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## 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. 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, 1996)

Working with family violence and harm to children is a high risk area, where mistakes can be serious if not fatal. We argue that it is essential 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

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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. 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. We examine each 'layer' of family support—children, their families and the projects within their communities. Well aware of concerns about effectiveness of the quality of research evidence, 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 by those directly involved: children, parents, staff of the NSPCC and other agencies working with families, as well as by 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. 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 an even 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 got resolved after 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, particularly 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 Chap. 4);
  - work with parents to identify specific behavioural problems and ways of handling them constructively (see Chap. 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 Chap. 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 Chap. 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.
- Child psychology expertise is seen as remote, and restricted by administrative procedures. These skills need to be 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 (Audit Commission, 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. ●●●).

## **PARENTAL HEALTH, STRESS AND VULNERABILITY**

### **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. ●●●). 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 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 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.

### **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, 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, who 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 (CAMH) should offer more direct support to families and front-line staff (as recommended by the Audit Commission, 1995; 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 CAMH 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 training and 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 is resolved, the family is already receiving a local service and just as they obtained more intensive help, can 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 Chap. 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 for 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 the relevant research findings on family support.

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.

*Outcomes:* 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 experienced 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.
- 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 kind of provisions need to be tested and evaluated against their stated objectives.
- 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.

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.

This study tells us about needs and processes 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 Tunstall 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 (Tunstall 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 only 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).

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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.