



Building stronger families

# Impact Report | Issue 1

## Transforming lives



## Transforming lives by building stronger families

**Family Action carries out vital work with some of the UK's most vulnerable children and families. Since joining the organisation in 2013, I've spent time talking to many of our service users, visiting our projects, extending our service provision and securing new funding, so we can continue to fulfil our aim of building stronger families.**

I'm hugely motivated by both the enormity of the issues some children and families face, and by the impact Family Action has in helping them find a way forward.

Family Action does not shy away from difficulty. We always seek to empower children and families to address their issues – which often include a combination of mental ill health, domestic abuse, substance misuse and poverty.

It's a time of growth and exciting new opportunities for our charity. We've achieved a great deal since we were founded in 1869. At the same time we remain very much a charity of today, driven by a desire to innovate, make an impact, and reach more and more children and families who need our practical, financial and emotional support.

More than ever, it's crucial that our work is recognised for the difference it makes to people's lives. That's why I'm proud to introduce this, our first Impact Report. Describing the contribution of our core services, it's the first in a series of reports that will document how the impact we make can become ever-stronger over time.

**David Holmes CBE**  
Chief Executive

**"I'm hugely motivated by both the enormity of the issues some children and families face, and by the impact Family Action has in helping them find a way forward."**

## A special word from the Chairman of Trustees

**"As we approach our 150th anniversary in 2019, it's a time for reflection but also anticipation, as we look forward to our continued development."**

**Family Action is a magnificent charity. I say this not only as chairman, but as an individual humbled by the care and compassion that's demonstrated throughout the charity's work.**

As we approach our 150th anniversary in 2019, it's a time for reflection but also anticipation, as we look forward to our continued development.

Our history is remarkable. We created much of the infrastructure that strengthens vulnerable families today, including the first social work teams and the first Citizens Advice Bureau. Our ambition for the future is no less great.

Under David's leadership we're even more determined to grow, to reach more children and families, and to increase our impact. We're building a stronger organisation and workforce, stronger systems and impact measurement, stronger services and partnerships, and a stronger focus on innovation.

The need for Family Action's services today remains acute. We live in a society where demand for our services never stops growing. If we're to meet this growing demand we must continue to adapt and innovate, and demonstrate why our services deserve to be funded.

This is a time for charities to be bold, to drive forward and show their worth. This first Impact Report amply demonstrates how Family Action is building stronger families, supporting vulnerable people and local communities, and transforming lives. I hope you enjoy reading it and that it will inspire you to support this great charity.

**Bryan Portman**  
Chairman of Trustees



# About Family Action

Family Action is a charity committed to **building stronger families by delivering innovative and effective services and support that reaches out to many of the UK's most vulnerable people.**

We seek to empower people and communities to address their issues and challenges through practical, financial and emotional help.

We were founded in 1869 but are just as relevant today as we continue to fulfil our core aim of meeting the changing needs of families with understanding and respect.

Family Action has a clear vision and mission which are supported by strong values. These values are reflected in everything we do.

## Our vision

is that everyone who comes to us will receive the help they need to tackle the challenges they face, whilst giving them a voice and recognising their real-life experiences.

## Our mission

is to provide services and financial support which will strengthen and improve the life chances of those who are poor, disadvantaged or socially isolated, seeking to empower those we work with to help them look forward to the future.

We embrace our values and behaviours in all our work, as well as in our professional relationships by always:

- **Being people focused**
- **Reflecting a 'can do' approach**
- **Striving for excellence in everything we do**
- **Having mutual respect for everyone we work with, work for and support through our services**



**We work with over 45,000 families through around 120 community-based services, and support thousands more with financial assistance through our grant programmes.**

**We can evidence significant impact across our four specialist service areas. This inaugural Impact Report focuses on a successful one from each.**

## Our services

Our specialist areas include Early Years, Children and Families, Adult Mental Health and Wellbeing, and Grants programmes.

**Early Years**  
We offer support from pregnancy through to preparing children for school. Included are perinatal services, working with women at risk of postnatal depression, and managing Children's Centres.

**Children and Families**  
We offer services to whole families. This includes intensive family support like our Troubled Families programmes, and our Young Carers service which helps young carers and their families.

**Adult Mental Health and Wellbeing**  
We support adults by providing a range of practical, emotional and financial help. Our WellFamily service offers advice and support on non-medical issues.

**Grant programmes**  
We offer emergency cash grants to people in crisis, as well as education grants and a Deputy and Trustee Service.



# Effective measurement

It's vital that we measure the impact we have. It ensures we effectively assess not only the value of our support, but the difference it makes to people's lives.



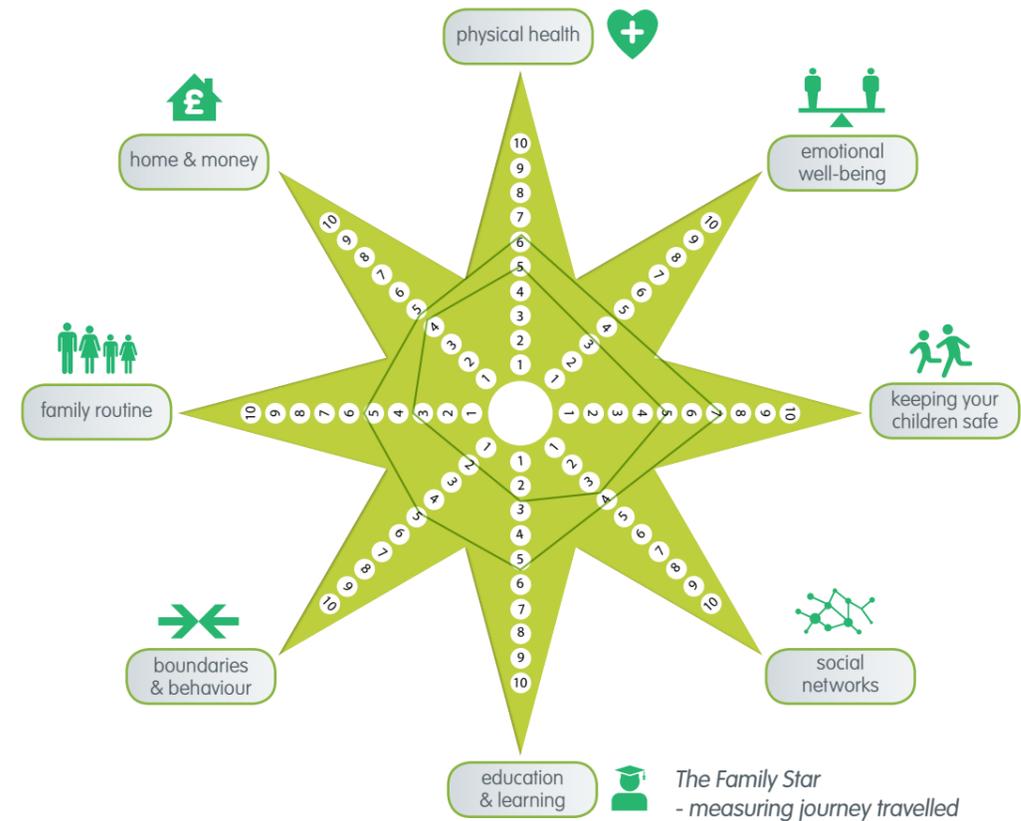
More than just counting numbers, impact is the **long-term contribution** we can make to:

- The lives of service users.
- The communities they live in.
- Reducing the need for further care and support in the future.

Our services are innovative, and by focusing on interventions that improve outcomes in these areas, we can have a positive effect on the lives of service users, on those who commission our services, and on those who create policy and influence change.

- We focus on designing the right interventions by:
- 1 **Identifying the problem** that needs to be solved.
  - 2 Understanding what research has found to be a good solution to, or ineffective in, **tackling the problem.**
  - 3 Implementing an effective **solution to the problem.**
  - 4 Showing that the solution works, and highlighting **the long-term difference it makes.**

Applying this approach ensures the services we provide meet a real need in society, improve outcomes and have a demonstrable impact.



## Measurement tools

We use a range of tools to measure outcomes. For our **Family Support** work, we frequently use The Family Star (™ Triangle Consulting Social Enterprise). This measures the changes achieved by a family following Family Action's support.

We complete the Family Star in collaboration with parents when we begin working with them. Then again at a midway review point, and again when the family no longer needs our support.



Together, Family Action and parents identify **three Key Outcome Areas (KOAs)** on the Family Star, in order to focus support on **where it's needed most.**

- Measurement tools we use for our **Perinatal Service** include:
- The Hospital Anxiety and Depression Scale (HADS)
  - Maternal Social Support Index (MSSI)
  - Mothers Object Relations Scale (MORS)
  - Warwick Edinburgh Mental-Wellbeing Scale (WEMWS)
  - The Rosenberg Self Esteem Scale
- These are used in combination at the start and end of intervention to measure anxiety, depression, attachment, mental wellbeing and self esteem in mothers.

- Measurement tools we use for our **WellFamily Service** include:
- The GAD7 screening tool, to identify the presence and extent of generalised anxiety disorder.
  - The Patient Health Questionnaire (PHQ9), to measure the incidence of depression.
  - The Clinical Outcomes Routine Evaluation (CORE10), to measure the intensity/severity of anxiety, depression, trauma, physical problems, functioning and risk to self.

We also use the Recovery Star for mental health.



## Early Years

PERINATAL SUPPORT SERVICE

### AT A GLANCE

Volunteer befrienders supporting mothers with social, emotional and practical help.

- Significant reduction in anxiety and depression levels
- Higher level of social support
- Significant improvement in mother-baby warmth
- Quantified financial benefit up to £4,393 per mother supported

**Maternal depression is a serious health issue**, which can turn into a lifelong illness if not treated. It's also proven to increase risks to an unborn child **and the safe development of a newborn baby**.

### Identifying the problem

Research suggests that around 10 - 14% of mothers are affected by mental illnesses during pregnancy or after the birth of a baby<sup>1</sup>.

**Anxiety and depression in pregnancy are strongly associated with adverse outcomes, including preterm and low birth weight, and insecure and disorganised attachment. These can lead to health, behaviour and development problems later in life.**

### Tackling the problem

While NHS perinatal services are often available to women with serious mental health difficulties, there is limited support for those with mild to moderate problems. Family Action recognises there is a key role to play in supporting all women with anxiety and depression during the perinatal period.

Supporting the mother (and partner or wider family whenever possible) is recognised as being crucial during this time period. Research also suggests that interventions that focus on the baby, as well as on parental depression, can greatly improve parent-child interaction.

**Anxiety and depression in pregnancy are strongly associated with adverse outcomes for children.**



**10-14%  
MOTHERS  
AFFECTED**



**OUR SOLUTION**  
Emotional support  
Guidance on parenting  
Practical help and advice

### Solutions to the problem

Family Action's Perinatal Support Service is an early intervention/low intensity service for those with low level (mild to moderate) diagnosed mental health issues, or who are at risk of developing perinatal depression. **We work with families from before the baby is born to at least one year after, depending on need.**

The service is led by a professional co-ordinator with a health and social care background. Support comes from a team of volunteer befrienders with experience of parenthood, who've sometimes received help from the service themselves.

The volunteers are managed by a professional co-ordinator. They receive regular reviews, and can:

- Offer the mother regular emotional support. This leads to the mother becoming more emotionally available for their baby and other family members, and reduces their social isolation.
- Observe how the mother responds to her baby, and offer guidance on how she can better relate to and parent her baby.
- Help the mother take the baby and other children outside the home, so they can make use of things like health services, shops, parks and children's centres.
- Give the mother support with issues that concern them. For example, benefits and housing.

Safeguarding, training and regular supervision of volunteers are key standards.

- The service works well alongside **primary care**, because of the close access to GPs, health visitors and midwives.
- The service works alongside the **Family Nurse Partnership (FNP)** pathway as a complementary, wraparound service or as a tier-down service. It's also able to work with women who don't meet FNP criteria, for example those over 19 years old and/or having their second child.
- The service co-ordinator can provide an in-reach service to a mother and baby hospital, provide early advice and guidance, and introduce the volunteer befriender following discharge.
- The service works well when located in children's centres. It enhances early years' provision as part of a multi-agency team, and engages vulnerable families in interventions from the earliest stages.

**The service works closely with midwives, health visitors, GPs, children's centres and existing perinatal teams, to enhance what is already available to families.**



## Early Years PERINATAL SUPPORT SERVICE



### The difference it makes

A randomised control trial of the Newpin<sup>2</sup> service (from which the Perinatal Support Service evolved) found that women vulnerable to perinatal depression who received social support were half as likely as those in the control group to experience the onset of depression serious enough to warrant anti-depressants, or to remain without recovery from depression during the 12-month study period.

An independent evaluation<sup>3</sup> of Family Action's Perinatal Support Services across the country reported:

- 88% of service users followed up showed a reduced score for anxiety, while 59% showed a reduced score for depression on the HAD (Hospital Anxiety and Depression) scale.
- 47% of service users followed up showed a higher level of social support on the MSSSI (Maternal Social Support Index) scale.
- There is a significant improvement in mother-baby warmth.
- Befrienders report that they gained in confidence from volunteering. At one service site, on leaving the project 100% of volunteers have moved into education, employment or training, including social work and teaching degrees.

Our service is highly rated by everyone involved, and appears to be filling a significant gap in service provision for women who need it.

A health visitor in Hackney said:

"Some depression stems from factors health visitors don't have time to address. ... Family Action paired Stella with a befriender called Florence who helped her get the kids out of the house. She helped her apply for a grant for her twins and relocate to a flat with a working lift. Now when Stella comes to my clinic there is a happy smiling woman, so completely different to the one I referred."

**"Perinatal services are definitely the future and Family Action is ahead of the game...offering something completely unique in terms of volunteer delivered services. The holistic and flexible nature of the support on offer was highly valued."**

Professor Jane Barlow, Warwick Medical School

A C4EO validation report<sup>4</sup> said that the overwhelming message from interviews with service recipients was that of relief and gratitude:

**"To have somewhere to go once a week, meet other people and offload your problems to. Somebody to get you to understand that it's not you that's a bad person. It's support. Without having the project coordinator and the other girls there to understand, I don't know where I'd be now."** – Service User

Most recently, a Pro-Bono Economics report<sup>5</sup> demonstrated that our Perinatal Support Service is cost effective in reducing postnatal depression. There is evidence linking the reduction to a wide range of short- and long-term benefits for parents, their children and society at large.

The quantified benefits are estimated to be<sup>6</sup>:

- £2,429 for each mother who receives support.
- £4,383 when wellbeing-related costs are included.

These figures demonstrate that the benefits of Family Action's Perinatal Support Service to families and society as a whole exceed the average cost of providing support – £2,230. This is even before taking into account the long-term positive effects on both mother and child.

### So what now?

There is considerable demand for perinatal support services of this type. It should be available to all families who need it.

Our Perinatal Support Service has broader eligibility criteria than Family Nurse Partnership services. It's therefore well placed to complement FNP services, with a greater emphasis on early intervention in the antenatal period.

**"Midwives receive good training in the mental health issues affecting new mums. The challenge is finding the resources to support them within the community. Family Action's solution is a smart way of adding extra value to the essential community health services we provide"**.

Midwife, Nottinghamshire



<sup>1</sup> Joint Commissioning Panel for Mental Health (2012). Guidance for commissioners of Perinatal Mental Health Services

<sup>2</sup> Putting Newpin to the test, Dr Tirril Harris in Newpin: Uniting Care Burnside 2008

<sup>3</sup> Professor Jane Barlow, Warwick Medical School, 2012

<sup>4</sup> www.c4eo.org.uk/themes/earlyintervention

<sup>5</sup> Pro Bono Economics, Economic Assessment of the Potential Benefits from Family Action Interventions for Women at Risk of Perinatal Depression, 2014

<sup>6</sup> Pro Bono Economics, Economic Assessment of the Potential Benefits from Family Action Interventions for Women at Risk of Perinatal Depression, 2014



# Children and Families

## FAMILY SUPPORT SERVICES

### AT A GLANCE

A whole-family approach empowering families with complex needs to reach their full potential.

- Significant reductions in care programmes, child protection plans and children entering care
- Increase in school attendance
- Improvement across all key outcome areas on the Family Star
- Quantifiable financial benefit to the Department of Education, local authorities and the NHS

### Identifying the problem

Strong, stable, loving families provide children with the security they need to flourish and fulfil their potential. However, some families have many difficulties, including mental health problems, domestic abuse, concerns around parenting, problems engaging with education, relationship, emotional or physical welfare issues, and financial hardship. These factors are associated with poor long-term outcomes for children, in particular:

- **Health problems** associated with low self-esteem, depression, anxiety and obesity, and high-risk health behaviours such as smoking, substance misuse and sexually risky behaviour.
- **Behaviour problems** associated with anti-social behaviour, poor social relationships and criminality.
- Learning difficulties, including frequent absenteeism from school, leading to **poor educational attainment**.

### Tackling the problem

Complex family difficulties can require costly state interventions such as child protection, entry into state care, educational support and NHS mental health support.

By way of example, the estimated cost to the taxpayer of providing services to 'Troubled Families' is £9 billion a year, of which £8 billion is spent reacting to issues and £1 billion trying to tackle them<sup>7</sup>.

Many adults with enduring mental health difficulties and other chronic health conditions are also parents. If they reach crisis point, the costs to them, their children, health and social services can be significant.

Family Action's Family Support Services, including our range of 'Troubled Families' services, help families by:

- Joining up local services.
- Dealing with each family's problems as a whole rather than responding to each problem, or person, separately.
- Appointing a single key worker to work with the family, in order to understand their problems and work intensively with them to change their lives for the better.
- Using a variety of methods – depending on what works best – eg to challenge poor behaviour and help the family move forward.



### Solutions to the problem

Family Action's Family Support Services aim to strengthen families and communities, build skills and resilience, and prevent family breakdown if children go into care. Designed to meet the needs of families with multiple, complex needs, and improve the lives of children and their parents, the services work by:

- Starting from the family's own perspective of the action they need to take.
- Providing home-based, practical but flexible support tailored to the family's needs, including evening or early morning home visits, to help establish positive routines.
- Providing relationship support and activities for children and parents.
- Providing targeted, time-limited, short-term interventions.
- Ensuring a multi-agency approach, led by qualified Family Support Workers.
- Using the Family Star as the primary outcomes measurement tool.

**Where education issues were a reason for referral, school attendance increased on average by 6%**

### The difference it makes

A Family Support Evaluation<sup>8</sup> analysis showed that Family Action's Family Support Services resulted in:

- A 53% reduction in needing a care programme approach.
- A 46% reduction in child protection plans.
- A 30% reduction in children entering local authority care.
- A 48% reduction in providing a common assessment framework team around the child – single agency.
- A 33% reduction in providing a common assessment team around the child – multi-agency
- A 46% reduction in registered children in need.

What's more, an internal evaluation<sup>9</sup> of Family Action's data identified that school attendance increased by an average of 4% – from 84% at referral to 88% at closure. As at April 2014, our data showed that **where education issues were a reason for referral, school attendance increased on average by 6%** from 79% at referral to 85% at closure (85% school attendance being a key figure for success at school).

Families made a median progression of two points on the Family Star tool, moving from:

- **Trying** – where families recognise that it is up to them to improve things for their children. They are trying new things but may feel apprehensive and give up quickly.
- To **Finding what works** – where families are learning what works and what doesn't with their children, and are managing to be reasonably consistent.

A C4EO analysis<sup>10</sup> of Building Bridges, (a Family Action Family Support Service) which features in their Grasping the Nettle report, showed that: "Over the course of one year, 40 families can be supported by Family Action's Building Bridges service at a cost of £3,500 per family<sup>11</sup>. Over two years, the estimated savings to the Department for Education and local authority are £114,400, to the Department for Work and Pensions are £158,400, and to the NHS are £67,200."



# Children and Families

## FAMILY SUPPORT SERVICES

### So what now?

Family Action's services demonstrate immediate, cost-effective improvements in key areas, and a positive impact on children and families.

We've made presentations to the Public Accounts Committee about delivering support to Troubled Families, and shared our knowledge broadly.

We have consistently highlighted the following issues:

- **The criteria for the inclusion of families should be changed.** Many local authorities have recognised that domestic abuse, mental health or parenting capacity are important factors for these families, and have included them as criteria. We know that for the families we work with these are big issues – over half of families in our Newham service are affected by domestic abuse, while 75% in Birmingham have mental health issues.
- **The Troubled Families programme should cater for different levels of need, with step-up and step-down services.** Our services vary in length. For example, in Birmingham it's 3–6 months, in Newham it's 6–9 months, in Lincolnshire it's 1 year plus. We've seen that families achieve better outcomes when there is follow-up support. Also, not many families are at the violent extreme. There is a spectrum, and we need a flexible service to reflect this.
- Our Family Star tool can measure progress made against national outcomes and other important factors related to parenting capacity. **In our experience the journey towards improved outcomes is just as important as the end result, and can save money for taxpayers in the long term.** For example, better parenting means it's less likely that children will have the same problems as their parents. The average Family Star for the Newham service showed that over 6 months they moved from 'stuck' to 'trying to change' – but had not yet completely succeeded.

Family Action firmly believes that targeted, skilled, intensive Family Support services are a vital component of any local service portfolio.

### CASE FILE



#### North Kent Intensive Family Support Services: Daniel's\* Story

##### Reasons for referral

- **Family routine:** There are no routines in the home. Mum struggles with Daniel's behaviour. Daniel is on the autistic spectrum.
- **Home and money:** The family's benefit payments have been stopped. They are at risk of eviction.
- **Learning:** Daniel misses a lot of school (76% attendance).
- **Social networks:** Mum and Daniel care for each other, but Mum feels isolated as she has no transport. She cries a lot in front of Daniel.

##### Services provided: 7 home visits + 1 school visit

- **Family routine:** Worker supported Mum to put strategies in place for morning and bedtime routines.
- **Home and money:** Worker liaised with external agency to resolve the housing situation. Helped Mum apply for benefits she was entitled to.
- **Learning:** Mum supported to put a strategy in place to help Daniel return to school after the summer. Worker emphasised the importance of attending school. Mum and worker sought to motivate Daniel to want to return to school.
- **Social networks:** Mum provided with information on Freedom Pass to improve her mobility and reduce her isolation. Worker encouraged Mum to allow Daniel to have social interaction outside the home.

##### Outcomes achieved:

- **Family routine:** Mum has morning and bedtime routines in place, and now has strategies to deal with Daniel's behaviour.
- **Home and Money:** Benefit payments are dealt with. The family is no longer at risk of eviction.
- **Learning:** Daniel's school attendance increased to 95%.
- **Social networks:** Mum is more mobile, so feels less isolated. Mum is letting Daniel take part in activities through school.

\*Name has been changed to preserve confidentiality.

### CASE FILE



#### West Lindsey Family Support: Lucy\* and Mum

##### Reasons for Referral

- **Emotional wellbeing:** Lucy's relationship with her Mum is strained, and she does not speak to her Dad. There is a lack of emotional warmth in the home.
- **Boundaries and behaviour:** Lucy doesn't take instruction from adults, and becomes angry and abusive when asked to do so. Lucy engages in persistent bad behaviour at school. Mum is unable to instil boundaries in the home due to Lucy's behaviour.
- **Social networks:** Lucy spends a lot of time alone in her room and does not attend after-school clubs or local activities. Mum is concerned that Lucy's friends are a bad influence.

##### Services provided: 7 home visits

- **Emotional wellbeing:** Lucy's views were listened to, and she completed My Star. Mum was encouraged to seek medical support for depression.
- **Boundaries and behaviour:** Structure and rules were discussed. Mum was given some strategies to manage Lucy's emotional behaviour. A reward chart was implemented.
- **Social networks:** The worker encouraged Mum and Lucy to discuss things they have in common. A calendar of activities they can enjoy together was planned.

##### Outcomes achieved:

- **Emotional wellbeing:** Lucy and Mum's relationship has improved, and things are much calmer at home.
- **Boundaries and behaviour:** Lucy is responding well to the rules and rewards implemented in the home. Mum and Dad are parenting more consistently. Mum is working hard to get Lucy back into school.
- **Social networks:** Lucy and Mum are trying to do more positive activities together.

**Mum:** "[It] was good for both me and my daughter. Having someone for us both to talk to"

**Lucy:** "It's been helpful and really changed things around the house".

\*Name has been changed to preserve confidentiality.



<sup>7</sup> www.politicshome.com/uk/article/95775/pac\_government\_may\_miss\_troubled\_families\_targets\_unless\_successful\_delivery\_speeds\_up.html

<sup>8</sup> Building Bridges Evaluation 2011 - www.family-action.org.uk/impact

<sup>9</sup> Internal Family Support Evaluation 2013 - www.family-action.org.uk/impact

<sup>10</sup> C4EO, Grasping the Nettle: early intervention for children, families and communities.

<sup>11</sup> Applies to the top end of Family Action's Family Support work



# Adult Mental Health and Wellbeing

WELLFAMILY

## AT A GLANCE

Promoting health and wellbeing through support services in community-based settings.

- Significant reduction in repeat or inappropriate GP visits
- Decreased reliance on mental health services
- 99% of GPs would recommend the service
- £5.96 social return for every £1 invested in WellFamily

## Identifying the problem

Doctors and health professionals are under constant pressure to respond to the needs of patients. However, **complex psychosocial problems and long-term conditions are not always best treated by clinical intervention.** For many disadvantaged and isolated people, social and emotional support would be a better solution than NHS services.

Such patients are excessively high users of health services, often accessing these services for social rather than medical reasons. This has significant cost implications for the NHS, bearing in mind GP consultancy costs up to £300 per hour<sup>12</sup> - taking into account referrals, prescriptions and overheads.

## Tackling the problem

For those whose problems do not fit the eligibility criteria of other agencies or professionals, WellFamily is a service to which they can be referred. It provides a single point of entry for a range of health and wellbeing needs - so users with complex problems don't need to deal with a number of agencies. It tackles the social problems underpinning medical referrals, offering help at an early stage to prevent more serious problems developing.

Key interventions provided by our WellFamily service include:

- Advice and information regarding housing, debt, welfare benefits and employment support.
- Counselling for emotional problems, including anxiety, depression, bereavement and relationship difficulties.
- Promotion of leisure, social and physical activities, and volunteering opportunities.
- Signposting and referral to other services.
- Carer support and peer support.

WellFamily can be jointly commissioned and **it supports a wide range of indicators across the NHS, Adult Social Care and Public Health and Commissioning frameworks.**

By integrating WellFamily with Primary Care, using the emergency medical services (EMS) system, Family Action has enabled a swift referral and follow-up process.

When located in hospital Accident and Emergency Units, it can work as part of a triage system.

WellFamily also works effectively in Community Hospital settings - where people can be made aware of other services covering higher, medium or lower intensity pathways.



## The difference it makes

There is clear evidence that WellFamily achieves clinically significant impact on patients' wellbeing and social adjustment, and represents a cost-effective investment.

The 2014 Independent Evaluation of Hackney WellFamily Service<sup>12</sup> highlighted statistically significant evidence of a reduction in the following scores:

- GAD7 (presence of generalised anxiety disorder); reduction from 12.3 to 9.9
- PHQ9 (recognition and diagnosis of the most common mental disorders); reduction from 13.8 to 10.7
- CORE10 (measurement of emotional distress); reduction from 20 to 15

WellFamily is highly regarded by referrers and service users - with 90% of respondents stating commissioners should give high or very high priority to continued funding of the WellFamily service. It achieves cost-effective, positive outcomes, including reduced mental health symptoms, enhanced social recovery, and a reduction in the use of specialist services.

The evaluation of the WellFamily service also showed that:

- 9 of 10 GPs report reduction of repeat or inappropriate visits
- 70% reduction in unnecessary GP visits
- 25% of people show a decreased reliance on mental health services
- 99% of GPs would recommend WellFamily to another practice.
- Around 81% of service users felt the service had mostly or definitely helped them achieve their goals in relation to the issues they presented.
- 81% of service users rated service quality as excellent, while a further 18% of respondents rated the service quality as good.
- WellFamily typically costs £55 per hour, compared to GP costs of up to £300 per hour.
- For every £1 invested in Wellfamily, there is a social return of £5.96.

## So what now?

**Family Action aims to extend WellFamily outside Primary Care.**

By dealing with the practical issues that act as a barrier to addressing underlying problems, the service can help prepare individuals for therapeutic counselling. It can therefore supplement the Improving Access to Psychological Therapies (IAPT) pathway, or function as triage for IAPT.

It is a good model for early intervention for children and young people. It can be used in the criminal justice system to address emotional ill health and promote social reintegration, and also when dealing with those with dementia.

Through Accident and Emergency provision, we aim to address patients' psychosocial problems and divert people to more appropriate cost-effective support and intervention.

**"WellFamily is a great resource for addressing patients' welfare and signposting to the patients and doctors the available services in the community for support. By addressing the social circumstances of my patients, WellFamily helps me reduce my workload and be more effective."**  
Dr C, GP, Hackney.





# Adult Mental Health and Wellbeing

WELLFAMILY

## CASE FILE



**Name:** John\*  
**Age:** 54  
**Gender:** Male  
**Ethnic category:** British or mixed British

John was suffering with depression and anxiety. His second marriage had broken down. He explained that things between him and his wife had not been very good for many years. They have two children, aged 12 and 15.

John was having difficulty motivating himself, and was also punishing himself for accusing his wife of having an affair with his best friend. When his wife had a miscarriage he accused her of carrying his best friend's baby. He had left the family home and was no longer in regular employment. He was homeless and staying with a friend.

Together, we explored John's feelings, thoughts and behaviours. His mixed emotions had started to effect his eating and sleeping. He began using new coping strategies and problem-solving in order to manage his feelings effectively.

His wife, with whom he found it difficult to communicate without conflict, had stopped him having contact with their children. He said that he wanted to be involved with them, so together we explored the effects conflict between adults can have on children.

We also supported him to strengthen his existing relationships with his family and friends. He had begun questioning his mental health, and found it very scary. John was seen by psychiatrist at the surgery, and after a couple of sessions was discharged.

### Mental wellbeing outcomes

John started contacting people he knew in the painting and decorating industry, to enquire about getting regular work. He also decreased his reliance on the mental health services.

#### ■ Improved quality of life, confidence and self-esteem

John started to feel focused and motivated. This enabled him to get back to painting and decorating, and he has now been offered work. He experienced less conflict through better communication with his wife. He was worrying less and is now feeling a lot more optimistic.

#### ■ Increased ability to manage own mental distress

John became mindful of his negative thought processes, so has become more rational when he finds himself thinking negatively. He has started enjoying life again and he's able to communicate with others a lot more calmly. With his GP, he'll be discussing reducing his anti-depression tablets.

*\*Name has been changed to preserve confidentiality.*



## CASE FILE



**Name:** Abele\*  
**Age:** 58  
**Gender:** Female  
**Ethnic category:** African

Abele requested help in appealing against a decision to deny her Employment Support Allowance. We advised her to keep a diary of her medication and her medical issues, as she would have to present these when she appeared before a tribunal in a few months' time.

Abele's mental wellbeing was very poor. She saw no hope for the future, and was in a great deal of pain from fibromyalgia. She takes lots of pain medication, and was aware that her condition was getting worse. She was humiliated by how much she depended on her children's assistance, and tried hard to conceal her mental anguish from them. However, she had no other means of emotional support. She was quite low emotionally, though she was resistant to taking anti-depressants on top of the other medication she depended on.

We submitted an appeal letter to ESA, which was granted. Abele received a higher rate mobility allowance as well as a carer's allowance, both indefinitely. Her visits to our service dropped drastically, but we continued intermittent telephone contact. The case was closed over Easter.

### Mental wellbeing outcomes

Abele's mental wellbeing is much improved. So too is that of her daughters, as they're relieved of some of the burden of looking after their mother. The balance of the parent/child relationship has been restored. The youngest child, who was struggling with balancing her duties at home with her school work, reports that she is very relieved that her mother can afford home help.

They are a loving family, and the children, especially the daughters, had been very worried about their mother's future. Abele visits her GP for maintenance of her illness, but reports a greater feeling of self-esteem and independence. She feels much better being less dependent on her children, especially as her older daughters are in tertiary education and/or raising families of their own.

#### ■ Improved quality of life, confidence and self-esteem

Abele's confidence and self-esteem have improved greatly, mainly because she no longer feels like a burden on her family. She worked for decades in this country and never claimed any benefits. When her physical ailments prevented her from continuing to work, she lived with chronic and debilitating fibromyalgia for years, before being persuaded that she should apply for help.

#### ■ Increased ability to manage own mental distress

Abele's mental distress is mostly the result of chronic pain, but her forced dependence on her children exacerbated it. Although her physical condition has deteriorated in the time that we've been working together, her ability to manage her mental distress has improved, as she no longer feels a burden on her family. She feels independent and more hopeful. The ESA award has greatly contributed to her sense of wellbeing and hope for the future. Her ability to manage her own mental distress has led to stronger relationships with her family and friends.

*\*Name has been changed to preserve confidentiality.*



With funding from the Lankelly Chase Foundation, Family Action has established the Open Doors Grants Programme. By means of cash grants, this supports individuals who are facing severe and multiple disadvantage.

The grants are offered to individuals as part of a wider package of support provided by selected partners. The programme started in October 2013, and aims to disburse approximately 460 grants per year, with an average value of £250 per grant.

We commissioned Nef Consulting to undertake an evaluation of the programme over its three-year tenure. Titled the Theory of Change report, this will measure the programme's effectiveness and explain the impact the grants have on recipients within the wider support of the partner organisations.



**£250**

Average value per grant

**460**

Grants per year



### Open Doors Theory of Change report

To date, feedback confirms that people accessing the Open Doors Grants programme greatly benefit from the small-scale financial assistance it offers. The report itself links the relationship between investment, activities, outputs and outcomes. As the evidence base for the work progresses, Family Action will highlight its findings in future Impact Reports, to build a long-term study.

Though much has changed since Family Action was founded in 1869, the challenges faced by those living in poverty have a stark resemblance to those of the early years.

The need for emergency cash grants at a time of crisis can make all the difference to people finding a way forward in their lives, and help them avoid further critical situations.

### CASE FILE



**Annie\*** had experienced domestic violence and was desperate to get away from her abusive partner. Unfortunately when she left the house they shared she quickly became homeless.

She moved into a hostel but it wasn't long before she fell in with the wrong crowd and started abusing alcohol. Annie went to St Mungo's for help and they were able to support her in looking for volunteering opportunities and also a permanent home so that she could start rebuilding her life.

Annie was keen to make sure her new home was well equipped, safe and secure so that she

wouldn't be tempted to go back to her abusive partner; however, no statutory grants were available to support her make the move and get settled.

Annie was referred to Family Action to apply for one of their Open Door grants. She was awarded £350, which she spent on a flooring for her new home.

Annie is about to start a college course to develop her employability skills and has told Family Action she really believes that without the grant she would have most certainly started drinking again and more than likely gone back to her ex-partner.

# What happens next

**Demonstrating Family Action’s long-term effects is fundamentally important to our work as a charity. To this end, we are continuing with our programme of evaluation and research to measure the impact we have across our services even further.**

Theory tells us that early interventions focused on improving short- as well as long-term outcomes can have a significant positive impact on the lives of service users and their communities. Working with a leading university, we will work even harder to understand and explain how effective we are at improving outcomes.

Family Action staff will continue to collect, measure and analyse the outcomes of their work. A highly effective case management system is being rolled out across our services. This has already provided significant improvements in case management, safeguarding practice and outcomes measurement.

Over 70% of our services now routinely measure their outcomes, and we expect this to reach 100% by the end of this year. An extensive training programme is currently under way, to ensure our staff are equipped to put outcomes at the heart of their professional practice.



Over the next 5 years, leading up to our 150th anniversary, we will produce a series of Impact Reports that will cover the full range of our services. Each will focus on the need for a particular service, the evidence that it works, and the long-term difference it makes.

**Our success will be measured not by our income or even by our reach. It will be demonstrated by how we make a real, long-term difference to the lives of our service users and the communities they live in.**



## Get involved

There are many ways you can **get involved with Family Action**. By doing so, you'll help **make a real difference** to vulnerable people across England.

### Volunteering

Throughout our amazing history, volunteering has been an essential component in the effective delivery of our services.

**Around 60% of our services across England use active volunteers.** Drawn from diverse ethnic and cultural backgrounds, we're proud that they're often Family Action service users or former service users themselves. We frequently look to provide them with the training and experience that can allow them to move into paid employment.

Please get in touch to find out more about the diverse range of volunteering opportunities we currently have available.

[volunteers@family-action.org.uk](mailto:volunteers@family-action.org.uk)

You can also get your company involved by entering a team in one of our fundraising events, or by taking part in one of our corporate volunteering days.

### Support and donations

Donations let us pilot new projects and enhance our existing services. We welcome all the financial support we receive, from individuals who generously provide one-off or regular donations, to legacies where people leave us a gift in their will.

We also receive support from schools and other community groups, who organise fundraising activities and get involved in Family Action events. We have great relationships with companies, who support us through Charity of the Year schemes and other strategic partnerships.

Grant-making organisations also provide vital support. They fund specific projects or activities, which we then develop to complement our statutory-funded services.

To discuss how you can support Family Action please contact us.

[fundraising@family-action.org.uk](mailto:fundraising@family-action.org.uk)

### Working for us

Family Action is always on the look out for people who share our vision and values. We welcome anyone who'd like to be part of our organisation – one that makes a real difference to the lives of those experiencing poverty, disadvantage and social isolation. With services delivered right across England, please keep in touch to see what job roles are available in your local area.

[www.family-action.org.uk/vacancies](http://www.family-action.org.uk/vacancies)

### Working in partnership

We work with many partners to maximise our impact and provide expertise as broadly as possible. By working closely with local authorities, commissioners of services like NHS Clinical Commissioning Groups, other voluntary sector organisations and the private sector, we can ensure we reach out to as many vulnerable people as we can.

If you would like to partner with Family Action please contact us.

[info@family-action.org.uk](mailto:info@family-action.org.uk)

### Our new partnership in Northamptonshire

In conjunction with the charity Service Six and partners Northampton Women's Aid (NWA) and Northamptonshire Association of Youth Clubs (NAYC), we will be delivering our successful Building Bridges programme in the county for the next 4 years. Starting in June 2014, this will support up to 860 young people and 500 vulnerable families a year, addressing issues like domestic abuse, anti-social behaviour, and providing parenting support.

### Raising our profile

You can help spread the word about the great work Family Action does by raising our profile online and through the media.

Visit our website at [www.family-action.org.uk](http://www.family-action.org.uk) to keep up to date with activity and development of our services. Follow us on Twitter and Facebook, and share our tweets and posts with your followers.

If you're fundraising for Family Action, why not tell your local newspaper and get some press coverage? Supporters who run, walk, cycle and climb on our behalf often get their stories in the press. It all helps raise our profile.

# Support us



Working with over 45,000 families a year, Family Action relies on fundraising and donations. With your support, you'll help us reach more vulnerable people and local communities, and build stronger families.

We fundraise through a series of events throughout the year, including running, climbing and cycling events, overseas treks and parachute jumps. We also support people organising their own events, such as our London Marathon team. Each year it raises around £40,000, which is enough to:

- Work with 184 families a year through our Hackney WellFamily service.
- Provide 1,000 visits a year to mothers experiencing postnatal depression and other mental health issues.

We also form tailor-made partnerships with businesses. Helping both companies and families, the benefits include:

- Effective PR and marketing opportunities.
- Positive brand association through the link to a highly-respected and well-established charity.
- Fundraising and volunteering opportunities for employees.
- Demonstrating to customers that you care about community issues.
- Professional account management, providing one-to-one support and tailored strategies.

We believe Family Action is a charity that resonates with staff and customers of all companies. We all come from a family, no matter what the shape or size, and for most of us it's a ready-made support network. But not everyone is as fortunate, and Family Action aims to be there to provide support.



## National Association of Head Teachers - Charity of the Year partnership

Family Action is pleased to be the National Association of Head Teachers' (NAHT) Charity of the Year for 2013-14, and again for 2014-15. Promoting the vital role of parents in a child's learning is the theme of our partnership.

As part of the *Ready to Learn Every Day* campaign, together we developed a series of leaflets for parents, providing hints and tips to help their children get the very best from their time at school. The leaflets covered topics such as speaking and listening, coping with change, and providing encouragement.

Each leaflet was distributed to NAHT's 28,500 members, who were encouraged to distribute it to parents. A free pack was also produced, entitled *All Aboard the Learning Bus*, which enhanced the campaign's main messages.

The campaign received extensive coverage in both national and regional media, including the Daily Telegraph and the Daily Mail. It even reached China. Chief Executive David Holmes CBE spoke about the leaflets on BBC Radio 5Live and LBC.

*"I am delighted Family Action and NAHT will work together with schools to engage parents in getting their children ready for school. Readiness for school is vital for all children, but it is crucial to ensuring children from disadvantaged backgrounds do not fall victim to the attainment gap."*

David Laws, Schools Minister



## Trusts and Lottery

Each year, Family Action raises significant income – £1.7 million in 2013/14 – through the generosity of charitable trusts and the Big Lottery Fund. This source of funding is vital, as it enables us to pilot new, innovative projects, as well as improve existing services. Here is an example of how our Trust and Lottery income makes a difference:

### Supporting our Durham Young Carers Project – The Bridge:

The Bridge Project, funded through County Durham Council, supports young people who are carers. That is, children who care for a family member with a long term illness, disability, mental health issues or problems with drug and alcohol abuse. The project is designed so that children can have time away from caring responsibilities, and to put strategies in place for all family members to alleviate caring responsibilities.

Our fundraising team successfully raised **£23,000 of additional income** through local trusts to supplement this core service. This let us pilot a new project to help raise awareness of young carers. The idea came directly from feedback from young carers themselves, who said teachers didn't know about or understand their caring role and the impact it could have on their education.

A Young Carers Charter was developed to raise awareness amongst pupils, teachers and visitors about young carers, and to improve support provided at school. The project signed up 10 primary schools and 10 secondary schools, which led to around 400 young people receiving more support in their caring role.

## Get in touch

If you'd like to find out more about Family Action's services, please visit our website at [www.family-action.org.uk](http://www.family-action.org.uk)

If you have a specific area of interest you'd like to hear more about, please email [info@family-action.org.uk](mailto:info@family-action.org.uk)

To make a donation and help support our work, visit [www.family-action.org.uk](http://www.family-action.org.uk) or email [events@family-action.org.uk](mailto:events@family-action.org.uk)

You can also follow us online at:  
**Facebook.com/familyaction**  
**Twitter.com/family\_action**

### Head Office

Unit 24, Angel Gate Office Village,  
 City Road, London, EC1V 2PT  
**Tel: 020 7254 6251**

*"Until I met my Family Action worker I was afraid to ask for help. I thought my mental health problem would mean my children would be taken into care. Now we all get the help we need at home."*

Joyce, Family Action Service User



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