristics of helpline usage (in terms of the number of calls made to the helpline; the number of calls successfully reaching a call taker; and the numbers that reach an answer machine or receive an engaged signal). Even if theoretical capacity is used by other telephone service providers as a planning tool, it would appear to have little, if any, utility for Parentline Plus at this stage of the organisation's development.

Our analyses of Parentline Plus data on helpline use indicate a clear and steady increase in the number of successful calls (that is, those that reached a call taker) over the 15 months to the end of December 2002. For example, looking at the three-month period from October to December, there was a 73 percent increase in successful calls between 2001 and 2002, and the helpline took over 50,000 calls in 2002. These data indicate that Parentline Plus has achieved a great deal, and we recommend that helpline publicity focus more closely on the number of successful calls – those actually answered by a call taker - as the fundamental indicator of service provided. Apparent overall demand (the number of attempted calls) may stabilise or could even fall as a greater proportion of callers get through, so the percentage of successful calls is not in itself a sufficient criterion for judging service delivery. We also heard some discussions around call length, as a factor in meeting demand for the service, and it is important to monitor call duration for service planning. That said, interviews with callers indicate that it may be counterproductive, in terms of caller satisfaction, to try to constrain call duration in order to increase call taker productivity (in terms of the number of calls taken in a shift).

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<sup>27</sup> Testing calls are defined as those where the caller is in effect trying out the service; for example, calling to check that they really exist. These include silent calls and hang-ups, or very short calls.

## The view from other organisations

Interviewees in several other organisations that provided helpline services commented on the difficulty of meeting demand for the service. As one commented, *“that’s the helpline mantra”*. Indeed, only the Samaritans and NHS Direct, both of whom speak to several million callers a year, seemed to have succeeded in meeting demand for their helplines, using different approaches. NHS Direct employ paid call takers, and our interviewee commented that *“it is critical not to have flat levels of staffing”*, but instead call taker levels should be very carefully mapped and monitored (even hour-by-hour) to patterns of demand. The Samaritans have adopted a system of call routing, using an 0845 (local rate) number, and our interviewees commented that, using this system, the engaged rate is only one percent so 99 percent of calls get straight through to a volunteer.

Given that capacity difficulties are a common experience for helpline services, it would be worthwhile for Parentline Plus to extend collaborative links with other providers, in order to explore together ways of meeting demand for their services. Collaboration could also offer some valuable opportunities for sharing service development strategies (for example, around call taker recruitment or training). Signposting services could be strengthened by the creation of stronger links between Parentline Plus and other information services, such as those offered by the Parenting Education and Support Forum and the Lone Parent Helpline. In addition, joint funding bids could perhaps be dedicated to supporting the ability of smaller specialist service providers to handle Parentline Plus referrals.

## Call taker recruitment

### Volunteers

While some interviewees did not report difficulties with call taker recruitment the majority described it as a struggle. One manager remarked that her recruitment target from Parentline Plus is for 40 new volunteers each year but she has never managed to recruit more than 25 annually. Others spoke of the difficulties of running group training courses with less than ten trainees. Recruitment appeared to be particularly difficult for call centres situated in non-urban areas. For example, the manager of one call centre observed that only 16,000 people live within six miles of her centre, so they have a very small catchment area from which to recruit. Another manager, with a call centre in a small town, asked *“where do we go to meet the targets?”* Equally, however, in more urban areas where other voluntary organisations – such as the Samaritans – have offices nearby, there was thought to be some competition for volunteers. In this, Parentline Plus’s specific focus on recruiting parents was seen as potentially advantageous. For example, one supervisor commented

*“the criterion of being a parent feels quite comfortable in a lot of people’s lives, so they feel they could do the work”*.

### Paid call takers

Recruitment of paid night-time call takers was said to be relatively easy for the call centre that employs this group of workers, although there were some difficulties thought to be characteristic of night shift work (e.g., transport, isolation). The night service is treated as distinct, because *“it has a very different personality”* in terms of the nature of the calls, which were said to be more distressed, and the working environment.

*“It’s usually three people in a very large office space with no other people around them... At night the relationship is the co-dependency of the night call takers on each other, and answering the calls and that’s it.”*

The manager of this call centre had recently recruited eleven new night call takers through a ‘fast track’ process, on the basis that they all had at least two years experience of *“professional parenting”* – for example, working for ChildLine, or within agencies providing Social Services, or with qualifications in child development or psychotherapy. These new recruits received 14 hours induction and technical training, and then observed two ten-hour shifts, before beginning work alongside a supervisor at night. As with other call takers, they will have a six-month probation period, but the manager commented that, given their individual experience, her supervisors would be able to tell very

quickly if a call taker was not suited to the work, and it was reported that this 'fast track' recruitment strategy had worked well.

### The view from other organisations

Issues around working with volunteers were discussed in interviews conducted in other organisations that used volunteer workers (e.g. the Samaritans, ChildLine) and by other respondents who had experience of working with volunteers (e.g. the Chief Executive of NFPI). As was evident in organisational interviews at Parentline Plus, there were common concerns, for example, around recruitment, which are possibly inherent in reliance on a volunteer workforce. At the Samaritans, for example, we were told that branch directors need to recruit and train volunteers three to four times a year in order to maintain volunteer levels. It can be difficult to increase numbers, because longer-serving volunteers take the opportunity to retire when new recruits join a branch, "so it's a continual process that goes on". The interviewee at ChildLine also remarked on the difficulty of expanding the volunteer base in order to increase call taking capability, commenting on the challenges of meeting targets for volunteer recruitment. Like Parentline Plus, ChildLine offsets the difficulty of matching volunteer availability to demand on the service by employing paid call takers to cover hard-to-fill shifts.

### Call taker retention

The employment of paid call takers was seen as necessary to ensure a 24-hour helpline service for Parentline Plus and, potentially, this strategy could address some concerns about the difficulties of volunteer retention. A central management interviewee estimated that volunteer turnover was about 25 percent a year. Some respondents in local call centres commented on loss of those who volunteer primarily for career development reasons. For example, one manager observed that people who volunteer because they are doing a counselling or social work course usually leave within a year. Several also raised concerns about drop-out during training, and the manager of a centre that employs paid call takers suggested that payment for the training period should be contingent on successfully completing probation. Some also commented on the need to make expectations of volunteers explicit up front, and that argument was reinforced by accounts of newly trained volunteers leaving the organisation because the commitment proved unmanageable. Financial concerns may also be a consideration for some volunteers. For example, we interviewed one relatively new call taker, a young lone parent, who found the helpline work very rewarding, and had aspirations to develop a career in counselling, but who was considering giving up in the near future. This respondent was planning instead to take a low-paid unskilled part-time job, because she needed the money.

This call taker's account of her goals indicates the potential value of the pilot work we heard described by the Chief Executive, aimed at developing links with training organisations, to provide recognition of helpline work as evidence towards qualifications such as NVQ Level Two in Advice and Guidance. Equally, Parentline Plus may wish to consider creating opportunities for paid helpline work in other call centres that currently rely on volunteers, in order to provide a route to career development and/or paid part-time work for some call takers. Were this decision to be taken, it may - at least initially - only be an appropriate step for those call centres that already have the infrastructure (e.g. in terms of phone lines and staffing) to support higher volumes of call taking.

Call centre managers' support for volunteers was seen as critical for retention, and in addition to the support frameworks noted previously, managers and supervisors endeavoured to accommodate volunteers' preferences for particular working times. Most of the volunteers and paid call takers we interviewed were generally happy with their choice of shift on the helpline, and felt well supported if they needed to miss a shift or change working times because of other commitments. One manager commented that, because her call centre was open every day, it was easy to match shift times to volunteer availability. Equally, choice of working times was restricted in those call centres that were open for fewer shifts during the week, and some volunteers in these centres commented that they found the limited options difficult to manage. In smaller centres that are open less often, lack of choice of working times might exacerbate difficulties with recruitment or retention of volunteers.

### The view from other organisations

The Chief Executive of NFPI, who has previous experience of working at ChildLine, observed that one of the difficulties of having a trained volunteer workforce is that "there comes a time when people are

*skilled up and they want to be paid for it*”, and this may be particularly pertinent if they are working alongside and doing the same tasks as paid staff. The costs of recruitment and training can outweigh the savings anticipated from using volunteers; when working at ChildLine she had compared the costs of volunteer and paid call takers, and found them to be *“about even”*.

Overall, however, there was limited agreement among respondents in their views of whether helplines should be staffed by volunteers or professionals, and advantages and disadvantages were cited for each approach. NHS Direct employs only paid call takers, many of whom are professionally qualified, but our interviewee there saw no problem with PLP using a volunteer workforce, providing they are adequately recruited, trained and supported. He suggested that volunteers must be able to make the necessary commitment to staff the helpline at times necessary to match call taker availability with demand, and a sufficiently long-term commitment to offset recruitment and training costs. Similar points were made by interviewees at the Samaritans, who reported that their history and profile helped to secure such commitment from volunteers. They acknowledged that competition for volunteers means that some of the smaller helplines can ‘lose out’, but felt that the specificity of the PLP helpline might be a benefit in recruiting volunteers who are parents. For the Samaritans, the key advantage of a volunteer workforce was summed up as follows:

*“I think we’re lucky, because it is volunteers who are giving their time, and they come and are selected and specially trained to do their job, that they have a passion to be there for the callers.”*

Other interviewees, from organisations providing more specialist services (for example, NHS Direct, Young Minds, NSPCC), commented that professional staff were necessary for their services, in order to meet the specialist needs of their callers, and achieve their desired outcomes. These telephone services have specific remits that clearly benefit from the professional skills of their qualified staff. Professional qualifications were seen as less important for service quality in wider ranging helplines such as ChildLine, and the Samaritans, and arguably this could also be true for Parentline Plus. That point was made by the Chief Executive of NFPI, who commented that paid staff can get *“too professionalised, or bored”*, and felt it would be a mistake for PLP or ChildLine to stop using volunteers.

## 7. Looking forward: conclusions and recommendations

This evaluation of Parentline Plus aimed to assess the work of the national helpline by examining organisational issues and assessing the quality of support provided by the helpline service in practice. More specifically, the evaluation addressed:

- the central organisation of Parentline Plus, drawing on information from senior management interviews and documentation;
- the organisation and management of helpline call centres, through interviews with local managers, helpline supervisors, and paid and voluntary call takers;
- the perspectives of key stakeholders representing organisations in the field of parenting and family support, and other telephone support services;
- secondary analysis of information about calls to the helpline, from data provided by Parentline Plus, which had been collected by BT, and by PLP call takers; and
- callers' experiences of Parentline Plus, through interviews with callers and analysis of taped calls to the helpline.

The conclusions and recommendations presented below should be viewed within the context of two key observations. The first of these relates to the history of the organisation. Parentline Plus has been formed relatively recently, with the support of the Home Office *Supporting Families* initiative (1998). As an organisation, Parentline Plus has achieved a great deal, through a period of rapid growth and change, in establishing a national 24-hour helpline service, and in bringing together the elements from which it was formed (for example, the independent Parentline UK branches that became Parentline Plus call centres). This evaluation therefore comes at an apposite time to inform the future development of Parentline and it must be recognised that this is an organisation in an active stage of its development. A second consideration is that the work reported here reflects the specifications of the evaluators' brief from the Home Office, and so our recommendations are concerned specifically with the effective development of the helpline service.

### The helpline

- Parentline Plus is providing a good quality helpline service, which is used by over 5,000 callers a month. Most of the callers to the helpline felt satisfied with the service they received, and felt 'helped' by having made the call. A significant group said it had impacted positively on their feelings about the problem, and in some cases, more directly on the problem.
- There was evidence, from the complex and severe nature of the problems that many callers telephoned about, that the helpline is dealing with a far higher level of need, and of otherwise unmet need, than had been envisaged when it was set up. To a large extent, callers are not the 'ordinary families' envisaged, 'needing encouragement and gentle support, and sometimes information and advice, in order to get on with the task of parenting'. About a third of the callers telephoned in crisis situations, and many others called about complex, chronic, and entrenched difficulties.
- There is good evidence that the helpline is reaching some excluded groups, in that (relative to the general population) it is disproportionately used by lone parents (and particularly lone fathers), parents in stepfamilies, and non-resident parents – all groups who are less likely to engage with traditional family support services, and groups that may be more sensitive to potential stigma in seeking help or support. There was also some evidence of social isolation (in terms of poor social networks) in many of the callers.

- There is less good evidence that the helpline is being used by callers from black and other minority ethnic groups, or those whose first language is not English. In fact, there is little facility or provision for callers whose first language is not English.
- It is not clear how well the helpline has achieved the Home Office aim of providing positive *practical* support for families (and indeed, unclear how much this is an aim of Parentline Plus). The issue of whether the helpline is there to offer advice in the form of practical strategies and other practical support, or just to be a 'positive listening ear' has not been wholly resolved within the organisation. In more than half the calls, call takers said they helped by providing ideas, and many callers felt that they had been given advice or strategies on how to manage their problem.
- It is difficult to quantify in any objective way, the positive impact of the helpline on people's lives, but the value of the helpline in enabling 'ventilation', and providing callers with someone to talk to, cannot be underestimated. This is reflected in the comments from many of the callers with whom we conducted follow-up interviews.
- The fact that over three-quarters of callers to the helpline are first time callers, suggests that the 'reach' of the helpline is increasing all the time, but public awareness of the organisation is still fairly low. The development of a higher profile is relevant to the recruitment of volunteers, and to fundraising activities, as well as to increasing the number of callers to the helpline.
- The paid and voluntary call takers interviewed clearly articulated a common set of values for the helpline, in terms of empathic listening, and enabling callers to move towards resolution of their difficulties.
- Analyses of taped calls suggested that most call takers are doing a good job. Organisational interviews within call centres reinforced those conclusions.
- The supervision system introduced by Parentline Plus appears to be generally effective and very widely appreciated. Supervisors play an important role in quality assurance for the helpline service, as does peer support from other call takers (for example, in group training and debriefing sessions, and in modelling good practice). Given the high level and potentially distressing nature of problems called about, it seems particularly important that support mechanisms for call takers are robust.

## Looking forward

Overall, the helpline appears to be working well and, as far as can be ascertained, is largely achieving its aims in relation to individual callers. The telephone helpline is, or should be, at the heart of Parentline Plus's activities, and at this stage of rapid development in the organisation it seems important that the finger is not taken off the pulse so that the helpline continues to thrive. We suggest that the organisational focus must not be taken off this important activity.

## Meeting demand for the helpline

Our analyses of Parentline Plus data on helpline use indicated a clear and steady increase in the number of successful calls (those that reached a call taker) over the 15 months to the end of December 2002. It is still the case that only a minority of calls get through, so while the situation has improved considerably, meeting caller demand remains the fundamental difficulty facing the helpline service.

It seems probable that the volume of successful calls will be increased most effectively by better matching of resources (in this case, call takers) with the pattern of helpline usage, in terms of when there are peaks and troughs in attempts to call the helpline, and Parentline Plus are already working towards this aim. Accurate matching requires better information on patterns of calls to the helpline, on an hourly, daily and seasonal basis. At the same time, other changes detailed below, in relation to more strategic changes in the balance of volunteers and paid workers, could also be worth exploring in order to meet demand for the helpline more effectively. Pressures relating to demand for the

helpline might also be ameliorated to some extent by the development of the Parentline Plus website, and in particular of a system for email enquiries.

### Helpline 'capacity'

Service delivery targets set out in the Home Office grant conditions for Parentline Plus refer to a theoretical 'capacity' of 500,000 calls a year. Capacity is a notional planning figure, which bears no apparent relation to the reality of call volume (for successful or attempted calls), and is based on a series of assumptions (e.g. about call length) that are known to be incorrect. Parentline Plus now has good data available to guide future planning, based on the actual characteristics of helpline usage. A theoretical calculation of capacity would appear to have little value for service planning, and we would suggest, instead, a closely specified approach to staged increments in service delivery targets, based on:

- the number of successful calls (those answered by call takers);
- the percentage of successful calls (against those reaching an answering machine or engaged tone);
- the actual average duration of all calls answered by call takers; and
- the average number of calls taken by a call taker over a shift.

While there is a need for further developments to increase helpline efficiency and the volume of successful calls, care is needed to ensure that these are not at the cost of quality, or indeed the support needs of call takers. Aspects of the service that callers appeared to value particularly highly included the chance to talk, and the listening skills of the call taker.

### Paid and volunteer call takers

We have commented on the need for Parentline Plus to come closer to meeting demand for the service, by increasing the volume of successful calls (those that reach call takers on the helpline), and this was said to have been constrained by difficulties in volunteer recruitment. Most of the stakeholders interviewed in linked organisations would not advise Parentline Plus to stop using a volunteer-led service, although those who worked with volunteers reported similar experiences around issues such as recruitment and retention. Parentline Plus has followed the ChildLine model of using a mix of paid and volunteer call takers, working alongside paid supervisors, so paid call takers cover hard-to-fill shifts, and run the overnight service. Given the history of Parentline UK as a network of voluntary organisations run by parents, the introduction by Parentline Plus of paid call takers necessitates a major cultural shift for the new organisation.

Effectively there are three categories of paid staff at Parentline Plus: sessional call takers (who include some volunteers, paid to cover occasional shifts in one centre); paid daytime call takers, who, by and large, began as volunteers for Parentline UK; and night call takers, not all of whom are parents, but who have 'professional parenting' experience. There are also questions about extending opportunities for paid call taking to other centres, that currently only engage volunteer call takers. Extending paid working to call centres that are currently only open for parts of the week could be cost effective, given that the infrastructure of these centres is already in place, and is unused at other times.

A shift towards paid call taking, including the employment of non-parents with relevant professional skills, raises several fundamental questions for the organisation of Parentline Plus. For example, do Parentline Plus call takers have to be parents? If paid call takers need not be parents, the extension of this principle to volunteers could create more opportunities for volunteer recruitment, for example, among students of relevant disciplines such as counselling. We heard of pilot schemes to form links with local colleges and universities, for example, in recognising helpline work within the evidence base for qualifications such as NVQ. Such links are potentially valuable, and are also indicative of a move towards the professionalisation of paid or unpaid call takers. Professional skills and experience beyond the Parentline Plus basic training may be particularly valuable for paid call takers, who handle very high volumes of calls, while working on the helpline for anything up to 30 hours a week. Most paid call takers work between ten and 20 hours each week, but they nevertheless will have distinct support needs, given the relatively large volume of calls that they take.

## Collaboration with other organisations

Our evaluation indicated that Parentline Plus could usefully explore creative and supportive approaches to collaboration with other providers of parenting and family support services. For example, signposting services could be strengthened if Parentline Plus were to invest in links with, for example, the information services offered by the Parenting Education and Support Forum and the Lone Parent Helpline. More effective collaboration would help to support referral to other helplines, and could offer some valuable opportunities for sharing service development strategies (for example, around recruitment or training). In addition, joint funding bids could perhaps be dedicated to supporting the ability of smaller service providers to handle Parentline Plus referrals.

## Policy messages

This evaluation of Parentline Plus clearly demonstrates a significant and high level of need among those who use the service. While the organisation's theoretical 'capacity' target bears no real relation to actual helpline usage, the number of successful callers has grown steadily, and a very significant number of people are helped each year, in dealing with complex high level problems. The complex family situations of many callers, for example, or the proportion that call about difficulties with teenage children, indicate that – despite low levels of public awareness – the universal accessibility of the freephone helpline is providing a route to support for those whose needs are not currently met by other forms of service provision. Pressures on statutory provision, for example, in primary health care and social services, can raise the thresholds for proactive involvement by professionals such as health visitors or social workers, such that families who are not identified by these professionals may not access the support and information that they badly need.

The Parentline Plus helpline still has some way to go to meet levels of demand for its service, and to generate wider awareness of the helpline within the general population. As such, it seems essential that the organisation has the support and security of funding necessary to ensure the future development of this universally accessible, anonymous, and non-stigmatising service. The stakeholders interviewed in linked organisations spoke of the vulnerability and pressures that may be associated with reliance on core funding from one source. For example, one commented that

*“the other thing that the broad [funding] base does allow us is independence, of course, from being influenced. Charities are set up to cater for a particular need, and sometimes if organisations are funded from one particular source, the agenda can be slightly skewed”.*

Equally, it may be difficult for Parentline Plus to plan long-term development or expansion of the helpline, while the service depends on flat levels of Home Office funding. Without collaboration from other sectors of government that are also concerned with the needs of parents and families, it may be difficult for Parentline Plus to secure significant funding for the helpline from other sources, not least because of the difficulties inherent in seeking local funding (e.g. from Councils with social services' responsibilities) for a national service. As a general policy point, Parentline Plus, and more specifically, the development of the helpline service may potentially benefit (for example, in terms of fundraising, public awareness, and information provision) from the recent joining together of different strands of government concerned with children and young people, within the Department for Education and Skills, and the establishment of a Minister for Children, Young People and Families.

In writing this report, we have avoided direct comparisons between helpline providers, but they may provide a useful context for our conclusions. The Parentline Plus helpline has neither the funding of NHS Direct (estimated to be £80 million annually), nor the 50-year history of the Samaritans. Parentline Plus has some considerable way to go before it reaches the call handling figures or profile of these organisations, but it has been established with a fraction of the money and has been in operation for just over three years. The findings of this evaluation indicate that Parentline Plus has achieved a great deal since it was established with the support of *Supporting Families*, and the organisation evidently succeeds in what we would argue is its primary function: providing a high-quality universal support service to callers with unmet needs and significant concerns about parenting issues, and enabling them to access other sources of information and support.

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