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Some Useful Sources

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As this themed section has illustrated, understanding and supporting families with multiple and complex needs is an area of policy and practice that is gaining importance and emphasis in the UK. This growth in interest is reflected in the developing field of family focused policy and practice work. In this article, we review a range of recent government-led initiatives and interventions developed principally through the Cabinet Office's Social Exclusion Task Force Think Family initiative. Whilst we recognise that there are a number of related policy documents and initiatives (many of which are discussed by Murray and Barnes in this edition), we choose to focus on Think Family due to its emphasis on a 'whole family' approach for families facing multiple sources of disadvantage.

Think Family

www.dcsf.gov.uk/ecm/thinkfamily/

The Social Exclusion Task Force (SETF) has recently published *Reaching Out: Think Family* (SETF, 2007a) and *Think Family: Improving the Life Chances of Families at Risk* (SETF, 2008) as part of its *Families at Risk Review*. The review explored the potential for both government departments and local services to work more effectively with families with an explicit focus on families with additional or complex needs, encouraging policymakers and practitioners to 'think family'. The documents propose the development of integrated local planning and service delivery across adult and children's services to 'improve the life chances of families at risk'. The emphasis on integration within *Think Family* is reflected in its status as a cross-departmental programme, now led by the Department for Children, Schools and Families (DCSF), with funding from the Home Office, Ministry of Justice and the Department of Health and support from the Department for Communities and Local Government. Whilst proposing better integration of services, the guidance on strategic planning is non-specific, giving flexibility to local partnerships to extend current joint planning structures and strategies to include commissioning for families.

The 'Families at Risk Review' draws on the Families and Children Study 2005 (www.natcen.ac.uk/facs/) to suggest that families can be 'a source of risk' to their children, identifying a number of 'parent based family disadvantages' across a range of areas, including poverty, education and skills, worklessness, housing, parental alcohol and drug use and parental mental and physical health. Family factors are thus positioned as the primary cause of both problem behaviour and poor child outcomes. Problem

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resolution is identified as coming through the realignment of poor behaviours, including improved parenting and the development of enhanced family agency aimed at breaking the 'cycle of low achievement', with support targeted at families deemed 'most at risk'.

The *Think Family* initiative is described further in the following varied sources:

Bowyer, S. (2009), *Thinking Family – Working across Children's and Adult Services*, Dartington: Research in Practice/Research in Practice for Adults.

Parton, N. (2009), 'From Seebohm to *Think Family*: reflections on 40 years of policy change of statutory children's social work in England', *Child & Family Social Work*, 14, 1, 68–78.

Social Exclusion Task Force (2007a), *Reaching Out: Think Family*, London: Cabinet Office.

Social Exclusion Task Force (2007b), *Families at Risk Data Set Document: Background on Families with Multiple Disadvantages*, London: Cabinet Office.

Social Exclusion Task Force (2008), *Think Family: Improving the Life Chances of Families at Risk,* London: Cabinet Office.

Think Family toolkits

A series of toolkits were published in September 2009 to provide support to local authorities in implementing *Think Family*. The toolkits are available in sections downloadable from the DCSF website allowing them to be updated when necessary (http://publications.everychildmatters.gov.uk/). Different sections of the toolkit provide: legislation on safeguarding and promoting child welfare; a services guide and guidance on developing the various programmes and interventions funded through the *Think Family Grant*.

An overview of the *Think Family Toolkit,* including further discussion of the aims of the initiative, is available in:

Department for Children, Families and Schools (2009), *Think Family Tool Kit: Improving Support for Families at Risk*, London: DCFS, http://publications.everychildmatters.gov.uk/eOrderingDownload/Think-Family.pdf

Further cross-departmental guidance has been issued to drug and alcohol treatment services and offender management services as to how *Think Family* can be implemented to improve support for children and families with specific, complex needs:

Department for Children, Schools and Families (DCSF), Department of Health (DH) and National Treatment Agency for Substance Misuse (NTA) (2009), *Think Family Guidance: DCSF, DH and NTA Joint Guidance for Adult, Children's, and Drug and Alcohol Treatment Services*, London: DCSF.

DCSF and Ministry of Justice (2009), *Reducing Re-Offending: Supporting Families, Creating Better Futures – a Framework for Improving the Local Delivery of Support for Families of Offenders*, London: Ministry of Justice.

Family Pathfinder Pilots (FPPs)

The establishment of 15 *Family Pathfinder Pilots* is intended to provide an opportunity for 'testing out the key components' proposed by the *Think Family* guidance, including both integrated processes and structures and the specific interventions detailed. FPPs were

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launched in 2008 with £13 million funding to give 'help to families where complex problems can lead to poor and lasting outcomes across generations'. A further £3 million over three years has been allocated to FPPs to develop support for young carers. The 15 FPPs are: Bolton, Gateshead, Islington, Leeds, Somerset, Sunderland, Brighton and Hove, Westminster, Salford, Southampton, Blackpool, Walsall, Warrington, Southend and Durham. The FPPs receiving additional funding in relation to young carers' services are Islington, Gateshead, Sunderland, Bolton, Somerset and Leeds. The limited information available regarding local strategies suggests that the majority of FPPs are targeted at families already in contact with a range of other services, and place varying emphases on developing whole family strengths, parenting skills and 'assertive interventions'.

Whilst the DCSF has commissioned a national evaluation of FPPs, information on the individual pathfinders is currently only available as one of the sections of the *Think Family Toolkit*:

Department for Children, Families and Schools (2009), *Family Pathfinders – Think Family Tool Kit: Improving Support for Families at Risk*, Guidance Note 05, September 2009, London: DCFS, http://publications.everychildmatters.gov.uk/eOrderingDownload/Think-Family05.pdf

Interventions funded by the *Think Family* initiative

Since its inception, the *Think Family* initiative has been primarily concerned with the development of interventions targeted at a minority of families identified as being 'vulnerable to multiple and complex risk factors', implying a move away from prevention and early intervention to more 'heavy end' intervention. By April 2010, all local authorities received some element of funding to support the better coordination of adult, children's and family services and to develop targeted support for 'families experiencing problems'. The *Think Family Grant* is a ring fenced grant for expenditure on prescribed interventions, as detailed by the associated Local Authority Circular:

Department for Children, Families and Schools (2009), *Think Family Grant, 2009–10: Conditions of Grants and Guidance*, LAC Ref: 3112080003, London: DCFS, *www.dcsf.gov.uk/everychildmatters/news-and-communications/local-authority-circulars-2008-2011/3112080003/*

The following sections provide detail of the interventions currently funded through the *Think Family Grant*.

Family Intervention Projects (FIPs)

FIPs were originally designed to provide intensive support to 'problem families' at risk of eviction due to anti-social behaviour. They are a key part of the Respect Action Plan, which announced a network of 53 FIPs:

Home Office (2006), *Family Intervention Projects: Respect Guide*, London: Home Office.

A subsequent funding allocation, through the *Think Family* initiative, of £18m between 2008 and 2011 has developed themed FIPs that target housing, anti-social behaviour, child poverty and youth crime, and are funded through different streams and have different criteria for inclusion and or referral. For example, the housing and

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anti-social behaviour FIP services are delivered through outreach support to families in their own homes, support in temporary accommodation in the community or 24 hour support in a residential unit where the family lives with project staff. An individual key-worker is assigned to work intensively with a family by using a combination of support and sanctions to 'motivate' them to change their behaviour and to co-ordinate services for the family. Work with families includes one-to-one parenting work and referral to group parenting programmes to improve parenting skills.

The National Centre for Social Research was commissioned by the Respect Task Force and Communities and Local Government to conduct an evaluation of the design, implementation and early outcomes of Family Intervention Projects:

White, C., Warrener, M., Reeves, A. and La Valle, I. (2008), *Family Intervention Projects: An Evaluation of their Design, Set-up and Early Outcomes Research Report*, DCSF-RW047, London: DCFS, www.dcsf.gov.uk/research/data/uploadfiles/ACF44F.pdf.

Researchers at Sheffield Hallam University conducted a two-year evaluation of six early Intensive Family Support Projects (a precursor to the FIP):

Nixon, J., Hunter, C., Parr, S., Myers, S., Whittle, S. and Sanderson, D. (2006), *Anti-Social Behaviour Intensive Family Support Projects: An Evaluation of Six Pioneering Projects*, London: ODPM, www.shu.ac.uk/_assets/pdf/ceir-ASBIntensFamilySupport.pdf

Additional discussion of practice within FIPs is provided by:

Parr, S. (2007), *The Signpost Family Intervention Project: An Evaluation*, CRESR, Sheffield Hallam University.

Parr, S. (2009), 'Family intervention projects: a site of social work practice', *British Journal of Social Work*, 39, 1256–73.

Family Nurse Partnerships (FNPs)

www.cabinetoffice.gov.uk/social_exclusion_task_force/family_nurse_partnership.aspx

FNPs are based on a licensed American programme of intensive health visitor-led support to young 'vulnerable' first-time parents. They are highly targeted interventions that involve a programme of tailored support delivered by specially trained nurses that begins in pregnancy and continues until the child is two years old. During pregnancy, the programme addresses modifiable risks for poor birth outcomes and child neurodevelopment impairment, such as prenatal exposure to tobacco, alcohol, illicit substances, inadequate maternal diet and low take-up of antenatal care that might address obstetric complications. Following the birth, the focus is more on developing sensitive, competent care of the child to avoid abuse and neglect or injuries, while fostering secure attachment bonds. Parents are taught how to read their infant's signals and to avoid punitive or rejecting behaviour. During the first and second year, mothers are given support to gain educational qualifications, to avoid closely spaced successive pregnancies and to plan for workforce participation. There is also an emphasis on encouraging paternal involvement in the children's lives, both financial and behavioural.

In the US, FNPs have been shown to be effective in three randomised controlled trials indicating improved outcomes for children that include better school readiness, enhanced involvement of fathers and reduced incidents of child injury, neglect and abuse.

Olds, D. (2006), 'The nurse–family partnership: an evidence-based preventive intervention', *Infant Mental Health Journal*, 27, 1, 5–25.

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In 2007 and 2008, FNPs were originally piloted in the UK in ten areas and then expanded to include an additional 20 'test sites'. In February 2009, the Child Health Strategy – *Healthy Lives, Brighter Future: The Strategy for Children and Young People's Health* – announced the programmes further expansion to 70 sites by 2011. The programme is being evaluated in the UK by Birkbeck College London. Early findings are available:

Barnes, J., Ball, M., Meadows, P., McLeish, J. and Belsky, J. (2008), *Nurse–Family Partnership Programme: First Year Pilot Sites Implementation in England – Pregnancy and the Post-Partum Period*, London: DCSF, www.dcsf.gov.uk/rsgateway/DB/RRP/u015497/index.shtml

Parenting support programmes

Two parenting support programmes are fundable under the *Think Family Grant*. Each Local Authority has funding for at least two *Parenting Experts* or *Parenting Practitioners* who are responsible for ensuring the delivery of 'evidence-based' parenting programmes targeted at children 'considered to be at risk of poor outcomes'. The Grant also allows for the funding of *Parenting Early Intervention Programmes*, designed to improve parenting skills and targeted at families with children aged 8–13 who are 'at risk of negative outcomes'. An evaluation of *Parenting Early Intervention Pathfinders* is available:

Lindsay, G., Band, S., Cullen, M.A., Cullen, S., Strand, S., Hasluck, C., Evnas, R. and Stewart-Brown, S. (2008), *Parenting Early Intervention Pathfinder Evaluation*, DCSF-RW054, London: DCSF, www.dcsf.gov.uk/research/data/uploadfiles/DCSF-RW054.pdf

Other initiatives within the *Think Family* initiative

Below are two examples of highly specialised, evidenced-based interventions that are currently being piloted in the UK, outside of the *Think Family Grant*. Both interventions focus on intensive and targeted multi-agency support for whole families.

Multi-Systemic Therapy (MST)

www.cabinetoffice.gov.uk/social_exclusion_task_force/multi_systemic.aspx

MST is a multi-faceted, short-term, home and community-based intervention for families of youth with severe anti-social behaviour and provides alternatives to out-of home placement of children and youth. MST uses a 'family preservation service delivery model' to provide time-limited services (4–6 months) to the entire family. Staff teams consist of professional therapists and crisis caseworkers, who are supervised by clinical psychologists or psychiatrists. The program is licensed and 'manualised'. MST services were initially piloted by the Department of Health at two NHS sites, with a further ten pilot programmes launched jointly by the Department of Health and DCSF in December 2007, with a shared commitment of £17.5m.

The American evidence base suggests MST can reduce offending behaviour, family conflict and out-of-home placements. However, there is controversy following

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a systematic review from the Cochrane Database that concluded that there was little evidence to suggest the superiority of MST over other intervention with youth:

Littell, J. H., Popa, M. and Forsythe, B. (2005), 'Multisystemic therapy for social, emotional, and behavioural problems in youth aged 10–17', *The Cochrane Database of Systematic Reviews*, Issue 4.

Family Drug and Alcohol Court (FDAC)

The Family Drug and Alcohol Court (FDAC) is a three-year pilot project at Wells Street Inner London Family Proceedings Court, due to end in December 2010. It is the first-ever court of its type in Britain with the main purpose to see whether it can improve outcomes for children subject to care proceedings whose parents misuse alcohol or drugs. The specialist court team assesses and supports the family and aims to link them into relevant local services; the emphasis is on direct work with parents and children, quicker access to community services and better co-ordination between child and adults services. Unlike normal care proceedings, two specialist district judges manage the proceedings and have direct regular contact with the parents; each case is overseen by the same judge, whose role includes motivating the parents.

The FDAC is based on an American model, where such courts are widely used, and has been adapted to comply with English law and social care services. Unlike standard care proceedings, the court is advised by a specialist multidisciplinary team, including social workers, psychiatrists, non-professional parenting mentors and children's guardians. Key findings from the American courts are that more children are reunited with their parents or, when reunification is not possible, long-term decisions are made quicker.

An evaluation of the UK pilot has been undertaken at Brunel University (www.brunel.ac.uk/research/centres/iccfyr/fdac). A final report, due for publication in July 2010, will consider whether the court has improved outcomes for children and families. An interim report describes the court and includes implementation lessons, and includes qualitative data from both parents and professionals that suggest promising results for the court:

FDAC Research Team (2009), *The Family Drug and Alcohol Court (FDAC) Evaluation project: Interim Report*, London: Brunel University, www.brunel.ac.uk/doc/1321/FDACIRAugust200920090914.pdf.

***Think Family* literature review**

The discussion above is necessarily restricted to those interventions and practices currently within the remit of *Think Family* implementation. Further information regarding policies and practices that seek to engage families can be found in an extensive literature review:

Morris, K., Hughes, N., Clarke, H., Tew, J., Mason, P., Galvani, S., Lewis, A., Loveless, L., Becker, S. and Burford, G. (2008), *Think Family: A Literature Review Of Whole Family Approaches*, London: Cabinet Office.

Think Family was in part informed by this comprehensive literature review. The review discusses different conceptual issues relating to the definition of family and explores a range of theoretical frameworks for responding to different presenting needs. The report

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highlights the paucity of research evidence relating to the lived experiences of more marginalised families.

The authors identify three models of working with families based on: working with family members as a resource for supporting a particular service user; addressing the needs of individual family members at the same time as addressing the principle needs of the primary service user; and approaches that seek to address the needs of whole family units (see Hughes in this issue). The review provides extensive discussion of a range of practice examples within this typology.

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