

Family Support and Child Social Care: Policy and Practice

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Supporting parents, children and young people

'I used to cry alone now I have many shoulders to cry on' (Somalian refugee mother reflecting on her experience of family support, to one of the authors)

Introduction

The aim of this Special Report is to provide an overview of the current state of knowledge in relation to family support policy, practice and research. The report is aimed at being accessible to, and relevant for, social care practitioners and those responsible for policy and practice development. The report argues for the central place of family support in social work and children's social care.

The structure of the report is as follows:

The introduction explains the aims of the report and principles under-pinning our approach. The report then explores the use of concepts and terms – which it is argued is important in steering and guiding policy and practice development. Having argued that family support is made up of an extensive 'tool kit' of practices and approaches we then go on to explore some key elements of this practice. We then conclude and summarise our key points.

This Special Report has a focus on family support as a professional practice. Family support is utilised as the core guiding concept: it will be explored in relation to other concepts which are in regular use including prevention, early help and early intervention. All these concepts are related and have different, nuanced meanings and their deployment has an impact on policy and practice. We believe that family support is a vital element of all aspects of child welfare and should underpin other practices – including safeguarding practice and work with children in the care system.

We have argued elsewhere that there are eight key principles that should underpin family support:

1. Family support offers inclusive and engaging practices based on the idea of offering support to families and children who feel they require it. Family support is therefore strongly suggestive of partnership, engagement and consent.
2. Such support can be offered early in the life of the child or early in the emergence of the identified challenge facing the family. It is important that family support services can be relevant to all children and young people, and not only to younger children.
3. Family support is a proactive process which engages with the parent(s) and/or young person in a process of change. Implicit in the term 'family support' is the suggestion of bringing about change within the family network.
4. Family support attempts to prevent the emergence, or worsening, of family challenges.
5. Family support is necessarily based in a theory of change. Any family support intervention should aim to result in some desirable change, and it draws on a belief that change is achievable.
6. Family support draws on a diverse 'tool kit' of skills and approaches. It attempts to develop and encourage local, informal support networks.

7. Family support aims to generate wider social change and benefits. Such results may lead to a saving in public expenditure, a decrease in social problems, an improvement in the quality of family life or a reduction in measurable outcomes, such as the number of children coming into care.
8. Family support works with children and young people in partnership and encourages and develops their resilience. (Frost, Abbott & Race, 2015)

These eight principles underpin and inform the approach taken throughout this Special Report. (see Canavan *et al*, who suggest 10 key principles in relation to family support)

Policy discussion

Family support has a long and complex history: arguably the early social work organisations, such as the Charity Organisation Society, NSPCC and the settlement movement were involved in prevention and the alleviation of social problems through what we may identify today as a form of ‘family support’ (Ferguson, 2004, Stedman-Jones, 1976). More recently there were elements of prevention and family support in the key legislative landmarks of the last century – for example, the Children Act, 1948, the Children and Young Person Acts of 1963 and 1969, and of course, the Children Act, 1989. The last offers a key landmark in the history of family support (Frost and Parton, 2009)

In this context we focus on the post-1997 period – arguably a period when the focus on family support reached its peak in the English context. The New Labour government (1997-2010) introduced the Every Child Matters programme, which had a universal reach and a holistic approach to childhood.

A central element of this approach was the Sure Start programme which had family support at its heart. Sure Start began with a focus on the poorest children but peaked as a universal, centre-based, community focussed programme. The importance of such an approach was emphasised in 2007 when the United Kingdom, came last out of 21 in an impressive and empirically based UNICEF study of ‘childhood in rich countries’ (UNICEF, 2007).

Unfortunately, a combination of the 2008 recession and the election of the Coalition Government, saw the slow and gradual dismantling of the Sure Start vision. This makes it perhaps more important that we continue to make the case for family support in a challenging environment in which the safeguarding agenda is dominant – perhaps to the detriment of the family support case.

Theoretical approaches to family support

All social work and social care practice is based in a theoretical approach – although it may be more or less apparent and visible. Family support has a powerful, if eclectic, theoretical base and this has produced four key concepts which guide policy and practice: ‘family support’, ‘prevention’, ‘early help’ and ‘early intervention’. All these have related meanings but there are also some subtle and nuanced differences. To the reader who may well think “why does theory matter?”, we would point to the use of the concept of ‘child sexual exploitation’, which, from around 2005, transformed practice when the use of the term ‘child prostitution’ was discontinued. In other words concepts can actually change policy and practice approaches. We will explore each of these concepts in turn.

Prevention has the longest history of these terms – rooted in public health thinking where prevention through the use of clean water and inoculation, for example, have improved the health outcomes of the population. The classic work in terms of social work came from Hardiker and colleagues who defined what primary, secondary, tertiary and in some models quaternary, prevention mean for social work. These terms can be deployed as follows:

Primary prevention – involves universal, non-stigmatising support for families. Child benefit (before it recently became means tested), playgrounds and health visiting provide examples of this intervention: they are universally accessed and do not involve any stigma for those who use such services. Such intervention provides a bedrock of a welfare state, but tends not to involve social workers.

Secondary prevention – moves nearer to direct social work involvement. This level targets parents who have low-level challenges in their parenting, which may involve isolation, loneliness, lack of parenting skills or depression. Such situations may respond to volunteer home visiting (such as Home Start) or joining support groups. Local authorities may have services named ‘early help’ or similar which work with such families, although many suitable services may be based in community centres, schools or children’s centres.

Tertiary provision – overlaps more with social work and may be provided under Section 17 of the Children Act, 1989. Such provision is aimed at parents who face serious and severe challenges in their parenting – issues may include the so-called ‘toxic trio’ of mental ill-health, domestic violence and substance abuse. Provision can be based in local authority or in the voluntary and community sector. It will often involve evidence-based, manualised programmes – such as those that are promoted by the Centre for Social Justice and the Early Intervention Foundation.

Hardiker *et al* added a fourth level – quaternary – which involves returning children home from public care, but is not the direct focus of this Special Report.

One advantage of the Hardiker *et al* framework, which has become a ‘classic’ way of thinking in social work, is that one can assess service provision in any given geographical area, and therefore work out if service provision is adequate at each level (see Frost and Dolan, 2012).

Having explored the use of ‘prevention’ as a concept we now move on to explore ‘family support’, which is perhaps the dominant phrase in the field. Family support is embedded in Section 17 of the Children Act, and was very much championed by the civil servant who was the architect of that Act, Rupert Hughes.

In everyday social work talk it has been common place to refer to safeguarding and work with looked-after children work as ‘statutory’ to the exclusion of all else – but it should be remembered that family support has a statutory mandate under the Children Act. Whereas prevention can be seen as negative – it is aimed at stopping something from happening – family support is much more positive – offering proactive and positive support for families. Family support can be offered at all the prevention levels outlined by Hardiker *et al*. Such practice is based on a number of principles such as those we outline in the Introduction to this report.

During the late twentieth century the concept of ‘early intervention’ gained increasing usage and has been championed by Government, the Centre for Social Justice

(Allen, 2011, Allen and Duncan Smith, 2008) and the Early Intervention Foundation. Early intervention suggests a 'harder edge' than family support: it tends to demand a stronger evidence base than family support and argues for measurable outcomes and for an 'invest to save' approach. It also presents as being more authoritarian than family support – one cannot imagine family support being imposed on a family but early intervention can be. Early Intervention tends to favour manualised and/or short-term programmes, rather than on-going, relationship-based support.

The term 'early help' was originally coined by Professor Eileen Munro (2011) in her series of reports for the Coalition Government (2010-15). Early help perhaps combines 'early intervention' and 'family support', thus having a softer edge than early intervention. The term was picked up by government and the inspection body Ofsted, which began to inspect the 'early help offer' in local authority areas.

Thus in this field of children's social care practice – perhaps unhappily and confusingly – we have four competing concepts: prevention, family support, early intervention and early help. For brevity and because we also believe that it is the most helpful concept in this report from hereon we utilise 'family support' as best conceptualising pro-active, supportive work with families and their children.

Practice models

We now move on to explore some of the family support approaches which form part of the family support 'toolkit'. One feature of the family support approach is that it has no one dominant method of delivery. Below we explore community-based responses, family group conferences, parenting support, children's centres, home visits and targeted approaches, but to this we could add various programmes and initiatives that could fall within the family support remit. This is both a strength and weakness of family support: it is a strength in the sense that family support can draw on a wide-range of methods and approaches, which together can form a holistic approach. It is perhaps a weakness that family support is lacking in clarity and as a consequence can mean different things to different people – it has been referred to as a 'slippery concept' (Frost *et al*, 2003). Below we explore a range of interventions which practitioners may find relevant and may wish to pursue further – but this list is by no means meant to be exhaustive or comprehensive.

Home visiting

The home visit has a long history in social work – and can be traced back to the early days of the Charity Organisation Society and the NSPCC (Ferguson, 2004). Some charities – most notably Home Start - utilise the home visit as the central method of their practice and, of course, the home visit is central to social work practice. The home visit is essential to family support and is utilised across the spectrum of family support practice. The family support home visit can be distinguished from the child protection home visit which, inevitably, has a focus on surveillance and monitoring. In the family support home visit there will be aspects of assessment, but the main focus should be on advice, relationships, support and guidance.

There are extensive literature reviews that summarise the impact of home visiting (Howard and Brooks-Gunn, 2009, Sweet and Appelbaum, 2004). These reviews point out that there are a wide-range of methods that underpin the home visit and

that it can be undertaken by a range of professions and/or volunteers: the home visit is a method or form of practice rather than coherent theoretical approach.

Both the referenced literature reviews are largely optimistic that home visiting, in all its forms, can lead to positive outcomes as it encourages involving the whole family, personalising the service, focus on the individual and building rapport. However, the two literature reviews we have utilised find little to prove that home visiting reduces child maltreatment but argue that it can improve parental functioning and capabilities, perhaps particularly in relation to young mothers.

Community-based responses

Community-based responses – sometimes called centre-based services – are most often at the primary level of services as outlined by Hardiker and colleagues, and are usually universal in nature. They may include drop-ins, playgroups, advice centres and parenting classes, for example. To be truly community based these services should be inclusive and non-stigmatising. Such projects can built on and encourage informal community-based support, building capacity and resilience. A notable study by Trivette and Dunst (2005) found that community-based projects increase parental confidence and competence, where they are genuinely participative (rather than top down projects). This suggests that service user involvement/community in family support projects is essential in planning effective services.

Arguably community-based family support reached a peak in England and Wales under the New Labour Sure Start project: eventually this programme became universal, with a Sure Start Children's Centre serving each local area. These probably met all the criteria for community-based provision:

- Community involvement
- Volunteer input
- Non-stigmatising service provision
- 'Level One' service provision

Unfortunately the ambitious and well-funded Sure Start research project never quite delivered in terms of identifying any measurable outcomes – comparable to those identified in the well- publicised Perry High Scope project.

The High Scope programme was in many ways unremarkable – combining early years care and home visits. What is remarkable is that a fortieth birthday follow up study was conducted with a group of young children who participated in the programme and a group who acted as a control group. The findings are impressive:

The 40th birthday follow up study finds: the intervention group were less likely to be arrested, more likely to earn US\$20k+, more likely to complete high school, and achieved more highly at school. Significant financial savings follow from this: Bellfield *et al* (2006) undertook an overall cost-benefit analysis and estimate that US\$12.90 is saved from public costs for every US\$1 invested. They claim that 'program gains come mainly from reduced crime by males'.

Family group conferences

One of the most researched tools in the family support 'tool kit' are Family Group Conferences (FGCs) (see Frost *et al*, 2013 a & b). Whilst they can be convened in a

number of practice areas (such as child protection or looked-after children) we focus here on their role in family support. FGCs have many of the features of family support – a strengths-based approach, participation and the mobilisation of informal support mechanisms. The roots and origins of FGCs are to be found in New Zealand and in an attempt to recognise and build on the extensive reach of community support in the indigenous Maori communities. The FGC model is seen to have four key stages:

The 'preparation stage' is before the FGC as such when an independent co-ordinator contacts members of the family network, including neighbours and other significant people. The timing and venue of the FGC will be negotiated at this stage.

At the 'information stage' the relevant professionals provide information, including the strengths of the family network and the concerns that professionals may have.

The third stage is the 'private time' for the family network, to discuss the information that has been provided and to come up with a plan to address the concerns raised by the professionals.

At the fourth phase the family share their plan with the professionals who accept the plan if they feel it has a chance of addressing the concerns that have been raised at the 'information stage'.

The FGC may be reviewed at a time agreed at the original meeting.

We can see from this brief description that FGCs are potentially a valuable part of the family support 'toolkit'. Whilst there is powerful professional support for FGCs the research evidence is mixed. The process evidence in relation to FGCs is positive. By process we mean the way that practice is undertaken. Many studies report that people taking part in FGCs feel valued, listened too and able to participate.

Outcomes studies are mixed. Exploring FGDMs in the United States context one study found that children subject to the process were less likely to enter the care system and more likely to be placed in the family network. A Swedish study found a minimal impact in child protection cases. One of the authors of this report concluded a small scale study of FGCs in England as follows:

- The FGCs require expert preparation and facilitation if they are to work well, a process which the coordinator has carried out to an excellent standard.
- The system seems to be operating effectively overall in encouraging family participation.
- Most conferences were able to draw up an action plan with clear, achievable and agreed aims. After three months, 61 out of 84 agreed action points were actually delivered.
- Participation levels at the FGCs have been high. Usually all parties have been able to make active contributions during the meeting.
- Older children have been able to contribute, including one instance where a 10-year-old led the feedback following private time.
- It is noteworthy that, in almost all cases, very articulate and helpful aunts and uncles (siblings of parents) have emerged as key carers, able to provide

concrete assistance to struggling parents. Grandparents have also played a key role.

- Review meetings have been held to review the plans and check implementation and progress. (Frost and Elmer, 2008)

Parenting support

Perhaps the most focused and most intensively researched area of family support is in the area of parenting support – this area has been strongly documented by the Early Intervention Foundation, for example. These initiatives tend to be ‘manualised’ following programmes where professionals are trained to follow evidence-based interventions which are closely evaluated and measured.

Our starting point is that parenting and families today are diverse and varied – modern families vary in their composition and how they practice family life and parenting. Any effective support needs to take this diversity as a starting point.

Within this social diversity there are also various approaches to parenting. We find the framework devised by Diane Baumrind (1989), and by Maccoby and Martin (1983), very useful. This framework distinguishes between Authoritarian (strict and inflexible), Permissive (liberal and over-indulgent), Neglectful (uninvolved and disengaged) and Authoritative parenting styles. The Authoritative style is the preferred style – parents provide clear rules and guidance within the context of warmth and nurture, ‘high warmth, low criticism’ parenting in other words. This form of parenting is associated with children having higher levels of self-confidence, social skills and higher school achievement.

To support parents there are many parenting programmes including the Incredible Years Programme, the Positive Parenting programme (Triple P) and Strengthening Families Strengthening Communities programmes. The Early Intervention Foundation has provided an in-depth analysis of the costs and outcomes of such programmes, and demonstrate where these are cost effectiveness.

Social workers may be trained to run such programmes and, more often, will refer families they work with to such programmes, and therefore need to be familiar with them and what is available in their local areas. Such programmes have a strong evidence base, but it is the case that they sometimes transfer poorly from the United States context- as is the case with the Family Nurse Partnership, for example. It can be argued that this programme-based approach cannot modify the impact of wider social factors- such as poverty, unemployment and social exclusion (Frost, Abbott and Race, 2015).

Targeted interventions – the example of ‘troubled families’

Many practitioners will be familiar with the government’s Troubled Families Programme – which is often implemented by local authorities under the titles such as ‘Strengthening Families’, ‘Developing Stronger Families’, or ‘Families First’.

The programme model draws on the social construct of the ‘underclass’: that a small number of families have multiple social problems which add up to a financial burden

for the State. This form of thinking has entered and continued to re-enter policy debate and practice and is based on history that arguably dates back to the 1800s. John Welshman (2013) highlighted the striking continuities and discontinuities of the 'underclass'; From the 'social residuum' of the 1880s, to the 'problem family' of the 1950s, and the 'cycle of deprivation' of the 1970s. These definitions illustrate how the 'underclass' has been defined and redefined depending on the political context of the time, seeking to allocate blame in response to social, arguably structural, problems. Welshman consequently highlights that these ideas are useful in serving a purpose to policy makers, rather than being ideas derived from vigorous evidence, of which there is none to date.

The Troubled Families Programme draws on this tradition. The programme was launched in 2011 under the Department for Communities and Local Government with the aim of helping 'turn around' the lives of 120,000 'troubled families', who share a number of social characteristics. Louise Casey, the influential former head of the Anti-Social Behaviour Unit, was appointed to head up the Troubled Families Unit. According to the Troubled Families policy, a 'troubled family' is defined as meeting one of three of the following criteria:

- involved in youth crime/anti-social behaviour
- have children who have poor attendance at school
- have an adult out of work and reliant on benefits
- cause high costs to the tax payer (DCLG, 2015)

The approach taken had a number of features including, joining up local services, a single key worker, a holistic approach to the family and utilising a mixture of intervention techniques.

In May, 2015, the government published figures stating that local authorities had 'turned around' 105,671 of the 117,910 of troubled families that had been identified by local authorities (DCLG, 2015). This figure needs to be treated with some caution, given that local authorities had a significant financial incentive to submit positive results, a golden carrot as it were.

There are also questions as to whether families' lives changed as the result of the intervention, or if they remain changed after the worker withdrew. Long term research would be required to answer the latter question. Questions as to whether families actually felt as though their lives had improved (or even deteriorated) remain, as there has still been no evidence for example in relation to emotional wellbeing. It is also of note that many families do not know they are labelled as a Troubled Family, and many local authorities have actually changed the term, for example to 'Families First'.

Targeted programmes can produce significant measurable results such as these but also have significant limitations. Within the policy debate, and in practice, such programmes tend to focus on the individual family rather than the wider economic and social context. The family can still remain in the landscape of austerity, whilst they are provided with a programme of parenting and practical help inside the home.

Family support in the modern world – the implications for social work and family support practitioners

How and where can these approaches be utilised? How can family support develop in an environment dominated by child protection? Many contemporary social workers may read a report such as this and think ‘what has it got to do with me, I work in safeguarding (or with looked-after children) and haven’t got time to do family support?’ This is a challenging point – and certainly the post-war vision of generic social workers undertaking a range of tasks from prevention to statutory care has passed. However we would argue that family support is central to many forms of social work.

In this report we have attempted to illustrate that just about all social work practice involves elements of family support. For example, safeguarding plans that involve protecting children in their own homes requires family support methods. Similarly working to prevent admission into care, or return children home from care, will require forms of family support. Thus we argue here that family support is, and indeed should be, at the heart of social work policy and practice (Featherstone *et al*, 2014).

Conclusion

We have attempted here to make the case for family support to be at the heart of social work and social care practice. This is a major challenge as child protection has dominated the social work discourse in recent years – and thus the focus on family support has been displaced. However there are reasons to be optimistic:

- a) Family support remains a statutory requirement for local authorities under Section 17 of the Children Act – and most local authorities have an active family support or early help ‘offer’
- b) Despite the focus on child protection it remains the case that family support is central to social work practice – where a child is living at home on a child protection plan, for example, much of the practice can be conceptualised as family support.
- c) There remains an active research interest in family support – see for example Frost *et al* (2015), Canavan *et al* (2016) and Unicef (2015), for example.
- d) Family support remains an extensive practice – perhaps under the guise of early intervention or early help – in many schools, health settings and children’s centres.

We have argued that family support is a ‘broad church’ – including prevention, early help and early intervention. Under the family support umbrella we can find a wide-range of approaches ranging from the community-based to more individualised, programmatic approaches. Family support is consistent with social work values and should continue to be at the heart of policy and practice.

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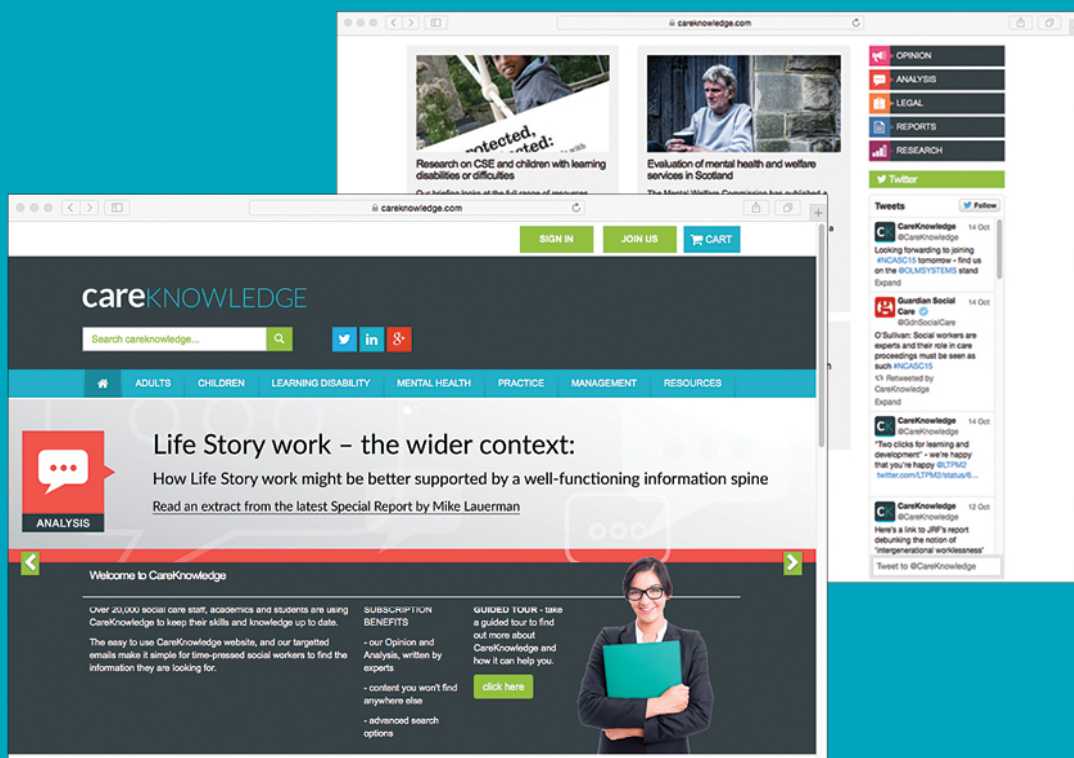
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