

# 1

## INTRODUCTION AND SUMMARY OF FINDINGS

This book gives an account of work undertaken with parents and children by the project staff of the National Society for the Prevention of Cruelty to Children (NSPCC). It describes the family support they offer, which we investigated and reported between 1998 and 2001. A second phase of the study, 2002 to 2004, has just ended and this updated edition gives an update on the most recent findings. Why is this work important? and How was it investigated? are some of the issues that this book deals with.

The NSPCC is a national charity offering services from over a hundred and fifty projects across England, Northern Ireland and Wales. Its first aim, according to its Charter, is 'to prevent the public and the private wrongs of children'. The Society pioneered child protection legislation and systems in this country and is today one of the most influential voices in our current debate about their effectiveness. Although many identify it with child rescue, the NSPCC was unusual among the large nineteenth century charities in working with families in their own homes, in using its legal powers to keep them together wherever possible, and in not setting up child care institutions (Malton, 2000).

Its inspectors began to recognise the complexity of the 'evil' of child abuse, including contributory factors such as domestic violence, poverty, ill health and isolation. Their accounts showed that with some assistance most parents could recover from a crisis to 'normal' functioning and could keep their children safe. Their efforts and observations contributed to the foundation of social work. The NSPCC can thus claim to have been one of the earliest testing grounds for family-based preventative action and support.

The projects we looked at for this study were offering services they identified as consistent with S.17 Part III of the Children Act 1989, services intended

to safeguard and promote the welfare of children within their area who are in need; and as far as is consistent with that duty, to promote the upbringing of such children by their families. (The Children Act, 1989)

They thus provide a sample of activities, usually funded in partnership with local authorities, intended to *prevent* (by early intervention) children coming to harm or unnecessarily having to be accommodated away from home, and to *promote* the strengths and aspirations of family members.

These two elements, *prevention* of damage and *promotion* of strengths, feature in more or less equal balance in most definitions of what 'family support' is intended to achieve. Some definitions centre on the activity itself, and are descriptive:

any activity or facility provided either by statutory agencies or by community groups or individuals, aimed at providing advice and support to parents to help them in bringing up their children. (Audit Commission, 1994)

Other definitions emphasise the ethos of family support, i.e. working with the family's own strengths and in its immediate context—an important theme in this book:

promoting competence and meeting basic developmental needs of children and families in 'normalised' settings; by teaching practical life skills and by providing environmental supports, as opposed to uncovering and treating underlying pathology. (Whittaker, 1991)

More specifically, according to Warren,

family support practice means providing social support networks for children and their families within a range of formal and informal organisations, thus avoiding social exclusion. (Warren, 1997)

This definition is a good summary of what the NSPCC's family support projects say that they are doing. But additionally, when an 'underlying pathology' becomes apparent, staff and volunteers have necessary preparation and training to take this on. They are able to offer more intensive help such as one-to-one counselling, or can support a child or an adult to seek help. The NSPCC's projects thus fall within another definition of family support:

a way of dealing with life crisis and problems, including abuse within families, which takes account of any strengths and positive relationships within those same families which could assist recovery. Formal interventions are minimised and, where necessary, are introduced in a timely, sensitive way with as little damage to the family as possible. (Gardner, 1998)

Working with family violence and harm to children is a high risk area, where mistakes can be serious if not fatal. This study seeks evidence to develop our understanding of early preventative intervention that is capable of protecting children, while remaining accessible to families. The resources are simply not available, even if it were desirable, to apply child protection procedures to

investigate every apprehended risk to a child. The referral and assessment processes filter out the majority of reported cases of possible risk to children, without their receiving either child protection or family support (Department of Health, 1995). Many cases of risk are not brought to statutory agencies at all:

the problem confronting child protection professionals is both over-reporting and under-reporting; over-reporting of signs, risks and fears, and under-reporting of actual harm and injury. (Wattam, 1997)

This book gives the results of an examination of the NSPCC's family support over a two-year period, commissioned by the charity from Royal Holloway College, University of London. The remainder of the introduction briefly describes the aims of the research and the methods used. Details of the methodology are given in the relevant chapter and the appendices, for readers with a research interest. We summarise the key findings and their immediate implications for policy and practice. Other recent research findings on family support are also set out. An overview of family support, with a broad range of recommendations, is provided in the final chapter.

The original aims of the research were:

- to identify NSPCC services and activities that can be shown to support families (children, parents or carers) effectively within their communities
- to ascertain the extent to which NSPCC services are valued by key stakeholders as delivering a family support service.

By 'effective' and 'valued' we mean being able to offer robust evidence that the services achieve their stated aims in supporting children and families, in ways that conform to or exceed acknowledged practice standards, and at optimal cost.

Relevant objectives or sub-tasks included:

- identifying those interested in the NSPCC's family support, i.e. the key stakeholders, and obtaining their views
- identifying the range of support services and activities and their intended outcomes
- identifying measures of effectiveness, relating outputs to outcomes, and of efficiency, relating outputs to inputs
- describing activities that, either singly or in conjunction with other supports, formal or informal, appear to achieve identified outcomes.

Pecora *et al.* (1995) have identified four types of evaluation questions for family support services, and have suggested appropriate methodologies for addressing them. They are:

- questions about *family support needs*, which can be answered by survey methods;
- questions about the *type and process of service delivery*, best answered via case records and other data;
- questions about *outcome*, which can be answered by experimental or quasi-experimental studies or by management information data, depending on the size of population; and
- questions about *cost assessment*, relying on financial data.

A mix of quantitative and qualitative, more descriptive approaches can be used to address all four types of research questions, and this study has used such a mix, in order to examine each 'layer' of family support—children, their families and the projects within their communities. Well aware of concerns about the quality of research evidence for the effectiveness of services, we do not claim to have proof of family support producing the changes we describe over a six-month period. The changes themselves, however, are evidenced in the words of those directly involved: children, parents, staff of the NSPCC and other agencies working with families, as well as by analysis of questionnaire scores before and after six months of family support intervention, where (with family members' consent) we use tested research schedules.

Tested questionnaires were used to assess child behavioural problems and parental stress, vulnerability and ill health, scoring a series of answers on these subjects and comparing responses six months later. We were particularly interested in families' personal networks of support and use of resources in their neighbourhood. We devised a questionnaire to assess these perceptions, again over a six-month period. These are tentative findings, but they are, we believe, some of the most interesting. These research tools were used consistently by the same researcher in six research projects across England, described in Chapter 8. Finally, using a survey for all the NSPCC's projects, we evaluated components of their family support, in order to ensure that the research sites were reasonably representative, and to see the wider picture of provision.

## CHILDREN'S BEHAVIOUR

### Key Findings

- When we asked what they wanted of family support, most parents sought help in relation to children's behaviour, particularly that of school-age children. Where help is only available for pre-school children, parents were adapting the advice for use with their older children.
- Parents we interviewed wanted support (e.g. practical assistance such as day care, advice or other help) for half of the children in their families.

Parents saw most (69%) of these children as having positive, or pro-social, characteristics but saw a higher proportion (71%) as having behavioural difficulties. Again, most of these difficulties were 'severe'.

- There was a cluster of problems around hyperactivity and conduct, and another around emotional and peer relationships. Bullying and being bullied featured highly.
- The degree of difficulty (as assessed by parents) grew with age. Nine was the average age (for both boys and girls) at which children's difficulties were seen as presenting obvious problems and stress to the family and others.
- Most problems with children under three had been resolved within six months, and there was also a significant improvement in the behaviour of children over three whom we followed up, although we cannot specify cause and effect.
- Parents identified children's behaviour as a major source of stress in the family, increasing their own sense of inadequacy. They often linked severe behavioural problems in children, to family violence and the child's having suffered emotional and/or other harm.
- Children, parents and other agencies frequently attributed improvements (at least in part) to the same aspects of family support activity. These were
  - direct work with children, helping them to improve their social skills and express their wishes and feelings successfully, both within and outside the family (see Chapter 4);
  - work with parents to identify specific behavioural problems and ways of handling them constructively (see Chapter 4); and
  - assistance with speedy referrals for specialist help or other advocacy, for example, about behaviour in school or possible exclusion. Projects also offered direct access to the NSPCC's services for dealing with children's or parents' experiences of conflict, assault or abuse (see Chapter 8).
- Where parents' existing informal network of friends and family was strong, children achieved or maintained 'positive' behaviour scores over six months. Parents with good informal support also had more positive health and stress scores after six months (see Chapter 6).

### **Implications for Policy and Practice**

- Helplines offer one accessible source of advice, but parents need face-to-face support (e.g. counselling and groupwork) to be much more widespread and easy to obtain. Contact with other parents, normalising the most common difficulties and reducing isolation, needs to be made easier.
- Expertise in child psychology and psychiatry is seen as remote, and restricted by administrative procedures. These skills need to be more readily available to all family support services so as to identify and seek

prompt and suitable support for children with more serious difficulties. This could be in the form of sessions with family support workers in schools or other community bases, and/or joint groupwork.

- The most distressed children were exhibiting harmful and self-harming behaviour. Many had not been referred for specialist help, or appointments had not been kept, or parents described what they saw as being blamed for their child's problems. In some areas there were complaints from parents, family support staff and teachers about the inaccessibility of, and lack of partnership with, child mental health services. This study suggests that the variability of child mental health services (Social Services Inspectorate, 1999; Health Advisory Service, 1995) has not markedly improved and continues to pose major problems for families and mainstream services, despite the government's efforts to stimulate new thinking (see p. 44).

## COMPONENTS OF PARENTAL STRESS

### Key Findings

- Nearly half of the parents and carers suffered serious health and stress problems at the first interview. These findings are consistent with other recent studies of family support in Britain (see p. 39). Many of these adults had not been referred for specialist help, or had received what they perceived as a poor response from the health service.
- After six months, the majority of parents we followed up summarised their health as 'about the same'. Questionnaire scores indicated that they were optimistic, since nearly half had deteriorated in some aspect of their physical or mental health.
- Lower levels of parental stress and ill health at the second interview were significantly associated with parents' assessment of children's behavioural difficulty as having improved to, or maintained at, a level of concern below the threshold score (i.e. the score indicating difficulties that may require specialist help).
- A higher proportion of parents who had received a structured service, such as one-to-one counselling, volunteer visiting or parent's groups, had maintained or achieved levels of ill health and stress below the threshold score, compared to parents who had received occasional support. The type and size of the sample means that this finding is not conclusive, but merits further investigation.
- A higher level of vulnerability in terms of past life experiences (e.g. early parenthood, multiple moves, violence) was associated with:
  - greater health and/or stress problems (first interview)
  - greater behavioural difficulties in a child (first interview) and behaviour

maintaining or reaching a level of concern above the threshold score (second interview)

- lower levels of informal (friends and family) support.
- About a third of the parents interviewed had at some stage sought assistance from the family support project to discuss and deal with their own past experiences of being harmed as children, and/or later experiences of violence. Resolving these experiences was often, in their view, crucial to their own mental health and parenting capacity.
- The small number of fathers and other male carers we interviewed had health and vulnerability scores, and needs for support, similar to those of women.

### Implications for Policy and Practice

- Needs related to parental health and stress appear to be relatively neglected in the development of family support, a finding that has not changed from a previous study of local authority preventative social work. Hitherto, family support providers have not *systematically* assessed, or sought to address, the physical and mental health of parents unless these obviously impinge on their parenting capacity, and sometimes not even then (Gardner, 1991).
- Family support services should have formal links to primary health care, including but not confined to health visiting, and their evaluation should be linked *both* to health service targets for adults *and* to developmental targets for children in need. This study endorses the British Medical Association's (BMA) recommendations on health visiting: 'health authorities should initiate health visitor led identification of post-natal depression, and specific training should be offered' (BMA, 1999).
- Where parents agree, their vulnerability in terms of past experience should be assessed with the parent her/himself, and ways of addressing continuing difficulties suggested. Parents may not want or need help immediately, but there is strong evidence from this study that many take up specialised help, for example therapy, but only by choice if and when they have gained trust and confidence to do so. They see this help as crucial to improvements for both themselves and their children. Therapy should be independent of any statutory involvement with the family.

## NETWORKS OF SUPPORT

### Key Findings

We asked parents about networks of support at three levels—informal (family and friends), semi-informal (the community, including the project) and formal (professional networks, such as health and social services).

It must be emphasised that the questionnaire devised for this aspect of the research is not fully tested and these are tentative findings.

- Parents found most support from friends and family (in that order) and one of their main aims in using the project was to create or to enlarge their informal network of support.
- Parents' perception of their level of informal support was negatively associated with their scores for vulnerability, stress and ill health and their assessment of children's behavioural difficulty. In other words, the greater their informal support network, the lower the degree of difficulty parents perceived in these areas, and vice versa, the weaker their informal support network, the greater the degree of difficulty. Parents with greater informal support at first interview tended to assess children's behaviour as having maintained or attained a level below the threshold for high concern after six months. This perception of lower 'worry' levels at second interview was related to a more positive perception of the neighbourhood and perceived support from all sources, which we sum up as the 'community climate'.
- Outside of friends and family, the local NSPCC project was the source of greatest support and the single most often mentioned source of support. For half the parents, the project was their only link with the wider community. It was especially important for the 10% of parents who could name no family and friends from whom they obtained support.
- Family members, NSPCC and other agency staff made links between informal, community and professional support. For instance, the majority of parents came to the family support project on a friend's recommendation or by informal contact with the project's staff or users. Through the project, many had obtained confidence and active support to use local resources, including professional help. Some had become helpers themselves, and some had gained qualifications. On the other hand, professionals said they gained a wider repertoire of preventive options and received more appropriate referrals if they had good links with one another and with community groups. In other words, we believe that there is an important transfer of skills and knowledge between levels of the support network, which potentially improves the 'community climate', the safety and the supportiveness of the community, for children.

### **Phase Two of the Research: Early Findings**

While this study went to press a second phase of the research had started and this section brings the reader up to date with the most recent findings.

Our aim in this phase has been to find out more about current demand for NSPCC family support. A group of 18 projects monitored every contact by

or on behalf of service-users over a five-day period including visits, phone-calls, letters and e-mails. We have also undertaken a further 100 in-depth interviews with parents, following up as many as possible after six to nine months as in Phase One. We therefore have evidence on family support from two national surveys and nearly 200 interviews. The interviews have used a similar format in Phase Two but with additional questionnaires on material resources (Gordon *et al.*, 2000); relationships (Gilgun, 1996); attachment style (Bifulco *et al.*, 2003); and parental discipline (Cawson *et al.*, 2000).

### **Demand for Family Support**

The findings for a sub-group of projects indicate that NSPCC's family support provision attracts some 2600 contacts over a five-day period, relating to 1225 families with some 2000 children. Over 80% of the contacts were in person, giving a picture of high demand and physical access to the projects. Predictably, parents, mostly mothers, made over half (53%) of the week's contacts; children made a further third (29%) and professionals over a tenth (13%), suggesting that children make good use of the projects.

### **Needs and Concerns**

The broad picture of needs presented to the projects includes adult relationship difficulties (26% of mentions); adult health or stress (15%); practical difficulties (e.g. childcare) (12%) and problems with parenting (12%). Concerns about children were age-related with an apparent 'peak' of concerns (41%) about boys at age 9–12. Concerns about girls were more evenly distributed across the age bands with a higher proportion (26%) at ages 3–4. Teenagers of both sexes were the next largest proportions.

The overlap between family support and child protection noted throughout Phase One is seen again in the finding that approximately one-sixth of families had been referred to social services at some stage, many had experienced one or more assessments and just under a tenth of families had had one or more children on a child protection register. In over half these cases neglect was the main cause for concern, with other actual or possible harm mentioned in a further third.

While the survey was necessarily a broad-brush approach, it gives a useful impression of the range of problems addressed by family support services as a whole, as a backdrop to individual interviews (Bunn and Gardner, forthcoming).

### **Early Findings from Phase Two: Interviews with Parents**

Over a third (35%) of parents had high scores for health and stress problems and these were associated with being a single parent; having concerns about or difficulties with a child; having difficult family relationships; and feeling insecure in relation to attachment. There is an indication that parents' use or approval of punitive methods of discipline with children may relate to difficulty or insecurity in key relationships, but this needs further investigation.

Parents had concerns about over a third (38%) of their children (N = 253) and of these approximately half (56%) had high scores on the Strengths and Difficulties questionnaire. Children about whom there were concerns were more likely to be boys, to have high scores for emotional and conduct difficulties and to have lower 'pro-social' scores, as well as more likely to be receiving an NSPCC service.

To summarise, the most recent findings offer a profile of families and concerns that is consistent with the completed study reported here, and open a window on other issues.

### **Implications for Policy and Practice**

- These findings need to be explored further and tested in a larger study of more rigorous design.
- They reinforce research and evaluation that suggest links between family stress and the immediate environment, both in the UK (Gibbons and Wilkinson, 1990; Holman, 1988; Warren, 1997) and in American research over three decades (Furstenburg, 1999; Maluccio, 1998).
- The role of family support in promoting informal networks, and the protective effect of these networks in relation to family stress and child safety, should be further explored.
- Activities designed to strengthen networks of family and friends should receive particular attention in terms of evaluated developments, for instance, the use of volunteer visitors and other befriending schemes for both children and parents; the extended use of groupwork and other types of support networks, especially with men, some of whom feel even more isolated from support than do women; support for children in maintaining contact with a separated parent (lack of contact and conflicted contact were major sources of reported depression and anxiety for children); advice and advocacy in approaching and negotiating with professionals, for instance with teachers, or in helping families to keep children safe through child protection investigations.

### **OTHER POLICY AND PRACTICE ISSUES RAISED BY THE RESEARCH**

- Child Adolescent Mental Health Services (CAMHS) should offer more direct support to families and front-line staff (as recommended by the Audit Commission, 1994; BMA, 1999) and be managed at the highest level to evidence achievement of this role and of specific preventative targets. Current experiments with multi-disciplinary child behaviour support teams including CAMHS staff should be closely monitored and their results reported as widely as possible.
- Some NSPCC projects offered family support services in the community, as well as direct access to more specialised services such as therapy groups, one-to-one counselling, video-home guidance and other behaviour management techniques. In these circumstances, family members (children or parents) could usually receive intensive help from a known source once they had the confidence to refer themselves. Even where referral had to be made to the local authority's child protection service, some projects had the skills to assess and manage risk in partnership with that service and to limit the trauma of the investigation process. In addition, once the crisis was resolved, the family was already receiving a local service and just as they obtained more intensive help, could reduce it over time. This 'maintenance support', sometimes minimal but extended over months or years, was seen as crucial by many parents who had suffered crises. It could ensure direct contact with, and a known source of help for, the children once statutory monitoring had ceased.
- This closer integration of a child safety approach with family support is not confined to the NSPCC, but the organisation has a long history of applying it. The NSPCC has developed explicit ground rules and standards, rather than lengthy procedures, which appear to have the confidence of the majority of service users and partner agencies. Having specified the framework, skills and knowledge base (discussed in Chapter 7) in greater detail, the NSPCC should promote this model of family support.
- In addition to the approach described above, many of the NSPCC's family support projects undertook evaluation of the satisfaction levels of those who had used the service. An interest in evaluation and openness to criticism was the norm; there seemed a real possibility of reflective practice. This is in stark contrast to the current situation in some local authority children's departments, where staffing levels and morale are a cause of grave concern. As part of the 'challenge' and 'compare' stages of Best Value reviews, greater exchange of front-line staff, working methods and learning opportunities between organisations should be encouraged to allow for fresh thinking and practice development.

### SUMMARIES OF RELEVANT RESEARCH

The final part of this introductory chapter provides the research context for this study by summarising relevant research on family support. The studies illustrate Pecora's typology of evaluation methodologies in family support (see pp. 3–4).

Gibbons and Wilkinson (1990) considered the first two types of research questions outlined earlier, that is, *family support needs* and *type and process of service delivery*, with some hypotheses about short-term outcomes.

*Methodology:* They studied families referred to social services departments in two areas. In one of the areas, voluntary organisations had set up local family support projects. Two referred groups, 144 families in all, were compared with 359 families drawn from one of the localities, partly through random sampling and partly through selection of addresses adjacent to the random sample.

The main carers in these families were interviewed using a range of measures and indicators of income, housing, health, family problems, etc. A total of 122 parents were re-interviewed after four months. Qualitative measures, such as degree of satisfaction with support, were included.

*Findings:* Some of the findings, which refer to family support practice in the 1980s, were as follows:

- Differences in family composition and material needs were striking as between referred and non-referred families. The former had far more lone (divorced) parents and material disadvantage.
- Parents in referred families were also more isolated and less supported, as well as experiencing more family conflict than did non-referred families.
- Social workers were often dealing with financial difficulties and child abuse referrals and not generally looking for underlying emotional problems. 'Duty social workers did not carry out the kinds of assessment that would have revealed other difficulties'.
- Social services in one area had supported voluntary organisations as providers, but the new services had not affected social work practice; social services managers and practitioners would need to be freed for developmental work.
- User groups were not diverse or representative of local communities; they were mostly white women and their children.
- Projects had more similarities than differences, but tended to be either service-oriented *or* community development oriented.
- Local family support projects could provide more choice, flexibility and participation than could statutory services, as well as indicate areas for service improvement.

- They successfully attracted families under stress, but this might serve to stigmatise them for some local people.
- Other forms of provision, such as playgroups, differentially attracted advantaged families.
- Partnership between the statutory and voluntary sector was difficult to maintain over time as priorities changed, yet funding organisations were not always prepared to hand projects over to local management groups to ensure survival.

*Outcomes:*

- Families in an area with voluntary projects reported more contact with a variety of family support resources. This, and especially the use of day care of various kinds, was associated with improvement in family problems.
- The research suggested that a network of family support in communities does indeed assist parents under stress in overcoming family problems.
- The effectiveness and cost of different kinds of provision need to be tested and evaluated against their stated objectives.

Frost *et al.* (1996) studied the effectiveness of a voluntary home-visiting scheme—Homestart—intended to provide regular support, friendship and practical support to young families (predominantly mothers) under stress in their own homes so as to prevent family crisis and breakdown.

*Methodology:* This included survey data on 307 families and interviews with service users, volunteers and referrers concerning 46 families. Groups made up of these partners to the work generated the desired outcomes for the services, used as the basis for questions about effectiveness.

*Outcomes:*

- The majority of women (51%) saw an improvement in emotional well being and thought that their informal network had been extended over the six months of the study.
- A similar percentage saw a shift for the better in parenting difficulties.
- Substantial minorities reported improvements in the relationship with partners (42%) or with professionals (37%). There was an overlap between these groups.

Aldgate and Bradley (1999) studied short-term fostering as a means of family support. All families who were offered short-term fostering in four local authorities were approached, until 60 cases had been recruited.

*Methodology:* Interviews were conducted with children, parents, social workers and carers. The first three groups were interviewed when accommodation for the child had been agreed, and again once the arrangement had

ended or after nine months, whichever came first. A standardised test was used with parents and children, in addition to information from the social worker's assessment. Overall aims were to study the nature and process of the service and discover whether the family had remained intact; whether their problems had lessened; whether social work aims had been met; and whether users thought that the service had met their needs.

*Outcomes:*

- Over the period of the study, the standardised test indicated that more parents felt in control.
- They thought that the service had allowed them to tackle major problems, they had improved their social support systems and they were seen to be managing their relationships with children and partners in a more constructive way.
- Comparing themselves to foster carers looking after their children, they had become aware of their disadvantages in terms of income and accommodation.
- Overall they found the service 'a resounding success'.
- Most children thought that they, and/or their parents, had benefited, but the process had been isolating and anxiety-provoking for some.

In terms of the aim to test short-term accommodation as preventing family breakdown, one would need a longer follow-up and also an equivalent group who had received routine, or no support. The researchers conclude that 'the needs of children in this study had been assessed as sufficiently serious to access priority services—(they) would have been struggling without services. Some families would have benefited from the availability of support such as drop-in family centres or befriending schemes. (These) might have prevented the deterioration of some families to the point where early risk had brought them to seek help from social workers... short-term accommodation, therefore, needs to be available as one of a broad range of services for families under stress'.

Thoburn *et al.* (2000) studied family support in cases of emotional maltreatment and neglect.

*Methodology:* A sample of cases was selected from all referrals over a given period to three social services areas. Of these, the majority had been referred because of concern about neglect or emotional maltreatment. A smaller sample of families in need requesting a service without these concerns was used for comparison purposes. A total of 122 families were interviewed, and 108 were re-interviewed between 12 and 18 months later, about the service they had sought, their local support systems, health and well being and children's

behaviour; standardised tests were used. Social services and health records were available for most families.

*Outcomes:*

- On follow-up, the level of stress had improved for just over half the families.
- In nearly half, the health and development of the children had also improved or not deteriorated.
- In 72% of cases no further referral was made regarding maltreatment or neglect.
- Stress levels had increased in *more* of the families requesting a 'specific service' than in the families where neglect or emotional harm was an issue—possibly, the researchers suggest, because children in the first group more often had general health and development needs.
- There was no significant association between outcome and the level of support to the main carer at first interview, but the 'trend was for better outcomes for those with emotional and practical support'.

Overall, even in this reasonably large study, it was not possible to associate any one type of service with better or worse outcomes. Reviewing family factors, service factors and outcomes, 'the characteristics of the family appeared to have the greatest influence on outcome for parents and children'.

The researchers concluded that, for some families, repeated short periods of 'task-centred' help with new referrals and assessments may be counterproductive. More sustained intervention, evaluated over a longer period, will be needed, rather than a succession of short interventions.

family centres, which can provide continuity . . . even when key workers move on, provide a particularly appropriate service setting. The intensity of services provided to each family will rise and fall in response to the stresses on family members.

Like Aldgate and Bradley's study, this tells us about needs and processes in family support, as well as the difficulty of attributing outcomes to specific services even over the medium term with a fairly large sample.

A recent study by Tunstill and Aldgate (2000) set out 'to monitor and evaluate the provision and to some extent the delivery of family support services to a group of children in need, and to their immediate and extended families'.

*Methodology:* The study focused on families with children in the middle age group, across seven local authority areas, excluding child protection cases and referrals of children with disabilities. A total of 93 parents and 41 children were

interviewed after referral, and again six months later. Family problems and stresses, expectations of Social Services and other agencies and the effect of the help offered were subjects covered in the parent interviews, with children being asked a similar range of questions.

*Findings:*

- Data on children in need 'were often so scattered, so varied in terms of sample size and so uncollated, that they could not serve to provide a comprehensive picture'.
- In this respect, little had changed since a review of implementation of The Children Act 1989 (Tunstill and McBeath, 1995).
- Children in middle childhood aged 7–12 years, received few family support services.
- There appeared to be very uneven and, in some authorities, inadequate overall development of services for children in need.
- Parents hoped for a range of benefits from family support services, advocacy, help with child development and improvement in family problems and relationships, including with children and partners.
- Just under 40% of children hoped that parental conflict would be resolved.
- Professionally referred families were less likely to be turned away, and also received more services over longer periods.
- Cases of social deprivation were least likely, and cases of ill health most likely, to receive a family support service.

*Outcomes:*

- Benefits exceeded parents' expectations in cases of parental ill health; practical problems were alleviated more frequently than anticipated; and relief of stress and child development difficulties occurred in most cases.
- Improvement in family relationships occurred in 41% of cases where it had been anticipated.
- The majority of parents found social services helpful and more than half, though happy overall with the services received, wanted more (i.e. they were unsatisfied rather than dissatisfied).

Tunstill and Aldgate conclude that, given the increasing pressure to raise thresholds and exclude referrals, information to families about, and access to, all available services must be improved. They argue, as does Thoburn's study, that parents need to be able to opt in and out of family support over time.

More recent studies have extended our knowledge of family support, in terms of:

- studies of specific family circumstances and events, e.g. separation
- training for parents and parenting programmes
- parents' role in pupil achievement and adjustment
- specific types of family support, e.g. family centres
- support for specific groups, e.g. black and ethnic minority families, families with a disabled child, families with a child with behavioural problems or combinations of these issues
- early results from national evaluations of central government initiatives in this field.

An example from each of these areas is given below with a selection of findings relevant to this study. The chapter concludes by drawing out common themes and messages.

### **Studies of Specific Family Circumstances and Events**

Quinton (2004) summarised 14 studies sponsored by the Department of Health in the 'Supporting Parents Research Initiative', carried out in the decade from 1994. The study reported in this book was undertaken with a similar perspective,

to broaden research in children's social care to consider how all parents might be helped to look after their children well and to move away from an emphasis on more marked family and parenting problems. One idea was that there might be many family and community supports that could be 'mobilized' to this end. (Quinton, 2004).

Of the 14 studies, one of relevance in this context concerned parenting in poor environments (Ghate and Hazel, 2002). The study was designed to discover what parents living in materially disadvantaged communities want from social support and how better support for parents can be achieved.

*Methodology:* A representative national interview survey of 1754 parents, randomly selected from the top 30 per cent of disadvantaged areas. The Poor Parenting Environments (PPE) Index was developed for the study. There was a qualitative follow-up study of 40 parents in especially disadvantaged circumstances.

*Findings:* Key findings in this study include:

- Parents living in poor environments were in considerably worse physical and mental health than other adults of the same age in the general population.

- Parents' physical and mental health problems were highly interrelated, and were also likely to go along with poor child physical health and having a behaviourally or emotionally 'difficult' child.
- Lone parents were much less likely than parents with partners to say they were 'coping' with parenting. However, parents who had an 'unsupportive' partner had the same (low) rate of coping as lone parents.

Five key factors predicted problems in 'coping with parenting', once poverty was controlled for:

- being a lone parent, and/or having
- a difficult child
- poor mental health
- a complex of family and household problems
- a large family.

What parents wanted from semi-formal and formal services were:

- increased accessibility (e.g. longer opening hours)
- expansion of facilities in existing services (e.g. more staff on duty)
- improvements in staff quality and training
- a wider profile of users, and
- written information for parents.

A second very relevant study summarised by Quinton, of family centres (Tunstall, Hughes and Aldgate, forthcoming), was intended to:

- examine the potential of family centres as a gateway to family support services
- explore the extent to which family centres facilitate or develop links with informal support networks within the community, and
- explore the potential for family centres to act as coordinators of family support.

*Methodology:* This included a postal survey of over 400 Centres in England; interviews with over 100 service users, centre managers, and other professionals.

*Findings:* Family centres:

- provide access to a wide range of services via joint work and networking
- have a key role in development of parenting skills from informal to intensive help
- could provide specialist help without undue stigma or delay

- have adapted to changing needs and demands by developing existing resources including staff skills.

The difficulties faced by the centres include restructuring and redeployment of staff to other priorities, pressure away from open access towards increased specialisation, and short-term or restricted funding. However, overall the centres were seen to be well placed to provide community-based services for children and families (and to) have the capacity to meet the needs of children and parents without sacrificing one to the other (Quinton, 2004).

### **Training for Parents: Parenting Programmes**

Barrett (2003) gives an overview of a selection of parenting programmes for families who are struggling with specific issues or risks. She also summarises systematic reviews, meta-analysis and surveys of parenting programmes with associated information (websites, evaluation measures).

The intention is to bring together in one volume key information, to a sufficient degree of sophistication, which generally helps funders and managers to make informed choices in an expanding and increasingly significant area of social intervention. (Barrett, 2003)

#### *Findings:*

- In order to be effective, interventions at a later stage of prevention need to be even more multi-focussed, flexible, adaptable and non-stigmatising than their earlier counterparts.
- Work is required to identify and classify discrete programme elements more systematically, so that their effectiveness can be better monitored.
- Programmes with a broader remit, influencing and engaging parents and children at home, in school and in the wider community, have the largest and longest-lasting effects.
- To be effective, parenting programmes need to ensure that they do not stigmatise or create dependency, and last long enough for change to be sustained.
- There is a particular need for more information about the needs of minority ethnic parents, including refugee families, e.g. how well the needs of these families are currently being met, and what else is needed.
- There is a need for new systems for exchange of information to be developed so that the skills, expertise and knowledge already available in many local areas can be recognised, effectively met and built upon.

### **Parents' Role in Pupil Achievement and Adjustment**

A review of English language literature was conducted

to establish research findings on the relationship between parental involvement, parental support and family education on pupil achievement and adjustment in schools. (Desforges and Abouchaar, 2003)

The central importance of this issue to current social policy is that it potentially links the support available to families with the support parents give their children's learning at home, and how children make use of this educationally. The review's recommendations are consistent with other findings, including those of this study.

*Methodology:* The review investigated the impact on pupil achievement and engagement of various factors:

- Support to parents, e.g. the provision of parenting skills training, advice, guidance for parents.
- Family learning, e.g. as parent-governor, reading to children, encouragement and help with homework.
- Parents' level of education.

*Findings:*

- Parental involvement takes many forms, including good parenting in the home (e.g. the provision of a secure and stable environment, intellectual stimulation, parent-child discussion, good models of constructive social and educational values and high aspirations relating to personal fulfilment and good citizenship); contact with school to share information; participation in school events; and participation in school governance.
- The extent and form of parental involvement is strongly influenced by family social class, maternal level of education, material deprivation, maternal psychosocial health and single parent status and, to a lesser degree, by family ethnicity.
- The extent of parental involvement diminishes as the child gets older and is strongly influenced at all ages by the child characteristically taking a very active mediating role.
- Parental involvement is strongly, positively influenced by the child's level of attainment: the higher the level of attainment, the more parents get involved.
- The most important finding from the point of view of this review is that parental involvement in the form of 'at-home good parenting' has a significant positive effect on the children's achievement and adjustment, even after all other factors shaping attainment have been taken out of the

equation. In the primary age range, the impact caused by different levels of parental involvement is much bigger than differences associated with variations in the quality of schools. The scale of the impact is evident across all social classes and all ethnic groups.

- For parental involvement to work, a whole community strategic approach is needed.

### Studies of Specific Groups

Butt and Box (1998) examined the use of family centres by black and minority ethnic communities, considering whether family support services have been accessible to black children and their families and whether they have been valued by users and seen as effective. The relevance of the study is in the consistency of findings of patchy development of family support for black and ethnic minorities. There is some exciting innovation but, overall, a lack of strategy, funding and transfer of learning. The findings are particularly important given government's recent commitment to develop local children's centres (see p. 167).

*Methodology:* A questionnaire-based survey of 84 family centres in nine local authority areas in the UK plus interviews with staff and services users.

*Findings:*

- While equal opportunities policies were common, there was little evidence that the expansion of family centres included the aim to provide more services specifically to black families, or of funds to support development of services to these families. Ethnic monitoring systems for use of services existed in 55 of the 84 centres.
- Members of black and ethnic minority groups made most use of services targeted to them.
- For example, 23 centres provided specific services including English language support, and groups for women and for children. Beyond this they tended to use general services for children with or without adults; there was less use of services for adults, including parent programmes.
- An important factor is the presence of black workers; where there are more black workers there are more black service users.
- Black respondents were particularly likely to mention the benefits for children, in particular good quality day care; also, socialising opportunities and health and educational support.
- Many respondents commented on the way relationships had improved within their family as a result of the interventions.
- In most family centres men continue to play a limited role.
- Many family centres were in buildings without access or facilities for people with disabilities.

### **Early Findings from National Evaluations of Central Government Initiatives to Support Children and Families**

Three such programmes are summarised here together, with some early findings from large-scale evaluations.

#### ***Sure Start (www.surestart.gov.uk)***

This government programme aims to achieve better outcomes for children, parents and communities by:

- increasing the availability of good quality child care for all children;
- improving health, education and emotional development for young children under the age of four; and
- supporting parents as parents and in their aspirations towards employment.

This is to be achieved by:

- helping service development in disadvantaged areas alongside financial help of parents to afford child care;
- rolling out the principles driving the Sure Start approach to all services for children and parents.

*Methodology:* The National Evaluation of Sure Start (NESS) is in its first phase 2001–2008 and will assess the impact, implementation and cost-effectiveness of the programme. The implementation study has used three elements: an annual survey of all (260) Sure Start programme managers in the first four phases of development; 26 in-depth case studies and a series of themed evaluations.

*Findings:*

- The level of parental involvement was generally high and included fathers as well as (predominately) mothers.
- The voluntary sector was well represented in managing programmes, as were the main statutory agencies, with health being most common.
- Developing collaborative working relationships proved challenging, but there were good examples of multidisciplinary work, particularly in out-reach and home visiting.
- Most programmes make good use of volunteers.

Ethnic monitoring of service users and staff also proved challenging, though most programmes make special provision for a range of groups including minority ethnic groups, young parents, refugees and asylum seekers (see Tunstall *et al.*, 2002).

***The Children's Fund***  
**(see [www.cypu.gov.uk/corporate/childrensfund/index.cfm](http://www.cypu.gov.uk/corporate/childrensfund/index.cfm))**

This programme targets disadvantaged children and young people aged 5–13 years old who are at risk of social exclusion. The programme aims to:

- help develop coherent preventive strategies for this group;
- support services in identifying children showing early signs of difficulty;
- provide and direct support to children and families;
- build capacity in the community by joint working; and
- actively involve children and their parent in planning and delivering services.

*Methodology:* The National Evaluation of the Children's Fund (NECF) has delivered a first annual report (NECF, 2003) based on evidence including interviews with all programme managers mapping local provision for this age group, and analysis of partnership plans.

*Findings:*

- Partnership working between statutory agencies, large voluntary organisations and to a lesser extent, smaller community groups was a distinctive and thriving feature of Children's Fund programme.
- There was a tension between local development and central (government) direction of the programme, for example an expectation from the centre that 25 per cent of funding would be allocated to crime prevention.
- Local partnerships were working to achieve participation by children and families but it was a slow and careful process.
- The majority of partnerships were aiming services at black and ethnic and other minority groups, whose take-up of Children's Fund services remained constant at around 30 per cent.
- In one year 2002–2003, the uptake of relevant support services by children and parents/carers had increased from 16,000 to 223,000.
- Partnerships believed that they were influencing local agencies in their development of a preventive strategy.

### **Extended Schools**

Extended schools are ones that provide a range of services and activities often beyond the school day to help meet the needs of pupils, their families and the wider community. There is no blueprint for activities but they could include child care, adult learning, health and community facilities. The Education Act (2002) enables schools to directly provide such services and 25 local education authorities have received up to £2000 each to act as pathfinders in 2002–2003.

*Methodology:* A report of the evaluation of pathfinder projects (Cummings, Dyson and Todd, 2003) is based on visits to all the projects, analysis of documentary evidence, detailed case studies of ten projects and interviews with stakeholders including those using the services.

*Findings:*

- Extended schools have the potential to improve pupil attainment, attendance, motivation and behaviour.
- They can achieve greater parental involvement, e.g. through family literacy, information technology classes, helping parents to understand the children's school curriculum.
- Collaboration between agencies requires a careful and sustained process of trust-building where partners seek to understand each others aims, priorities and working methods. It is important that the process is given ample time and develops through a series of progressively more ambitious ventures (see above for reference).
- Genuine community consultation and participation are necessary but as these are difficult to achieve, many schools find it helpful to work with partners who are more experienced in this field.
- Viewing extended schools as time-limited and, additionally-funded 'projects' may become less effective over time. A different funding model may be needed as the extended activities become more (albeit to varying degrees) central to the role of the school.

### **SUMMARY**

Over the period of this study, the focus for children and family services has shifted, from addressing individual need to achieving targets for whole populations, defined as disadvantaged in broadly economic terms, and also, in some cases, as at risk of social exclusion. This follows the policy-led provision funded by central government and monitored by the Department for Education and Science.

Research and evaluation approaches have modified accordingly. Compared to the earlier studies presented above, more recent work tends to articulate

policy objectives in relation to the target population(s), then evaluates what has or has not been achieved. It less often describes specific services, individual experiences, or the detailed process of meeting need, perhaps with some loss of the diversity and depth of views that come through good qualitative studies. We gain the benefit of much larger data-sets and more quantitative analysis, a better understanding of the target populations, and an overview of service configurations. Certain interventions are seen to offer evidence of the type of outcomes being sought; for instance, in terms of children's attainment in school, these interventions include active parental support for learning in the home, and early nursery education. In general, community-based support programmes for parents – whether in family centres, Sure Start programmes or extended schools – appear to be popular with their target populations, but hard to grow where collaborative work is not already established. This is important because the evidence increasingly suggests that universal and targeted services work best interactively, and not in separate streams with discrete access points (see, for instance, Hall and Elliman, 2003). We still know too little about what is most useful for particular groups such as fathers, black and ethnic minority or disabled parents, and too little about the child's viewpoint; but these perspectives are at least attracting more attention and research funding (for instance the Children's Research Centre at the Open University; see Rix, 2004). Evidence of effectiveness will be crucial, but just as helpful will be transparency and learning at the early stages, rather than only when serious errors have been made, about what is not working. Willingness to learn from parents and children themselves would be especially valuable here; many parents we interviewed simply wanted their children to have a happy childhood, as the best preparation for a fulfilling and positive life, and asking children what would make them happy is a good way forward.