

supporting families since 1869



**Family Action and  
Home-Based Family Support:**  
*addressing the needs of the  
most vulnerable children  
and families*

June 2010

## About Family Action

Family Action is the UK's leading family charity. Since 1869 we have been meeting the changing needs of families. Today we help more than 45,000 vulnerable families and children every year, with more than 100 services based in communities across England. Family Action has a vision of a society where all families are free from disadvantage and social isolation. We believe that all families have the strength to overcome their difficulties – no matter how complex. Combining practical, emotional and financial help, we support each family according to their needs. We use this experience to campaign for a society free from disadvantage and social isolation.

This report was made possible by the research of Reema Mehta, Policy and Campaigns intern at Family Action from February – May 2010 and the contributions of Family Action workers and service users.

For more information please contact us at:

Family Action  
501-505 Kingsland Road  
London  
E8 4AU  
Tel: 020 7254 6251  
Web: [www.family-action.org.uk](http://www.family-action.org.uk)  
Email: [rhian.beynon@family-action.org.uk](mailto:rhian.beynon@family-action.org.uk) (Head of Policy and Campaigns)

## Contents

<b>Foreword</b>	4
<b>Recommendations</b>	6
<b>S's story</b>	7
<b>Family Action's model of family support</b>	8
<i>Who</i> benefits from home based family support?	8
<i>Why</i> home based family support?	9
<b>Specialist services</b>	10
Building Bridges	11
Valuing Families	13
<b>Outcomes: impact of our home-based family support</b>	14
Safeguarding children	14
Engaging the hard to reach	17
Child poverty and financial inclusion	18
Creating a pathway out of family support	19
<b>Conclusion</b>	21
Appendix: Family Action's family support services by region	22
References	25

## Foreword

By Family Action Chief Executive, Helen Dent CBE



In recent years public policy has been increasingly concerned with the family, from the Cabinet's Office's 'Think Family' programme under the Labour administration to the Conservative Party's response to 'Broken Britain'. Increasingly policy has been realised in practice with state support for children's centres, parenting classes and relationship education in schools.

This focus on the family generally is timely and greatly needed. However, amidst this it needs to be recognised that some families are especially vulnerable because:

- 1 As estimated by the Cabinet Office, 140,000 families (2%) across Britain include children experiencing multiple disadvantages.**
- 2 154,000 children in England live with a parent who has a severe and enduring mental health problem.**

We are pleased that Professor Eileen Munro has been asked by the Government to consider the principle of early intervention, including how interaction between social work teams and universal services for children and families can be improved; and how children's centres and health visitors can make sure that the families who need the specialist input of social workers are identified effectively.

In our experience, parents with the most severe needs, like mental health problems, may be unable to leave the house at all, let alone seek out and attend parenting classes or groups that are based in children's centres. Our intensive support, given in their own homes, by our trained professionals, can be vital to their immediate ability to access parenting support and assure the well-being of their children, as well as eventually enabling them to take part in mainstream services, like children's centres.

At a time of restricted resources, with cuts being made, or in the offing, it is vital that service commissioners and policy-makers do not shut the door on the most vulnerable parents and their children. We argue here that our home-based family support services and more universal services such as children's centres are essential compliments to each other and together represent a cost-effective way of responding to the most vulnerable families.

For example recent Cafcass figures show an increase in the local authorities instigating care proceedings, which are costly in themselves, as are the resulting care orders with foster care at £25,000 a year and a residential home place more than £100,000 (costs quoted by the Children's Schools and Families Committee 2009). Evidence tells us that successful outcomes for children and young people are reduced if they are looked after by the state, and as Professor Munro has said: "If we can help the family become safe enough for the child then that's the better option for the child. If you ask children whether they wish they could have

stayed with their birth family then that's what they would have liked – but to stay with their family and not be abused”.

Care proceedings can be prevented if vulnerable parents get the help they need in time. This report demonstrates how Family Action's home-based family support services deliver such interventions for the most vulnerable parents and children in England, enabling a vital shift from crisis to preventative action and costing a fraction of the cost of care proceedings and state care.



**Helen Dent CBE**  
**Chief Executive, Family Action**

## Recommendations:

### Extending the scope of home-based support

This report will demonstrate the value of home-based family support in reaching families with multiple needs and keeping them together safely in the family home and improving outcomes for children and parents. Our recommendations are:

1. There should be more investment in home-based family support as part of the early intervention mix. It is essential to obtaining a full picture of the various difficulties a vulnerable family is experiencing as well as engaging them in the process of overcoming these difficulties and engaging them with all the services that can support them.
2. We welcome the appointment of Professor Eileen Munro to lead the Government's review of child protection. Her review should consider the contribution of the Family Action home-based family support model to safeguarding and the early intervention mix.
3. Local authorities should properly fund home-based family support programmes for families with mental health problems and learning difficulties. They are among small numbers of families with multiple problems, but they often have the greatest needs and highest cost in the long term if their difficulties are not addressed.
4. All children's centres should be linked to provision of home-based family support for hard-to-reach families in their areas to reach families with multiple needs.
5. Adults with mental health problems, learning disabilities and substance misuse problems should be promptly assessed by adult services for the support they need.
6. Those who are assessed should not only be assessed by adult social services but also by children's services for any parenting support needs that they might have, and the need for these to be located in their homes.
7. Midwifery and health visitor services and specialist services, such as those for drug and alcohol misuse, should be linked to home-based family support so that early identification of parenting difficulties and post-natal depression can be addressed comprehensively.
8. The greatest number of children on child protection plans are for neglect, and neglect remains the most under-treated of child protection issues. Monitoring families where concern exists is not enough: home-based support is needed to help improve parenting so as to safeguard, and improve the outcomes of, children.
9. The Government's Child Poverty Strategy and the local authority strategies for tackling child poverty should consider the contribution of the Family Action family support model to generating financial inclusion and pathways to employment and training
10. All parents who are being required to seek work as a condition of Jobseekers' Allowance or Employment and Support Allowance, and are recognised as being in need, should be offered an assessment for home-based parenting support. Their personalised job-seeking agreements should be structured so that they are able to avail themselves of this if this is needed

## S's story

S is a single mother of four with a clinically depressive illness. One of her children, aged nine, has learning disabilities, another aged six has physical disabilities and her youngest child (aged four) has behavioural problems. S is an ex-drug user, who has been "clean" for six years. She was referred by social services to one of Family Action's family support services linked to a children's centre we also run.

The FSW (family support worker) helped S establish household routines, and made wall charts to help S remember to do daily chores. As she got more used to managing the house, she relied on the rota less.

S suffered from a lot of guilt about her past as a drug user, making it difficult to discipline her oldest child (aged 15), who is still angry about her mother's drug use. The FSW worked with S to use behavioural and reward charts to monitor her children's behaviour with sanctions such as "time out" and removing privileges, and praise and rewards for good behaviour. While the children are still challenging, they understand their mum's boundaries and their behaviour has improved.

### *Starting in the home*

S is certain that it was the home-based element of the family support service that enabled her to access our support. Had she been offered family support within the centre, the workers "wouldn't have picked up on half of what was going on" as she would "have pretended that everything was fine". Moreover, she would only have gone into the centre if she felt able to leave the house that day. S now attends a lone parent's group in the centre where she is learning more about the importance of effective parenting

### *Integrating services*

When S used drugs, she was supported by a drug and alcohol programme. When she ceased using drugs the programme support was rapidly withdrawn as it was assumed that she was fit to care for her children. But S had started using drugs in the first place because of her depression. Once "clean" she felt depressed again. She had a breakdown, which was when she was referred to Family Action.

K, a drugs and alcohol programme worker based in the children's centre, now also works with S. She says that "there's *always* been a gap" between the individual and family support drug-users require to lead a successful substance free life. K moved her programme to the children's centre we run because of the ability to coordinate her support for parents like S with that of our family support workers.

## Family Action's model of family support

We run family support services like the one that helps S in eight regions across England often in areas with the highest levels of child poverty. Home-based family support is the main, or an element of, the service provided to around 50% or some 15,000 of our parent service users.

As well as the general professional home-based family support service, we run two specialist models:

- 1 Building Bridges – when one or both parents have mental health problems;
- 2 Valuing Families – when one or both parents have learning disabilities

However our model of family support is always committed to *early intervention*; focused on the *family* and based in the *home* because it is primarily what happens in the family home, early in life, that affects the ability of an individual to live and grow safely, and realise potential.

Our priority is to **safeguard** children. However, our home-based support also delivers other important outcomes, such as **tackling poverty**; **reaching hard-to-reach parents so that they engage with mainstream services** and establish new social networks; and **encouraging aspiration by parents and their children to training and employment opportunities** which will provide them, as well as society, with positive long-term returns.

Family support services are often tailored to the needs of local commissioners and to succeed as part of multi-agency partnerships involving children's centres and other services. For example where we run the Cambridge Road Children's Centre in Southend we also provide linked home-based family support and a drugs and alcohol service alongside a single mum's group and a crèche.

### ***Who* benefits from home-based family support?**

The Cabinet Office's Families at Risk review (March 2007) used a 'basket of disadvantage indicators' in considering the situation of families with children:

- 1 no parent in the family is in work;
- 2 family lives in poor quality or overcrowded housing;
- 3 no parent has any qualifications;
- 4 mother has mental health problems;
- 5 at least one parent has a long-standing limiting illness, disability or infirmity;
- 6 family has low income (below 60% median);
- 7 family cannot afford a number of food and clothing items.

Children from families with five or more disadvantages are at a significantly increased risk of social exclusion. These are also the families who we are most likely to assist through home-based support.

## *Why home-based family support?*

### **1. Child attachment and the family**

Attachment theories and studies of child development emphasise the significance of the family situation to a child's wellbeing, showing us that **"children's emotional understanding and social competence emerge out of interactions with their main caregivers"** (Howe et al, 1999).

What this means for social work practice is clear: **"we need to move away from fears that expressing an interest in the parents may mean losing the focus on the child"** (ibid). Early intervention that takes into account the needs of the whole family can have the greatest benefits for those children at risk.

### **2. Support in the home**

S's story highlights that families with complex problems can only be fully supported once we have a full and true picture of what is happening in the family home in terms of household organisation and parent-child relationships.

As a result of the current lack of join up between adult and children's services, S's parenting needs and mental health problems were overlooked for some time and so allowed to escalate. Children's centres are not in themselves always able to engage the most disadvantaged families, as recently highlighted by the National Audit Office (2009).

Delivering some of the support such families receive in their homes means that:

- 1 We gain a better and fuller understanding of their needs and what is preventing them from engaging in the world outside the home;
- 2 The families access information about services and what is available; and
- 3 They get support in engaging with mainstream services like children's centres.

## Specialist Services

### Home support for parents with mental health problems: Family Action's Building Bridges

**154,000 children in England live with a parent with a severe and enduring mental health problem.**

- 1 They are more likely to live in poverty: only 24% of adults with long-term mental health problems are in paid employment
- 2 Those children whose mothers have depression and schizophrenia may experience developmental delays in language, motor skills and concentration. (Cooper 1998, Sheppard 1993, Webster 1992)
- 3 Their emotional and social development can be affected through insecure parent-child attachment, and can be linked to their own increased rate of psychiatric illness (Bowlby 1966)
- 4 They are at risk of child abuse which is linked to maternal depression (Reder & Duncan 1999)

Good practice guidance suggests that adults' services take a lead role in responding to the support needs of parents with mental health problems (SCIE resource guide 9, Supporting Disabled Parents, Morris/Wates 2007). This requires that eligibility criteria for adults' services take parenting needs into account so that significant children's welfare problems are prevented from arising; and that the parent should be a key partner in the process of planning the provision of services.

This practice is often not realised; and some parents with mental health problems or learning difficulties do not receive the support of statutory services until the situation has deteriorated to the extent that child protection issues have arisen. A Ministry of Justice study has shown that the mental health of a parent may be a factor in around a third of care proceedings (Masson et al 2008)

It should be stressed that parents with mental health difficulties can be good parents. However any potential risk to the child is greatly reduced if a parent is supported to gain insight into the risk their condition presents, organise the household to reduce stress and parent positively (Cassell and Coleman 1995). This is why Building Bridges was established. Here is how it works in practice:

## Case study

Mrs A, mother of a two year old girl, had previously been hospitalised for her psychotic condition, was overweight, anxious, housebound, and reliant on her husband. Both parents were employed and the family had significant debts. Their daughter had language development and behavioural problems.

We helped Mrs A to understand her mental health condition better and to establish routines based on earlier waking and more exercise, which are known to improve mental health. Both parents learned the importance of playing with their daughter in more creative ways and how their inconsistent parenting approaches contributed to her behavioural problems.

Their daughter's speech and behaviour improved so that she was ready to attend nursery. Mrs A is swimming regularly, and studying childcare. The couple are both volunteering, and have been helped to reduce their debt, and have obtained better quality permanent housing.

## Building Bridges

Since Building Bridges began in 1999 in Lewisham, it has grown to twelve projects across England and has been applauded as a good practice by the Centre for Excellence in Outcomes and by SCIE's 2009 guidance for working with parents with mental health problems, 'Think child, think parent, think family'.

### Building Bridges services

1. Meet the needs of **families where parents have profound, enduring mental health problems,**
2. **Intervene early** to reduce the escalation of an adult's mental health problems, and improve the safeguarding and development outcomes for children
3. Are delivered by **NVQ Level 3 qualified staff**, supervised and supported by qualified social workers.
4. Adapt to the **needs of minority groups**, for example in Tower Hamlets helping Bangladeshi parents to communicate with formal services.
5. Use **internationally validated clinical tools** to measure the effects of service intervention.
6. **Are cost-effective**, typically costing up to £5,000 a year a family compared to £25,000 for foster care or more than £100,000 for residential care if a child has to be removed from the family home following sectioning of a parent.

## Issues and outcomes

The independent evaluation of Building Bridges (Morris, 2007) measured the impact of the service on the family through the Index of Family Relationships (parents), the Kansas Parental Satisfaction Scale (parents), the Rosenberg Self-Esteem scale (children 11 and over), and the Depression Rating Scale (children under 11). The impact on the wider community has been assessed through the number of children on the local child protection register and the number of adults on the care programme approach.

During the period under study, the most common issues requiring support related to parenting (68%), emotional stress (67.5%) and child behaviour/ relationship issues (63%). At the time of the evaluation, there were 159 parents for whom the Index of Family Relationships questionnaire had been completed at both the start and the end of their contact with the service. 53% of these parents had clinically significant family relationship problems when they were referred. This had fallen to 31% at close of the work with them. An analysis of additional data in 2008, doubling the sample, confirmed the positive impact of this model of working with disadvantaged families.

### Home support for parents with learning disabilities: Family Action's Valuing Families

**According to Mencap, up to 250,000 parents in the UK have a learning disability.** Often, they miss out on services because their needs are undiagnosed or not considered 'critical'. A 2005 survey for the NHS Health and Social Care Information centre revealed that only 52% of parents with learning disabilities had not had their children taken into alternative care. This is how Valuing Families can help prevent this arising:

*Two children were not attending school regularly, and the school were 'worried about the children' who were often bullied and called names because of excessive body odour. We found the house was untidy, basic furniture was broken, and there was no food in the house. The level of concern was so high that there were twelve workers from various agencies involved with the family but their efforts were uncoordinated. The mother was trying to do all they recommended and not succeeding. It transpired she had learning difficulties, could read none of the letters that had been sent and was struggling with household organisation. We brought all twelve agencies together and devised an action plan and agreed priorities starting with paying the rent and school. We helped her budget and clean the house. We bought school uniforms and an alarm clock, took pictures of the children in their uniforms and pinned it to the door so that they could check all was in place as they left the house. School attendance required setting routines. We started by going in at 5pm to set a programme of being together alone as a family for tea at 5.30, watching TV for an hour, getting fresh clothes out for the children for the next day and bathing and putting them to bed by 8 with a story. We bought an alarm clock and taught them all to tell the time. We taught the mother basic cooking ideas and organised the kitchen into breakfast, lunch and tea cupboards with pictures.*

## Valuing Families

Valuing Families has been commissioned by Leicestershire Council since 2003 to provide support for parents with learning disabilities across the county and has worked with 70 families and 100 children.

Most referrals are made by social services and primary care trusts. This model is validated by the Good Practice Guidance on working with parents with a learning disability published by DoH and DfES in 2007

### How it works

Workers visit families at least weekly, in their homes, observe parents' childcare routines and draw up care plans based on parents' views and level of need.

The most important tool of the Valuing Families service is **communication**. Parents with learning disabilities often comment that other services' communication is poor and their written information inaccessible.

Images are used to communicate key messages to parents, particularly around domestic routines, helping parents to understand and remember them:

- 1 "For bedtime, we use wall charts with sequential pictures, such as milk and biscuits, a toothbrush, pyjamas, a cuddle and a song or story... We explain the sequence to parents and why, for example, they should read and sing with children." (Family Action FSW)
- 2 All parents are given personalised recipe folders, with step-by-step pictorial instructions and explanations of key cooking terms, and are supported in shopping for and preparing nutritious meals for their children.
- 3 Parents are taught how to manage their finances, involving budgeting, bulk buying and meal planning.
- 4 Families are linked in with other services, which are made aware of their needs; for example contacting schools, to inform them that they need to send information to parents in accessible formats.

## Outcomes

### Impact of Family Action's home-based family support

#### 1. Safeguarding children

Our services **protect children by supporting vulnerable parents**. By working to improve the care-giving environment at home, we can improve children's situations before the necessity for care orders, arises. Much of our activity focuses on tackling the risk of neglect when parents or the main care givers fail to provide children with sufficient food, warmth, safety from harm, or other basic needs.

##### *Improving parenting and addressing neglect*

Our project in North Birmingham, funded by Birmingham City Council, works with social services referrals, where the main focus must be on a child or children under 12 years.

The support is tightly structured, with the FSW initially meeting with the social worker and the family to set specific goals to work towards. The overall aim is to *prevent* children from being removed from the home.

- 1 For the first six weeks, the FSW works intensively with the family, making two to three home visits per week, including in the early morning or at weekends.
- 2 For the next six weeks, support is generally scaled back to one home visit per week.
- 3 A formal review takes place every six weeks.

##### *Intensive family support work/Level Four cases*

The Building Bridges service in Coventry works exclusively with the most serious cases, level four referrals from social services,

In its first nine months of operation since 2009, the service:

- 1 had 27 referrals, and delivered support to 23 families, which included 68 children and 43 adults;
- 2 provided on average 18.5 weeks and 56 hours to each family with which work was completed (21 families);
- 3 systematically engaged on an intensive level with families two, three or four times a week.

In the first nine months of the Coventry service, the key issues identified were:

- 1 finance (100% of referrals)
- 2 domestic abuse
- 3 substance misuse
- 4 housing needs

The service works with situations in which there is an identified high level of risk and chronic neglect within the family:

- 1 69% of children currently involved in cases before the court
- 2 59% of children with safeguarding plans
- 3 6% of children identified as children in need
- 4 50% of children in local authority care (looked after)

The service's main aim is to ensure children live with their families when safe to do so. In the first 9 months, 22 of the 68 children worked with were successfully maintained at home.

#### *Case study 1*

The family includes three children aged 18, 12 and 10, their mother and the father of the two younger children. All three children were in local authority care: at the point of referral Family Action took over supervised contact sessions in the family home, providing three or four sessions a week to the family at various times between 7am and 9.30pm, Monday to Saturday. Once overnight stays were introduced the FSW went in the late evening to see the children into bed, then returned the next morning to support early morning routines. The FSW assisted the parents with managing the children's behaviour, setting routines and boundaries. She also supported both parents to provide continuity of care so the children were able to enjoy activities outside of school and the home.

As part of the exit strategy, Family Action arranged a Family Group Conference (FGC) to support the parents in maintaining their children at home. The FSW also provided an interim and full statement to the court with the opinion that the parents had the capacity to parent and safeguard their children appropriately; This view was supported by the Local Authority. The children went on to have extended periods of unsupervised contact with their parents and the Local Authority made an application for the children's return to their parents' care full time with a supervision order.

#### *Case study 2*

The family was composed of two boys, aged three and five years, and their mother, with maternal grandparents living close by. The house was badly kept, the children unkempt, and their nursery attendance erratic. The mother had difficulties managing behaviour and boundaries, and there were two large untrained dogs in the home. The FSW started by providing practical support to the mother to improve home conditions. She liaised with the housing department, helped the mother to clean and paint the property and, obtained some funding for her to purchase beds and bedding.

Throughout her work the FSW built a relationship with the maternal grandparents. When it became clear that the mother was not sustaining the necessary changes, she asked to meet the grandparents, and an agreement was reached whereby they would assist the mother with routines, mealtimes and managing the children's behaviour. Following this there were some improvements. However, overall concerns remained so the social services obtained an interim care order.

The FSW prepared a detailed report of her involvement and was present at court. The judge acknowledged that her evidence had been very beneficial in assisting with the decision-making process and her opinion was sought as to the most appropriate care for the boys in the short term. The Court accepted her recommendation that it would be in the boys' best interest to live with their maternal grandparents and have contact with their mother.

The FSW was able to maintain a positive working relationship with the mother despite the outcome. Her work with the maternal grandparents proved invaluable in ensuring the boys were maintained within a stable, secure environment but continued contact with their mother and helped avoid them avoid a residential placement or foster carers not known to the family.

### *Domestic abuse*

Domestic abuse is where one individual maintains power and control over another, using behaviours like emotional cruelty, financial control or sexual and physical abuse. This is a major concern for child safeguarding because, according to Refuge:

- 1 Around 25% of women are subject to domestic abuse during their lifetime.
- 2 Abuse is more likely to occur during pregnancy or when there are children in the household.
- 3 In 80% of cases, children are in the same or next room when abuse occurs.
- 4 Half of all children living in abusive households will themselves be victims of abuse.
- 5 The impact on children who witness abuse or are themselves abused is significant and can affect their emotional and educational development. In addition two women a week including mothers are killed as a result of this abuse.

The prevalent nature of domestic abuse is apparent in the frequency with which it occurs in the families referred to our support services, for example, between 1 April 2009 and 31 March 2010, domestic abuse presented in 103 of the 166 cases referred to our Whitstable and Herne Bay Family Support Service.

One of the most striking elements of carrying out home-based family support is that it often uncovers "hidden" domestic abuse. A victim of abuse is often not able to acknowledge their situation until they trust one of our FSWs.

*For example our Islington service received a self-referral by a mother with a six-year-old daughter, who was also caring for her elderly disabled mother. The mother was very stressed and depressed and the family was living in poor, cramped conditions.*

*As she built up a trusting relationship with the FSW, the mother disclosed that she had suffered domestic abuse and that her daughter was the result of a rape. As a child, the mother had been genitally mutilated and she was very concerned that her extended family might try to abduct her daughter and subject her to this too.*

*The FSW arranged weekly counselling sessions for her. She referred the child to Children's*

*Social Care, arranged a multi-agency Strategy Meeting, and put safeguarding strategies in place. The mother told us, "I was wandering the streets crying and no-one was helping me. Then I found your service and you saved my life."*

## 2. Engaging families with multiple problems

*Many families with multiple problems are hard-to-reach and do not engage readily with mainstream services, but they are often the families that need services the most. Our home base model of work successfully reaches them and as part of the programme we help them to build links and access mainstream community services.*

### *Children's Centres*

Several of our home-based support services are located in children's centres, with Family Action both running the centre and/or delivering services from the centre. Where this sits alongside other specialist services this promotes higher than average engagement of the most deprived groups

For example our family support service in Southend is based in the Children's Centre, which we also manage. The centre is located in the most affluent area of the ward, but most families who use its services live outside it. New families come to the centre on a weekly basis. 66 per cent of those engaging with our Southend centre come from the most deprived groups and the take-up from ethnic minority groups is running at double those of other centres in the borough. This ensures that hard-to-reach groups' take up of services in the centre is substantial. Their participation rate is 40-100 percent in the specialist women's services, job centre advice, assertive parenting course and Mothers on Their Own Group.

### *Black and Minority groups*

Around one-third of the users of our family support services are of black or minority ethnic origin. Patterns of clients' ethnicity vary according to the areas in which projects are based, so many support a far greater proportion of BME clients than this.

In successfully reaching out to parents from BME groups, our family support services indirectly address their low uptake of other services, as we progress families from family support into universal services. For example:

- 1 BME engagement is 16% at the Southend Cambridge Road Children's Centre compared to 8% for other children's centres in the local authority.
- 2 Our Slough project works in an area with a large, established Asian community, whose newer members often experience social isolation and deprivation. It actively works to engage people through community networks, with a FSW from the Muslim community leading an innovative approach to increase engagement with parenting skills, alongside the formation of a thriving Asian Women's Group
- 3 Many of the workers at the Tower Hamlets Building Bridges service come from the

- local Bangladeshi community. All 11 active users of the service in the third quarter of 2009 were of minority ethnic origin, with nine of these coming from a Bangladeshi background. The service recruits family support workers from the community which we serve who can work with the family in their own language and understand cultural norms which can be significant in obtaining engagement.
- 4 Our Liverpool service runs three community surgeries, one of which is held in the local mosque; this means that the most frequent source of referrals is the Imam.

### *Young parents*

Our Hackney Young Families Support Service (HYFSS) supports parents under 19 years.

- 1 A 2008 independent evaluation of the service identifies one of its strengths as “the proactive way in which it engaged with other services and its prominence in voluntary and statutory sector networks throughout the borough.”
- 2 The evaluation includes voices of external stakeholders, who assert that no other services in Hackney exist which provide similar support to the HYFSS and work to the same remit
- 3 Our support to young parents encourages them to reflect on having further children and undertaking work and training. Alongside the efforts of other partners this has contributed to a drop of a fifth in the teenage pregnancy rate in the borough

### *Joining up the approach to the hard-to-reach*

Our Islington Children’s Support Service provides support to 70 families and acts as Lead Professional for 65% of its more complex cases. It regularly sets up and facilitates ‘team around the child’ meetings (TACs) and chases up other professionals on behalf of its clients. An illiterate father, sole carer of his son recently self-referred because he had been unable to communicate his need for support clearly to social services and felt bounced from one service to another Family Action’s co-ordinated several TAC meetings to put together a multi-agency plan of support. The father said: **“You got people together and finally people are listening to me.”**

## **3. Tackling child poverty and financial inclusion**

According to End Child Poverty Campaign, the UK has one of the worst child poverty rates in the industrialised world:

- 1 4 million or 30% of children live in poverty
- 2 59% of poor children live in a household where at least one adult works
- 3 The proportion of children living in poverty grew from 1 in 10 in 1979 to 1 in 3 in 1998

The caring environment is often unsuitable for children as a result of financial deprivation. Some of the work done by our family support services to address child neglect thus centres on financial inclusion, for example through education on household budgeting; ensuring families

are receiving the correct benefits and grants; and promoting financial independence by exploring opportunities for education, training or employment.

#### Budgeting education

The Family Support Service in Gorleston, Norfolk recently ran an initiative, 'Frugal February', during which parents using the support service and FSWs worked together to think of creative, practical, long term ways in which families could reduce their spending.

#### *Providing information and signposting*

The family support service based at our children's centre in Essex aims to implement a clear pathway of financial support for each family receiving home support. This begins with the FSW doing an initial income audit, within the home and supporting the family is to attend the Citizen's Advice Bureau and debt agencies as necessary. Parents are also supported in their contact with companies like utilities.

#### *Preparing families for financial independence*

As we describe below ensuring vulnerable adults feel positive about their skills is the first step to ensuring they are ready to look for opportunities to volunteer and train and become work-ready. This is an important aspect of our anti-poverty work.

### **4. Creating a pathway out of family support for parents and children**

We believe that an important outcome of our work, is to help create pathways out of family support, routing parents and children into mainstream group and universal services, and educational, training, and employment opportunities

#### *Parental self-development and participation*

Many of our projects run regular parental fora where disadvantaged and isolated parents can come together to:

- 1 discuss issues regarding children and families
- 2 have say in local service development
- 3 plan holiday activities
- 4 receive information about services
- 5 receive training
- 6 give each other peer support

Family Action has developed a participation strategy which is aimed at ensuring more of our service users have meaningful opportunities to contribute to the design, delivery and evaluation of the family support and other services we provide.

Wandsworth Borough Council currently commissions Family Action to run **Parental Involvement Services (PIS)** as part of the borough's children's centres in Roehampton and Battersea. These work to:

- 1 Increase the number of families on the centre register;
- 2 Encourage families to use the centre services; and
- 3 Support parents to become involved in the organisation of children's centre services, for example participating in strategic meetings and staff interviews.

Family support workers based at Roehampton children's centre in Wandsworth look to route parents they have worked with to our Parental Involvement Service (PIS), also based at the centre. In 2009, the PIS coordinator ran two **Volunteer Training Course** courses, training a total of 22 volunteers. From this group for example:

- 1 CB started volunteering with the Young Mum's Group. She has registered with Putney Crèche and Wandsworth Voluntary Sector Development Agency to do an NVQ III in Health and Social Care
- 2 LS began her volunteer placement with Eastwood Nursery School in December 2009. She has signed up to Wandsworth Train2Gain on NVQ III in Childcare and Teachers Assistants and began coursework, under the supervision of an assessor, in January 2010

### *Supporting achievement by young people*

In Gorleston, Norfolk we run a mentoring service as well as a family support service. The family support service was providing parenting support to a family in which the troubled 14-year-old son was failing to attend school, and had the reading age of a seven year old. The FSW realised he had ambitions to be a mechanic, which "no one seemed to notice." She liaised with the mentoring service, the boy's school and Connexions to support him to achieve the necessary grades. His behaviour improved because he felt that adults were supporting him to achieve his ambition.

## Conclusion

### *Expanding the scope for family support in early intervention*

As Family Action's experience shows, professional home-based support can make a difference to the lives of vulnerable families from ensuring the safeguarding of children to empowering their parents to participate in their communities, whether using local services or volunteering or work. Family-based home-based support has a vital role to play in the early intervention mix and to breaking the cycle of poverty and disadvantage for thousands of families.

Home-based family support is an appropriate intervention for families with children experiencing difficulties at various points in the lifecycle of the family. It is holistic in supporting practical, emotional and financial needs, reaches out and engages marginalised families and promotes the safe development of children in families with difficulties ranging from mental health problems to learning difficulties. It works alongside and adds value to the work of other services such as children's centres, health professionals such as health visitors, and specialists, for example those working in the field of substance misuse.

## Appendix

### Family Action's family support services by region

Region	Project	Service	
North West	Family Action Liverpool	Connecting Families	
		Partners in Parenting	
	Family Action Manchester	Early Intervention Team	
		In Time	
		Partners in Parenting	
	Yorkshire and Humberside	Family Action Rochdale	Miles Platting and Ancoats Children's Centre Family Support
			Family Support Middleton and Heywood
Family Action Barnsley		Family Support Rochdale	
		Bereavement	
		Early Intervention	
		My Place	
		Family Action Bradford	SODASA Project
East Midlands	Family Action Sheffield	ADHD Project	
		Family Support	
	Family Action Leicester	Sure Start Parenting	
		Domestic Abuse Family Support	
		Leicester Building Bridges	
		Leicester Children's Support	
		Moving Forward	
Two Halves One Whole			
Valuing Families			
Baby Beginnings			
Rapid Response			
Family Action Lincolnshire	Boston Building Bridges	Break the Cycle	
		Lincoln Building Bridges	

	Family Action Nottinghamshire	Ladybrook Children's Centre Family Support
		Pleasley Hill Children's Centre Family Support
West Midlands	Family Action Birmingham	East Birmingham
		North Birmingham
	Family Action Coventry	Coventry Building Bridges
East Anglia	Family Action Norfolk	Cambridge Road Children's Centre Family Support
		Gorleston Family Support
		Swaffham WellFamily
	Family Action Peterborough	Hampton Children's Centre Family Support
		Honeyhill WellFamily
		Orton WellFamily
		Rural WellFamily
		Stanground WellFamily
		Werrington and Wellborne WellFamily
	Family Action Suffolk and Great Yarmouth	Lowestoft WellFamily
		Waveney Family Support
North East London	Family Action Hackney	Hackney Building Bridges
		Hackney Young Families Support Service
	Family Action Newham	Newham Building Bridges
	Family Action Tower Hamlets	Carers Connect Project
		Family Behaviour Support
		Tower Hamlets Building Bridges
North West London	Family Action Haringey	Haringey Family Support Service
	Family Action Islington	Islington Children's Support Service
	Family Action Luton	Luton Building Bridges
South East London	South East London	Greenwich Building Bridges
		Lambeth Family Outreach

		Lewisham Building Bridges
		Southwark Building Bridges
		NEWPIN
		Perinatal support project - Southwark
South West London	South West London	Battersea Family Support
		Chesterton School Family Support
		Granard Primary School Family Support
		Normand Croft Community School Family Support
		Roehampton and Putney Family Support
		West Hill Children's Centre Family Support
South East	Family Action Kent	Dartford Family Support
		Edenbridge Building Bridges
		Faversham Family Support
		Whitstable and Herne Bay Family Support
	Children and Family Centre, Sheerness	Sheppey Family Support
		Sheppey Young Person's Project
South West	Family Action Slough	Slough Family Support

## References

- Action for Children (2010), *Deprivation and risk: the case for early intervention*
- Action for Children and the new economics foundation (2009), *Backing the Future: why investing in children is good for us all*, Action for Children and NEF.
- Allen, G. and Duncan Smith, I. (2008), *Early Intervention: Good Parents, Great Kids, Better Citizens*, Centre for Social Justice and the Smith Institute
- Bowlby J (1966) *Maternal Care and mental health*, Shocken
- Cabinet Office Social Exclusion Task Force (2007), *Reaching Out: Think Family, Analysis and Themes from the Families at Risk Review*
- Cabinet Office Social Exclusion Task Force (2008a), *Think Family: Improving the life chances of families at risk*
- Cabinet Office Social Exclusion Task Force (2008b), *Think Family: A literature review of whole family approaches*
- Cassell, D. and Coleman, R. (1995), 'Parents with Psychiatric Problems', *Assessment of Parental Psychiatric and Psychological Contributions*, Reder and Lucey (eds), (Blackwell Synergy)
- Children, Schools and Families Committee (2009), *Looked-after Children – Third Report*
- Clay, D. (2008), *An Evaluation of the Hackney Young Families Service, A report for Family Action*, Action Research Limited
- Cooper, P and Murray J (1998) *Postnatal depression* British Medical Journal 316 (7148) 1884-1886
- Department for Children, Schools and Families (2009a), *Children looked after in England (including adoption and care leavers) year ending 31 March 2009*
- Department for Children, Schools and Families (2009b), *NEET Statistics Quarterly Brief*
- Department for Children, Schools and Families (2010), *Early Intervention: Securing good outcomes for all children and young people*
- Emerson, E. *et al.* (2005), *Adults with Learning Difficulties in England 2003/4*
- Family Action, Coventry Building Bridges (2009), *Annual Report 2009*
- Family Action, Faversham Family Support Services (2009), *Review Report for 15<sup>th</sup> October 2009*

- Howe, D., Brandon, M., Hinings, D. and Schofield, G. (1999), *Attachment Theory, Child Maltreatment and Family Support* (Basingstoke: Palgrave Macmillan)
- King's Fund (2008), *Paying the Price: The cost of mental health care in England to 2026*
- Masson *et al.* (2008), *Care Profiling Study*, Ministry of Justice Research Series 4/08
- McGaw, S. and Newman, T. (2005), *What works for parents with learning difficulties?*
- Morris, J. (2007), *Building Bridges Evaluation July 2007*
- National Audit Office (2009), *Sure Start children's centres, Memorandum for the Children, Schools and Families Committee*
- Sheppard, M (1993) *Maternal depression and child care: the significance for social work and social work research*. *Adoption and Fostering* 17(2) 10-15
- Social Care Institute for Excellence Research Briefing 23: *Stress and resilience factors in parents with mental health problems and their children*
- Webster J (1992) *Split in two: experiences of the children of schizophrenic mothers*. *British Journal of Social Work* 22(3), 309-329