

# Think Family services

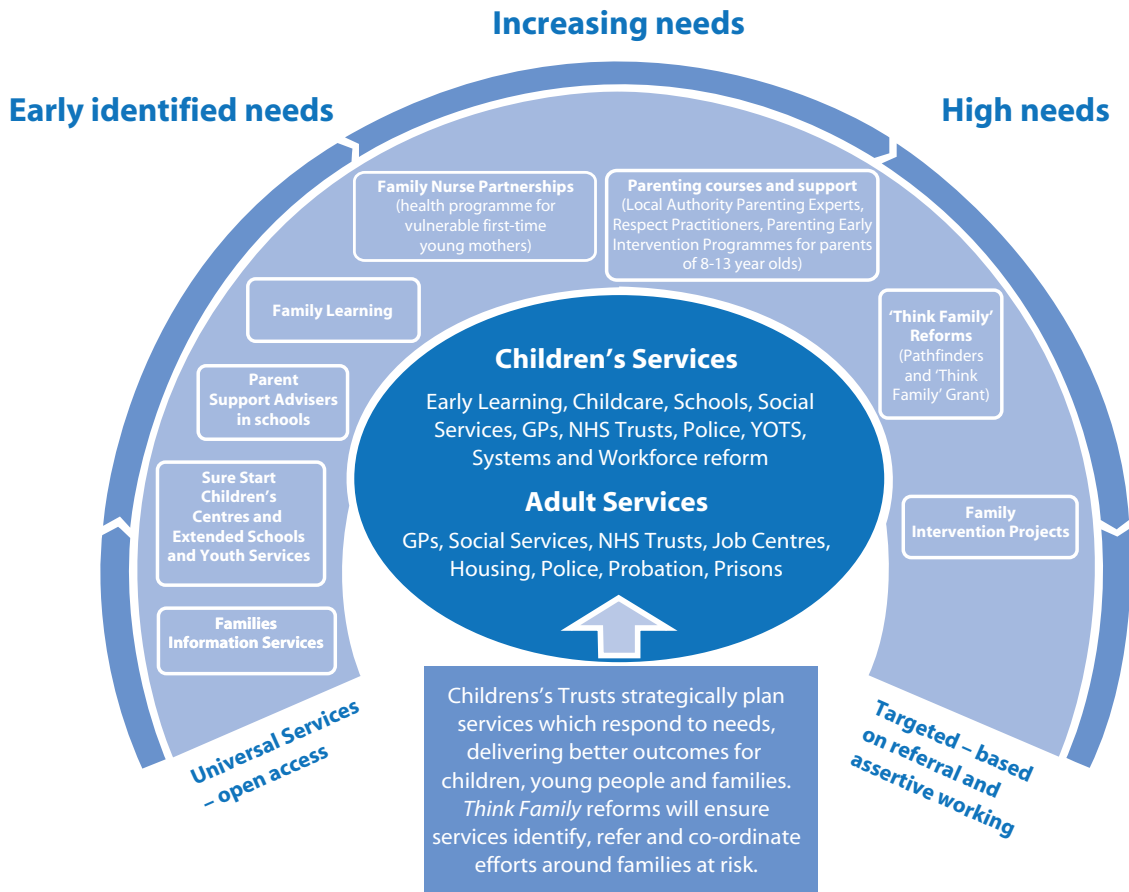
## Implementing *Think Family* services

This note sets out the range of local services and evidence-based interventions which can support the *Think Family* approach. These include parenting and family support services and targeted family and parenting interventions delivered alongside a wide range of universal, targeted and specialist children's and adults' services.

## Developing *Think Family* services

1. *Think Family* means reforming systems and services provided for vulnerable children, young people and adults to secure *better outcomes* for children, by *co-ordinating* the support they receive from children, adult and family services so that they can:
  - identify families at risk of poor outcomes to provide support at the earliest opportunity;
  - meet the full range of needs within each family they are supporting or working with;
  - develop services which can respond effectively to the most challenging families; and
  - strengthen the ability of family members to provide care and support to each other.
2. Services of all types come into contact with families at risk of poor outcomes: universal, targeted and specialist; statutory, voluntary and independent; and children's, adult and family. Effective *Think Family* provision depends upon the ability of these services, and the practitioners working in those services, to 'assess' and then 'decide' on the most appropriate set of interventions to support and achieve better outcomes for each child's needs whilst, whenever possible, helping the child's parents and other adult family members. However, focusing on the full range of needs within a family should not detract from the over-riding duty to safeguard and promote the welfare of the children involved.

**Diagram 1: Parenting and family support services in local areas**



**Note:** the range of Think Family services in the diagram above is not exclusive – locally commissioned and funded programmes may also be provided, often delivered through the third sector, such as for example, Family Group Conferencing. Other relevant centrally funded pilot programmes operating in some areas include Multi-Systemic Therapy and Functional Family Therapy.

3. Every Child Matters placed a key strategic role on local authorities in the design and development of support for parents – both mothers and fathers – in their area. Parenting Commissioners have been appointed to strategically plan, commission and champion services to support parenting. This is a significant role with a strong likelihood of improving overall outcomes for children. Guidance for local authorities in reviewing the parenting commissioner role is available in the Strategy and Governance section of the Parenting Implementation Resource kit which can be accessed at [www.dcsf.gov.uk/ecm/pip/](http://www.dcsf.gov.uk/ecm/pip/)

4. Local authority parenting and family support strategies should cover the full range of services planned by local authorities with their partners, across the spectrum of family needs. Services for parents and families can play a key role in the prevention of offending by young people so it is important that Crime and Disorder Reduction Partnerships, Youth Offending Teams, Local Criminal Justice Boards, and key local practitioners working with young people at risk of offending are involved in their development and delivery.
5. Key to the implementation of *Think Family* are 'universal' prevention and signposting services which are accessible to and used by parents experiencing problems. This means parents are more likely to get the help they need before problems escalate and this in turn reduces the demand on specialist services. Most areas now provide signposting information for parents about specialist advice, and targeted services for parents experiencing problems, including parenting programmes or other intensive family support. Enforcement measures, such as parenting contracts and orders, may also be used to encourage parents experiencing significant problems in managing their children's behaviour to take advantage of the support available where voluntary approaches have failed.

### Targeted family and parenting interventions

6. There is an emerging body of evidence-based practice about working effectively with families to improve parenting skills and strengthen the ability of family members to provide care and support to each other.
7. From April 2009 all local authorities receive extra funding to provide three types of targeted service based upon this evidence:
  - **Youth crime Family Intervention Projects (FIPs)** to provide intensive support to families in the greatest difficulty;
  - **Parenting Early Intervention Programmes (PEIPs)** to help improve parenting skills of mothers and fathers of children (aged 8–13) who are at risk of poor outcomes; and
  - **Parenting Experts and Parenting Practitioners** to provide and advise on the provision of parenting programmes and one-to-one support to parents.

The roll out of each of these interventions is backed up by an extensive programme of support, monitoring and research.

8. Effective ways of working with the most challenging families are a characteristic of FIPs, but can be applied more widely when working with families with complex problems. These include:
- Multi-agency teams organised around the full-range of family needs and drawn from across adults' and children's services. The objectives for interventions with each family should be agreed so that the key agencies working with families have shared aims and are working towards the same outcomes and cases should be reviewed regularly. Links between schools and multi-agency or locality teams are important to ensure that problems can be identified and supported in school as early as possible.
  - A co-ordinated support plan for the whole family which pulls agencies together and meets all needs. This should include the family's objectives, individual family members' contributions (where appropriate) and the contribution of services, with timescales and reviews built in to ensure accountability.
  - Key workers (family workers who take on a lead professional role for the whole family) who case manage families, oversee delivery of multi-agency whole family support plans and co-ordinate the input of other services. Small caseloads can enable practitioners to work with families for as long as is needed and an assertive working style<sup>1</sup> can help ensure families benefit from the support put in place. Contracts can also be very helpful in setting out commitments made by the family, the key worker and other agencies and budget-holding lead workers/professionals.
  - Open access and targeted parenting programmes and one-to-one support to help parents develop their skills and confidence in managing children's behaviour. Evidence-based parenting programmes and one-to-one support are often provided alongside or as part of other parenting and family interventions.
  - 'Follow on' support: some families need further support work after the period of intensive intervention to ensure improvements are sustained. These services can often be commissioned from a local third sector provider, either as a spot purchase or volume contract and added to existing contract arrangements.

1 The term 'assertive working' refers to a style of working which is persistent and tenacious, and effectively uses tools and powers to secure engagement with parenting support, such as Parenting Contracts and Orders.

### **Bolton case study: Co-ordinating services to support families with complex needs (real names not used)**

Bolton's Family Pathfinder is working with the Taylor family who have a 2-year-old child who was the subject of a child protection plan. The child's father has until recently worked full time and the family live in the father's mortgaged property. The mother has a learning disability. There had been continued reports from a neighbour of abusive arguments in the family home which appeared to be very distressing for the child. There were also signs of domestic abuse and the mother was verbally aggressive and threatening towards her partner, especially in the evenings and throughout the night following bouts of heavy drinking. Both parents had entrenched alcohol problems and had been drinking since they were teenagers. When looking at the family's background, the *Think Family* team discovered that after an earlier period of heavy drinking, domestic abuse and neglectful parenting, the mother had relinquished care of her older three children from a previous relationship to the care of their father.

The Family Pathfinder carried out an initial parenting assessment which identified attachment difficulties between the 2-year-old daughter and her mother and limitations in her ability to respond to her daughter's needs. The *Think Family* team in consultation with the child's social worker took the following action with the family:

- worked alongside Alcohol Services, accompanying parents to appointments and jointly visiting the home with the alcohol worker. The mother's residential detox and father's home detox was also co-ordinated to fit in with the child's urgent need for practical and emotional support;
- secured day care using a local child minder to provide respite for the child for several days each week;
- worked closely with local community safety officers to monitor and manage the neighbourhood disturbance;
- worked closely with mediation services to offer a forum to resolve issues between the family and the neighbour and separately to work on the parents' own relationship;
- used the *Think Family* budget to fund bed and breakfast accommodation temporarily for the mother whilst waiting for her detox programme to prevent the need to remove the child from the family home; and

- maintained intensive family support over six days each week, including the use of a male family support worker to work with the father to improve his relationship with his child.

During the two-week period that the mother spent in bed and breakfast accommodation her behaviour deteriorated, her level of drinking escalated, resulting in planned contact visits to her husband and child being sabotaged by her verbally aggressive and abusive behaviour. During the same period the father re-evaluated their relationship, making very clear choices to place the needs of his child above those of his partner if she could not reduce her alcohol consumption. The father maintained a positive preparation for his own 'home-based detox' which is now underway whilst the mother has moved into a residential detox unit. The father is now committed to reducing his use of alcohol and caring full time for his child and ensuring she is safeguarded from further emotional abuse and neglect. The mother has yet to make that commitment and may face losing her partner if she is unable to successfully address her alcohol use and behaviour. The team is continuing to work intensively with both parents to develop 'a plan for change' setting out clear consequences for both parents if the agreed changes are not made.

### Further details

Also see Guidance note 10: *Think Family* and adults' services; Guidance note 4: Family Intervention Projects; Guidance note 7: Parenting Early Intervention Programme.

### *Family-Nurse Partnerships*

9. The Family-Nurse Partnership (FNP) programme is a preventative home visiting programme for disadvantaged first-time young mothers and their families. It is structured and intensively delivered by specially trained nurses from early pregnancy until the child is aged 2 years. It benefits children and families who have the poorest outcomes, and in particular mothers with low psychological resources (low educational achievement, limited family support and poor mental health). It is a licensed programme with fidelity measures to ensure replication of original research – developed over 30 years in the US and three large scale trials.
10. The FNP aims to improve pregnancy outcomes; child health and development; future school readiness and achievement; and lead to improvements in parents' economic self-sufficiency. Consistent results in the three US trials have shown:
  - Improvements in women's antenatal health
  - Reductions in children's injuries
  - Fewer subsequent pregnancies

- Greater intervals between births
  - Increases in fathers' involvement
  - Increases in employment
  - Reductions in welfare dependency
  - Improvements in school readiness
  - Economic benefits, with a five-fold return on investment.
11. The Government has been testing the FNP in England since April 2007. Early signs are promising, with evaluations in England suggesting that take-up is high amongst hard to reach parents; clients and nurses are enthusiastic about the programme; engagement with fathers is good; and nurses are reporting significant changes in health behaviour, relationships, parental role and maternal well-being. Experience delivering the FNP in England also suggests that:
- learning from the FNP has wider application across prevention and early intervention;
  - FNP provides a new and different model of behaviour change and emotional development work with young mothers; and
  - it supports the delivery of a range of indicators and outcomes in an integrated way.
12. There will be pilots in 50 primary care trust/local authority areas by January 2010. The Child Health Strategy, published in February 2009, included a commitment to expand to 70 pilot sites by April 2011, and to offer the FNP to the most vulnerable first-time young mothers over the next decade, if the evidence supports this.

### *Multi-Systemic Therapy*

13. Multi-Systemic Therapy (MST) is a licensed and evidence-based community intervention for children and young people aged 11–17 years and their families, where young people are at risk of out-of-home placement in either care or custody and families have not engaged with other services. The MST team works with young people and their families to increase parenting capacity, to increase young people's engagement with education and training, to promote pro-social activities for parent and child, to reduce young people's offending behaviour, increase family cohesion, and to tackle underlying health or mental health problems in the young person or parent, including substance misuse.
14. MST services are delivered in the family's 'natural' environment (for example home, school, community). The treatment plan is designed in collaboration with family

members and is, therefore, family-driven rather than therapist-driven. The ultimate goal of MST is to empower families to build an environment, through the mobilisation of child, family, and community resources, that promotes health. The typical duration of home-based MST services is approximately four months, with multiple therapist-family contacts occurring each week.

15. An MST team consists of 2–4 full-time therapists, a supervisor, and appropriate organisational support. Each therapist works with 4–6 families at a time. The therapist is the team's main point of contact for the youth, family and all involved agencies and systems.
16. Although MST is a family-based treatment model that has similarities with other family therapy approaches, several substantive differences are evident.
  - MST places considerable attention on factors in the adolescent and family's social networks that are linked with antisocial behaviour. Hence, for example, MST priorities include removing offenders from deviant peer groups, enhancing school or vocational performance, and developing a local support network for the family to maintain therapeutic gains.
  - MST programs have an extremely strong commitment to removing barriers to service access.
  - MST services are more intensive than traditional family therapies (for example several hours of treatment per week).
  - MST has well-documented successful long-term outcomes with adolescents presenting serious antisocial behaviour and their families.
17. DCSF, the Department of Health (DH) and Youth Justice Board (YJB) are funding ten pilots of standard MST, one pilot of MST for child abuse and neglect (MST CAN), and one pilot of MST for problem sexual behaviour (MST PSB).

## Parenting and family information and learning

18. Parents, mothers and fathers need high quality information to help them to make the best choices for themselves and their children. Local authorities have a duty to deliver this information and normally do so through a Families Information Service. These offer information and advice on a broad range of issues and local services, including childcare availability, for parents of children and young people up to the age of 20.

### *Local authority Families Information Services*

19. Local authority Families Information Services (FIS) should provide comprehensive, accurate and up-to-date information that is easy to access from a choice of locations visited by parents and in different media and formats. Information should be delivered in a way that encourages parents to exercise choice and become informed consumers of local services.



20. FIS should also be helpful to local practitioners working with children. The Department for Children, Schools and Families (DCSF) recently published an evaluation of FIS which concluded that many local authorities need to do more to deliver an effective service to parents. DCSF strongly recommend that, in light of the evaluation findings, local authorities review their progress in developing effective FIS.
21. Improving the availability of information and help for parents and frontline practitioners is essential to signpost parents to the most appropriate service and reduce the likelihood that problems might escalate in the future. To help achieve this, funding has been allocated to local authorities to procure new information systems so that each authority can provide a Parent Know How Directory (formerly known as the Information System for Parents and Providers Project). This will be a web-based system which allows parents to search for local services by postcode across local authority boundaries. It will also provide parents with access to information about a wider range of national services including those provided by third sector partners. The new system will be accessible from anywhere with internet access – so links to it could be placed for example on library, school and children’s centre websites as well as local authority ones.

### *Parent Know How*

22. Parent Know How is a DCSF programme to increase provision of support and advice to all parents – mothers, fathers, carers and other adults with parental responsibility – by transforming the quality, choice and awareness of parental information and support services funded by the DCSF. It brings together a range of national services including telephone helplines, new internet-based services and print media:
- telephone helplines – a successful means of supporting parents with over 100,000 parents supported in 2008/09;
  - new web and social media services, like instant messaging, networking tools, and effective use of the internet to deliver parenting services (over 300,000 parents supported in 2008/09); and
  - syndicated content in magazines that reaches parents who prefer to receive their parenting information in print form.
23. The principle underpinning Parent Know How is that services should be available to parents in places where they already go and from organisations they already trust and use.
24. A new national online signposting system – the Parent Know How Directory – will be available to parents and those who work with parents from September 2009. This will be a key tool for local authorities (see para 13 above) and third sector organisations working with parents. Further details about Parent Know How are at: [www.dcsf.gov.uk/parentknowhow/](http://www.dcsf.gov.uk/parentknowhow/)

### *Family learning*

25. Family learning can help mothers and fathers and carers to get more involved in their children's schooling and at the same time build their own skills and confidence. For the most disadvantaged families, lack of qualifications and a poor experience of school can be known risk factors. Parents with low literacy levels are more likely to have children in the lowest reading attainment group<sup>2</sup> and people with poor skills are more likely to have problems with personal finances and debt.
26. The Family Learning Impact Fund aims to further develop existing family learning provision (Family Literacy, Language and Numeracy and Wider Family Learning) funded by the Department for Business, Innovation and Skills. There are key strands of work to extend and engage more hard-to-reach families, families at risk and fathers, which include:
- rolling-out the Early Years Foundation Stage (EYFS) module to extend the reach of family learning to Early Years settings;
  - expanding the learning offer, building the capacity of the workforce and increasing the number of families engaged in learning about finance and money management; and
  - developing a course to enable parents to have a better understanding of the information they receive from schools' and children's services on their children's learning and development.
27. Programmes are available locally in a variety of settings including children's centres, extended schools, community and voluntary organisations, health centres, early years services, and museums and libraries. To find out more contact your local authority.

### **Universal family services**

#### *Child health services*

28. Health promotion is an important area for children, young people and families. Good physical and emotional health are ends in themselves but they are also key contributors to broader outcomes such as improved learning and achievement and the longer-term prospects of young people as they move into adulthood. To support this, the Healthy Child Programme (HCP), currently for 0–5-year-olds, is being extended to cover 5–19 year-olds and will be available towards the end of 2009. The guidance will be for frontline professionals delivering services as well as those commissioning them. It will set out the good practice framework for the design and delivery of services so that a universal preventative service promoting health and well-being is available to all 5–19 year-olds, with the delivery of services for those with additional needs and risks. A range of settings will have a key role in delivering this programme including traditional health settings, schools and the youth sector.

29. As well as ensuring that children and young people have access to information, advice and guidance, the 5–19 HCP will also outline measures for ensuring that parents and carers have access to appropriate support to help them in promoting healthy lifestyles. For example, an associated HCP practical package of support will be developed for parents and carers which describe what to expect at each stage of a child and young person's development, and how parents can support their children's health.
30. The Child Health Strategy jointly published by DH and DCSF in February 2009 sets out important new expectations on Children's Trust partners to provide children and families with accessible and comprehensive information about services, advice and support. Commitments to support local provision which will be of particular importance in supporting the implementation of *Think Family* include:
- stronger joint leadership and local accountability arrangements with statutory Children's Trust Boards to include GP members as well as primary care trusts;
  - a programme to support Children's Trusts in improving how all services for children and families are commissioned;
  - a support programme for local authorities and primary care trusts to commission child health services;
  - action to ensure all organisations with responsibility for child health and well-being are fulfilling their statutory responsibilities for safeguarding children;
  - action to strengthen the information available to help plan, monitor and improve services; and
  - action to develop the child health workforce, with a particular focus on health visitors.

### *Early intervention services and preventative programmes*

31. International research has shown that evidence-based parenting programmes have lasting effects in improving behaviour even in cases where parents are initially reluctant to take help. Increased support for parents impacts upon a range of outcomes for children and young people, including educational attainment and prevention of anti-social, offending and risky behaviours such as use of alcohol and drugs.
32. Using local authority information services, practitioners working in a children's centre, school, health or other education settings are able to signpost parents on to local services such as parenting support and convenient venues where parents can obtain information directly.
33. The White Paper: *Your child, your schools, our future: building a 21st century schools system* sets out how schools can help to identify and address children's additional

needs, including those of their parents. The White Paper includes the commitment to develop a clear, national framework for early intervention to meet children's additional needs, setting out the roles and responsibilities of schools and other services. This will include building on the *Think Family* approach.

34. Specialist and voluntary services which parents might be referred to as a result of their contact with preventative services could include:

- One-to-one parenting and home-based family support services
- Group-based parenting programmes
- Clinical or therapeutic interventions, for example Multi-Systemic Therapy
- Drug and alcohol treatment services
- Debt or housing advice services
- Young carers services
- Employment advice
- Childcare services

### *Aiming High for Disabled Children*

35. Parents of disabled children and young people often face increased pressures due to their caring responsibilities. For the families of disabled children the Aiming High for Disabled Children (AHDC) programme is investing £280 million of revenue and £90 million of capital funding to transform short breaks provision. The Family Fund provides grants for things that make life easier and more enjoyable for the disabled child and their family and to help them meet the additional financial pressures they face. In 2007/08, the fund distributed £21.7 million to 37,000 families in England and the Government is investing £8.4 million over this spending period to extend the age range to cover 16- and 17-year-olds. Lack of high quality, affordable and accessible childcare is also a key issue which can place pressure on parents and families. As part of the AHDC programme, the Government is investing £35 million in this spending period to improve access to childcare for disabled children and young people and to reduce attitudinal barriers.

### *Targeted Mental Health in Schools*

36. The Targeted Mental Health in Schools (TaMHS) project provides children and young people and families with access to emotional and mental health support. TaMHS builds on evidence-based whole school approaches including the Social and Emotional Aspects of Learning (SEAL) programme and the Healthy Schools programme along with in-school targeted support to children and young people who have been identified as

being at risk of developing or experiencing mental health problems. Schools are encouraged to develop better links to specialist Child and Adolescent Mental Health Services (CAMHS).

### *Targeted Youth Support*

- 37. Targeted Youth Support is a key part of the Government's approach to reforming young people's services. It already provides a framework for helping local agencies to work together, focusing on early intervention and prevention, to help the most vulnerable young people, and this can be extended to younger children too.
- 38. Effective targeted youth support services ensure that vulnerable young people, involving their parents or carers where appropriate, receive a personalised package of support, information, advice and guidance, and learning and development opportunities, to help them stay on the path to success. *Think Family* reforms can build on the structures and partnerships that have already been set up to achieve this in most local areas – although they are likely to draw in extra services for adults and younger children.

### *Teenage pregnancy*

- 39. Conflict within families, in particular relationship breakdown, increase the risk of teenage pregnancy. Practitioners working with teenagers and their families need to be aware of this risk and signpost parents to the support available. Evidence shows that a parent's ability to talk openly to their children about sex and relationships is a strong protective factor against early pregnancy.
- 40. Where teenage pregnancies occur within a family, this can be an indicator of an underlying need for family support. Teenage parents can be vulnerable to a range of poor outcomes. The risks are greatest where the young parent does not have a stable social support network or a supportive family. Where family support is weak, it is important that the young parent receives support from a lead professional.
- 41. Sources of help and support for parents of teenagers to help them discuss sex and relationship issues with their children include the 'Time to Talk' initiative, supported by the Parentline Plus helpline and website. 'Speakeasy' community-based parenting support programmes also offer parents advice on talking to their children about sex and relationships. Guidance for practitioners on supporting teenage parents was published by DCSF and DH in July 2007<sup>3</sup> and covers how to tailor maternity services to improve health outcomes for teenage mothers and their babies; providing support through a lead professional; and securing financial support and accommodation for those in need.

3 *Teenage Parents Next Steps: Guidance for Local Authorities and Primary Care Trusts* sets out what local areas should have to improve outcomes for teenage parents and their children. (See *Think Family Bibliography*)

## Delivering services that are culturally aware

42. Equal access to the provision of family and parenting support depends upon services being sensitive to the needs of different cultural and ethnic groups. Involving individuals and organisations in the development and management of services who have close links with different black and minority ethnic groups within the community being served is an important way of doing this as is monitoring service take up in response to identified local needs.

The **London Borough of Tower Hamlets** has identified key determinants of effective service provision for a diverse community:

- Partnership with community groups who often have long-established representation through various bodies in the statutory and voluntary sector. Liaison with these agencies can provide valuable insight into methods of accessing target groups and potential matched funding or other shared resources.
- A diverse workforce representative of the local community can greatly help in the recruitment and retention of parents on parenting programmes. This means active recruitment and training of facilitators from specific cultural and ethnic backgrounds, preferably with the ability to deliver parenting programmes through a community language if needed.
- User-friendly locations: some minority groups have specific community locations, such as a local church hall or Islamic centre, which can be used. Centralised venues such as schools are often convenient for parents, with the course starting after they have dropped off their children. This also has long-term benefits of making families welcome in their children's learning environment, promoting further parental engagement.
- Recruitment methods: personalised methods of recruitment are much more effective than posting out written information or invitations. Parents from specific minority groups can be targeted directly on a one-to-one basis with the allocation of additional time or resources when necessary to ensure equality of access.
- Respecting different beliefs: parenting approaches are influenced by, amongst other things, a family's cultural background. Presenting a parenting programme needs to take this into account, making sure that overly prescriptive judgements aren't made as to what is right or wrong. This may mean accepting very different views as to what makes 'good parenting'. This is essential if open discussion is to be encouraged and people from all backgrounds are to feel secure in discussing personal issues around their child's behaviour and the positive strategies to manage it.

## Delivering services that involve fathers

43. Research shows that children with highly involved fathers develop better friendships and more empathy, have higher levels of educational achievement and self-esteem, and are less likely to become involved with crime or substance abuse. At the same time, mothers also benefit greatly from the support that fathers can provide, particularly in helping to balance work-life commitments.
44. While not all fathers and father-figures are able to be positively involved with their children, every effort should be made to support as many fathers as possible: all fathers, including those who may present certain risks, should have access to the information and support. Many children's services are still predominantly mother-focused and negative assumptions are often made that fathers are more interested in work than parenting or can't cope with children without a woman to help them. Ironically, these assumptions often lead to a situation where too much is expected of mothers.
45. Making services more welcoming to fathers doesn't necessarily mean a drastic overhaul – small things can make a big difference. To engage successfully with fathers, it is important to take a systematic approach to understanding their needs and assessing services. There are many simple things that can be done immediately to reach out to fathers, such as making small changes to your environment and holding a staff focus group to share experiences of engaging with fathers. The 'Dad Test', published by the DCSF with the Fatherhood Institute, Children's Society and National Academy for Parenting Practitioners, sets out how services can identify what changes they can make to ensure they provide the best possible services to children and families. It can be downloaded from: [www.think-fathers.org](http://www.think-fathers.org).

