Parents and families

Children's Workforce Development Council

Providing intense support for families with multiple and complex needs

Full learner resource

(Sections one – twelve)

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Authorship and acknowledgements

This is the full learner resource. The learner resource is also available separately in its 12 sections. It was revised in 2011 and this version is in part an amalgamation of the initial learner resource pack written by Chris Davison (CDA Associates, 2010) and the Supporting families with multiple and complex needs key notes written by Juliet Neill-Hall (ARISE Development, 2010). Additional material and updates were added by Bekah Little and Teresa Brookes (2011) to ensure this resource is a comprehensive support package to those working with families with multiple and complex needs.

The authors would like to thank those practitioners and managers who gave their time and expertise to making sure this resource is fit-for-purpose.

Section one: Introduction to the learner resource

Why has this resource been developed?

This learner resource has primarily been designed to support the training and development of key workers and other practitioners providing intense support for families with multiple and complex[1] needs. This provision is often referred to as family intervention or integrated intense family support and utilises a key worker approach.

Who will benefit from reading or using this resource?

Anyone interested in understanding more about the family intervention approach will benefit from reading and/or using this resource:

- Key workers who are new in post may use the resource as part of induction.
- Key workers who have been in post a while may use it to identify gaps in their knowledge or skills.
- Managers, supervisors and commissioners may use the resource to gain more insight into the approach.
- Practitioners from other services and agencies may use it so that they can understand and therefore work alongside family intervention services better.

Practitioners who are not working in or with family intervention services could read or use the resource to understand whether any elements of the family intervention approach might be integrated into their own way of working with families.

Throughout this resource we refer to key worker or learner. These terms can be used interchangeably (ie the key worker is also the learner) but could easily be replaced with practitioner, manager or supervisor as appropriate.

How does this resource fit into broader continuing professional development?

This resource provides a curriculum to cover the learning outcomes and assessment criteria of the three units making up the Level 4 Award in Work with Parents (Intense support for families with multiple and complex needs). These units are included at the end of this section. The curriculum does not cover all the knowledge and skills that a key worker needs. The full curriculum for key workers is indicated in the training needs analysis tool which can be downloaded from www.cwdcouncil.org.uk/working-with-parents-and-families/families-with-multiple-and-complex-needs/training-needs-analysis . Key workers may already have acquired the knowledge and skills via other routes, for example previous role specific training and qualifications including the QCF Level 3 Certificate in Work with Parents.

The foundational knowledge and skills to work with parents and families are mainly covered in the mandatory units of the Level 3 Work with Parents certificate. They are:

- Unit 300: Build and maintain relationships in work with parents.
- Unit 301: Work with parents to meet their children's needs.

[1] Multiple and complex needs could also be described as complex and multiple needs or a range of other ways, for example troubled families or families with multiple problems. All these terms are widely used to describe families with a similar range of issues.

- Unit 302: Enable parents to develop ways of handling relationships and behaviour that contribute to everyday life with children.
- Unit 303: Enable parents to reflect on the influences in parenting and the parent-child relationship.
- Unit 304: Effective communication with parents.

A key worker working with families who have multiple and complex needs will also require some specialist knowledge and skills. These are likely to be related to common themes, issues and problems which a key worker will often discover are part of a family's experience.

These include but are no means limited to:

- Intergenerational worklessness.
- Poverty.
- Debt.
- Mental health issues.
- Long-standing illness or disability.
- Alcohol and/or substance misuse.
- Relationship conflict and breakdown.
- Domestic abuse.
- Multiple, unresolved traumatic life events.
- Specific parenting difficulties.
- Issues associated with a family member being in prison.
- Supporting families experiencing separation and breakdown.

A key worker providing intense support to families will need to understand the key indicators of these issues (and others) so they can be successfully identified during assessment so families can be supported to have some of their needs met. Families are also likely to need specialist help from other agencies to be able to overcome such problems. Key workers will need a level of knowledge and understanding about issues which enable them to do work with other agencies to promote recovery and provide appropriate support. Sometimes key workers will be able to receive further training in some of the issues so that they can provide more specialist support or brief intervention.

Section three of the resource provides further signposting to organisations which can provide additional information and training.

How is the resource designed to be used?

The resource is designed to be flexible and used in a range of ways including as:

- An introduction and guide to the work, the key worker role and the family intervention process.
- A supporting resource for practitioners committed to non-accredited personal learning and development as well as those working towards an accredited qualification.
- A support to formal classroom and workshop style training programmes.
- A support to small group development activity, facilitated through a manager or senior practitioner.
- A self-directed learning tool for individuals or groups of key workers.
- A support for one to one or supervision sessions.

- A resource to help trainers, facilitators and assessors[2] in supporting key workers working towards accreditation of the Level 4 Award.

How does the resource relate to the Level 4 Award?

From section two onwards, the resource either directly or indirectly relates to the learning outcomes and assessment criteria of the three units which form the Level 4 Award in Work with Parents (Intense support for families with multiple and complex needs):

- Unit 400: Build and maintain relationships in work with parents.
- Unit 401: Understand and use persistent and pro-active intervention methods when working with families with complex and multiple needs.
- Unit 402: Work with families with complex and multiple needs to reduce and prevent anti-social behaviour and increase positive behaviour.

These units and the associated learning outcomes and assessment criteria, are summarised at the end of this section. Learners may choose to gain accreditation in one or more of the units, but all three units are required to gain the Level 4 Award (Intense support for families with multiple and complex needs).

How are the exercises intended to be used?

The resource includes a range of optional exercises for use either individually or in groups. They provide an opportunity to engage in reflective practice, develop self-awareness, extend learning and process the material presented in the resource. Completing the exercises in the resource may help learners to generate evidence which can be used in assessment should they wish to embark upon an accredited route. The exercises are not intended to be prescriptive, and where they can be, should be adapted to be more specific to the needs and situations of learners.

Some exercises are designed to be completed in an environment where learners are able to work in small groups (this could be online or face to face). Some exercises are designed to be completed by a learner on their own. Both types can be adapted to be group or individual exercises.

If the resource is being used to support the achievement of the qualification, additional evidence of learning, knowledge and understanding will be required for assessment and accreditation[3]. The optional exercises may be helpful in generating evidence, but they should not be relied on to generate all the evidence to fulfil the requirements of the Level 4 Award. Learners should be guided by their assessor and follow their individualised assessment plan which is created when working towards assessment. It is important to recognise that individual pieces of evidence can cover a range of assessment criteria.

[2] Assessment activity must meet the requirements set out in the Qualification Handbook www.cityandguilds.com/documents/ind_children_yp_services/4338-04-L4-WWP-Intense-Support-Families-QHB-v1.0.pdf

[3] Assessment activity must meet the requirements set out in the Qualification Handbook www.cityandguilds.com/documents/ind_children_yp_services/4338-04-L4-WWP-Intense-Support-Families-QHB-v1.0.pdf

Why does the learner resource encourage self-awareness as part of reflective practice?

In order to do no harm and be effective, key workers working intensively with families who have multiple and complex needs have to be highly self-aware and able to engage in reflective practice. Being self-aware means:

- Becoming consciously aware of the varied thoughts, emotions and responses that are experienced during everyday encounters with families.
- Reflecting on why those thoughts and emotions take place.
- Identifying where thoughts, feelings and responses are linked to personal experiences and values.

If a key worker is not self-aware of their own thoughts, emotions and reactions, they may struggle to maintain professional boundaries or make confused connections or decisions that are not in the best interest of the family. They may even put children or young people at further risk.

Good training and effective supervision will give key workers an important opportunity to reflect on their personal history, apply relevant knowledge and theory so that they understand their thoughts, feelings and responses and use them positively. Self-awareness and self-understanding is crucial to be able support others professionally.

What are the contents of the resource?

The resource contains an exploration and description of how intense support for families with multiple and complex needs might be provided using pro-active and persistent methods. It explains some of the models and processes used in intense family intervention work, which have been gathered from the practice community. Some of the skills and qualities required for effective practice are described. The resource also includes some underpinning theories, models of practice and approaches which are applicable for a broader range of family and parenting practitioners.

The resource is divided into twelve broad sections for ease of use, however because the family intervention approach is a holistic one, with many aspects of the approach being used concurrently and interchangeably, the sections refer to and are interdependent with each other. For example, the section on anti-social behaviour is interdependent with the section on supporting families through the process of change. The section on assessment of families with multiple and complex needs is interdependent with the section which explores what multiple and complex needs are.

The sections break down as follows:

Section one: Introduction to the learner resource (this section).

Section two: Families and support.

This section introduces the context in which all families exist and access support and explains that intense support for families with multiple and complex needs should be directed at enabling families to gain support by themselves.

Section three: Families with multiple and complex needs.

This section explores the policy background to intense support for families with complex needs, what is meant by complex and multiple needs, their origins and cycles and the impact that they have.

Section four: Defining the family intervention approach.

This section explores the family intervention approach and includes the principles and values of family intervention and effective qualities of key workers. It also explores processes, systems and models that can prove effective when working in family intervention.

Section five: Anti-social behaviour and families with multiple needs.

This section looks at the impact of anti-social behaviour on families and how key workers may utilise sanctions and enforcement actions.

Section six: A practice framework for family intervention workers.

This section provides detail on the principles and values of the National Occupation Standards (NOS) for Work with Parents. The section explores fundamental themes essential to working alongside families with multiple and complex needs. These include: anti-discriminatory practice, partnership working and using a strength-based approach.

Section seven: Engaging with families with multiple and complex needs.

This section explores the importance of building and maintaining positive relationships with parents and families and creating professional and practical boundaries. It also explores recording information, confidentiality and data protection.

Section eight: Assessment of families with multiple and complex needs.

This section explores the assessment of families and creating collective agreements for change. It covers assessment processes and tools.

Section nine: Setting and achieving goals with families.

This section covers creating and resourcing family goals. It explores networks of support and the creation and review of family Support Plans.

Section ten: Co-ordinating multi-agency work with families.

This section looks at engaging and signposting to different agencies and the impact of family non-compliance with agency appointments.

Section eleven: Supporting families through change.

This section explores the stages of change and the techniques that can be used to support families through change, including: Motivational interviewing, Solution Focused Brief Therapy and Cognitive Behavioural Therapy.

Section twelve: Preparing families to exit family intervention.

This section covers the importance of endings and closure.

Level 4 Award in Work with Parents (Intense support for families with multiple and complex needs)

Qualification number: 4338. Qualification type: QCF. Level: Level 4.
Full information about this qualification can be found by entering the qualification number (4388) in the search facility on the City and Guilds website www.cityandguilds.com

Unit 400: Build and maintain relationships in work with parents

Title	Build and maintain relationships in work with parents
Level	4
Credit value	6

Learning outcomes The learner will:	**Assessment criteria The learner can:**
1. Understand the principles and values that underpin work with parents.	**1.1** Analyse the principles and values that underpin the National Occupational Standards for Work with Parents. **1.2** Summarise what is meant by evidence-based practice **1.3** Explain and justify ways in which individuality, difference and diversity can be respected and celebrated in work with parents. **1.4** Review ways in which equality of opportunity, inclusion, and non-judgemental and anti-discriminatory practice can be promoted and supported in work with parents.
2. Understand the nature of an effective relationship with parents.	**2.1** Analyse the ethos of the partnership model of working with parents. **2.2** Explain, justify and demonstrate how parents can be assisted to appreciate the benefits of parenting services for themselves and their children. **2.3** Analyse the importance of trust in developing relationships with parents. **2.4** Summarise the importance and role of ground rules for service delivery.

3. Understand how barriers to participation for parents can be overcome.	**3.1** Review key barriers to participation for parents and ways in which they can be overcome. **3.2** Review and demonstrate strategies to support parents to overcome barriers they encounter.
4. Understand how to negotiate and/or agree the basis of relationships with parents.	**4.1** Analyse how roles, responsibilities and the purpose of the relationship are clarified. **4.2** Review and demonstrate strategies for developing trust in relationships with parents. **4.3** Explain, justify and apply rules governing confidentiality and data protection and the limits of confidentiality. **4.4** Explain, justify and demonstrate how the aims, outcomes and procedures of the relationship are negotiated and/or agreed. **4.5** Review factors to be considered when recording information.
5. Understanding how to agree the boundaries of the relationship.	**5.1** Review and demonstrate how to clarify the boundaries of the relationship. **5.2** Explain, justify and demonstrate how ground rules are clarified.
6. Understand how to maintain the relationship with parents.	**6.1** Explain, justify and demonstrate ways of maintaining contact with parents, identifying any limits of contact. **6.2** Analyse and demonstrate how to review progress. **6.3** Explain and justify when it is appropriate to signpost parents to other services.
7. Understand how to reflect on own practice in building and maintaining relationships with parents.	**7.1** Explain and justify why practitioners working with parents should reflect on their practice. **7.2** Review own practice in building and maintaining relationships with parents, making modifications as required.

Unit 401: Understand and use persistent and pro-active intervention methods when working with families with complex and multiple needs

Title	Understand and use persistent and pro-active intervention methods when working with families with complex and multiple needs	
Level	4	
Credit value	4	
Learning outcomes The learner will:		Assessment criteria The learner can:
1. Understand complex and multiple needs and their impact.		**1.1** Analyse what is meant by complex and multiple needs. **1.2** Analyse the origins and cycles of complex and multiple needs in families[4]. **1.3** Explain the impact of complex and multiple needs on family dynamics and social/community relationships.
2. Be able to use persistent and proactive methods to engage with families who have complex and multiple needs.		**2.1** Evaluate the suitability of different persistent and pro-active approaches when engaging with families. **2.2** Use persistent and proactive approaches to enable engagement with families. **2.3** Review the use of persistent and proactive approaches in engaging with families.
3. Understand a whole family approach to developing resilience, self-reliance and independent action.		**3.1** Analyse whole family approach in contrast to other approaches to family support. **3.2** Explain resilience, self-reliance and independent action in relation to family functioning. **3.3** Use the whole family approach in building resilience, self-reliance and independent action. **3.4** Evaluate the use of whole family approach in building resilience, self-reliance and independent action.

4 Where the term "families" is used in this unit it always refers to families with complex and multiple needs.

4. Be able to work with families in a multi-agency context to develop and implement collective agreements.	**4.1** Explain the processes used to secure multi-agency collective agreement on changes expected from families. **4.2** Produce a multi-agency collective agreement on changes expected from families. **4.3** Enable the sequencing, co-ordination of support and establishment of time-limited goals within the multi-agency collective agreement.
5. Be able to facilitate change with families who have complex and multiple needs within agreed timescales.	**5.1** Work with a range of likely consequences and enforcement actions which families may face if changes are not evident. **5.2** Assess and monitor progress to motivate families to commit to and achieve goals. **5.3** Evaluate how the use of assessment and monitoring contributes to motivating families to commit to and achieve goals.
6. Be able to enable families with complex and multiple needs to take responsibility in managing and prioritising appointments.	**6.1** Analyse the impact on the family of compliance and non-compliance with agency appointment requirements. **6.2** Enable families to understand the importance of compliance with agency appointment requirements. **6.3** Enable families to independently comply with agency appointment requirements.
7. Know how to work collaboratively with other agencies in engaging and supporting families when working with families with multiple and complex needs.	**7.1** Explain the roles of other agencies supporting families and their systems of engagement and support. **7.2** Explain how other agencies can be supported in engaging families and shaping services to meet families' needs. **7.3** Explain how the engagement of other agencies in supporting families can be sustained.
8. Be able to reflect on own practice in use of persistent and proactive intervention methods when working with families.	**8.1** Critically reflect on own practice in use of persistent and pro-active intervention methods.

Unit 402: Work with families with complex and multiple needs to reduce and prevent anti-social behaviour and increase positive behaviour

Title	Work with families with complex and multiple needs to reduce and prevent anti-social behaviour and increase positive behaviour.
Level	4
Credit value	2

Learning outcomes **The learner will:**	**Assessment criteria** **The learner can:**
1. Understand anti-social behaviour and its impact.	**1.1** Explain a range of anti social behaviour which presents in families[5]. **1.2** Analyse the impact of different types of anti social behaviour on family dynamics. **1.3** Analyse the impact of a range of anti-social behaviour on social and community relationships. **1.4** Analyse the impact of a range of anti-social behaviour on relationships with agencies.
2. Be able to support families to address their anti-social behaviour and enable them to increase their positive behaviours.	**2.1** Support families to understand the impact of a range of anti-social behaviour. **2.2** Support families to reduce anti-social behaviour and increase positive behaviour. **2.3** Evaluate approaches used to reduce anti-social behaviour and increase positive behaviour. **2.4** Evaluate approaches used to support families who make partial progress but continue to behave anti-socially

[5] Where the term "families" is used in this unit it always refers to families with complex and multiple needs.

3. Be able to reflect on own practice in working with families who behave anti-socially.	**3.1** Reflect on own practice when working with families to reduce and prevent anti-social behaviour and increase positive behaviour. **3.2** Evaluate own values, attitudes and beliefs when working with families who behave anti-socially.

Section two: Families and support
Introduction

This section introduces the context in which all families exist and access support and explains that intense support for families with multiple and complex needs should be directed at enabling families to gain support by themselves.

2.1 Rationale for supporting all families

Across different cultures and diverse communities, there are common key parental goals when babies are born. Holding their new born baby in their arms, the majority of parents have hopes and aspirations that through the course of childhood and adolescence, their unique and special child will be safe, physically healthy, emotionally stable, reach their potential through education, learn to behave in socially and legally acceptable ways and grow into an independent and productive member of society.

No family is completely self-reliant and independent in the process of raising a child. Most parents across the UK will achieve their parental goals using a complex network of family, friendship and community to support them. All families use universal services such as health and education to help bring their children up. Some families seek additional support from services across the statutory or voluntary sector. Some vulnerable families have a limited network of family and community support and also find it difficult to access additional services.

Some families struggle to raise their children in the way they may intend to do when their baby is first born. Parents may have experienced poor patterns of parenting or abuse and have no model of positive parenting to build their own parenting upon. Parenting capacity may be impacted upon by a range of factors such as poverty, poor housing and environment, unemployment and crime. Family members may have poor physical or mental health or a disability. They may misuse substances or be victims of domestic abuse. Some families are particularly vulnerable, such as lone parents who are carrying the parental load single-handedly or young parents who are trying to grow and mature themselves in the midst of parenting. Black and minority ethnic (BME) families may find it difficult to parent bi-culturally and may experience racism or discrimination.

Intensive family interventions work with the most challenging families and tackle issues such as anti-social behaviour, youth crime, intergenerational disadvantage and worklessness in families. They take an intensive and persistent multi-agency approach to supporting the whole family, helping them to overcome their problems, co-ordinated by a single dedicated key worker.

There are some fundamental statements which could be said to be true about all families, whatever their circumstances.

Families:

- Are important.
- Are individual, different and diverse.
- Have values, hopes and aspirations.
- Have strengths and skills.
- Have knowledge, strategies and practical resources.
- Face difficulties and challenges.
- Seek out help and support.
- Learn, grow and change.

Exercise:
In small groups reflect on this list in the context of your own family. Give each person an opportunity to talk about their own family using two or more of the statements from the list. For example "my family is important because..." and "my family has strengths and skills... one of them is..."

2.2 Key principles of family support[6]

Families:

- Prefer to first seek out help and support from family, friends and community networks.
- Benefit from additional knowledge, strategies or practical resources to help them achieve their goals for themselves and their children.
- May use leaflets, books, newspapers and magazines, the internet and television to guide them.
- Use universal services to gain professional help and support.
- May need short or long term help and support from additional services when they face life's difficulties or challenges.
- Want this support to be practical and professional.
- Want key workers to listen to their views and be emotionally supportive.
- Want key workers to work with them in partnership, sharing power and decision making.

Exercise:
Reflect on the key principles of family support in the context of your own family. Share a time when you have utilised two or more of the different kinds of support. If you sought support outside your family and friends, what were the important qualities of that support?

2.3 Layers of support

Families prefer to be as self-reliant and interdependent as possible but may call on advice, practical support or expertise from within their family, community and friendship groups. These groups (when available), form a circle of support that contribute towards emotional stability and creates a platform for family growth as demonstrated in the Circles of Support Model.[7]

[6] Quinton. D. (2004) Supporting Parents. Messages from Research. Jessica Kingsley

[7] Neill-Hall.J. (2010) Families Going Forward. CWDC

Figure 1: Circles of Support Model

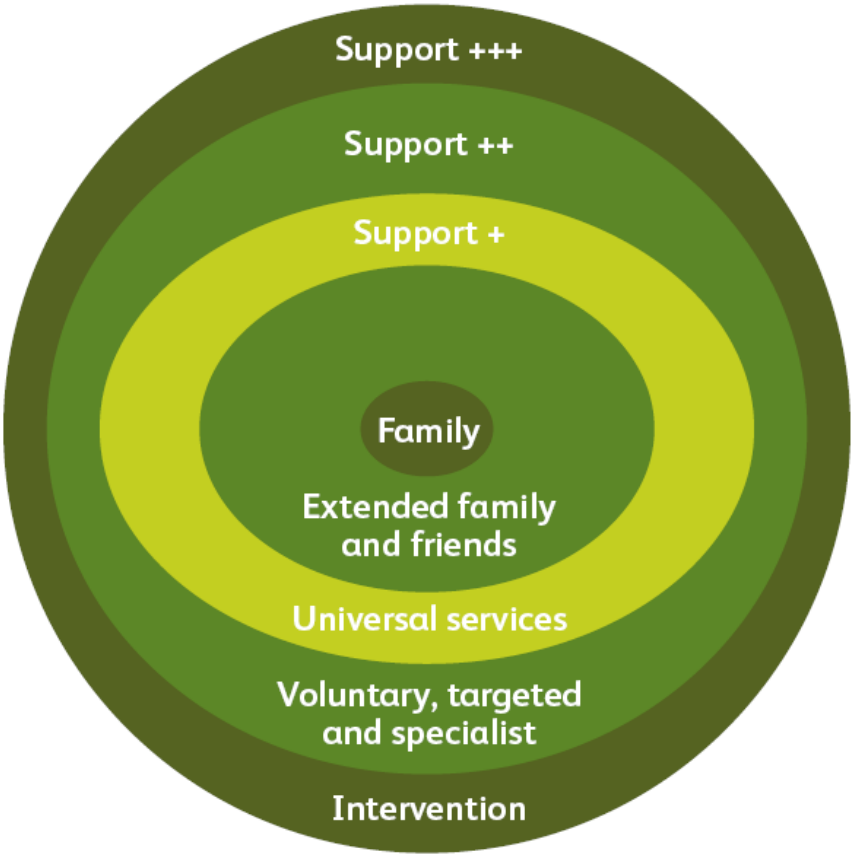
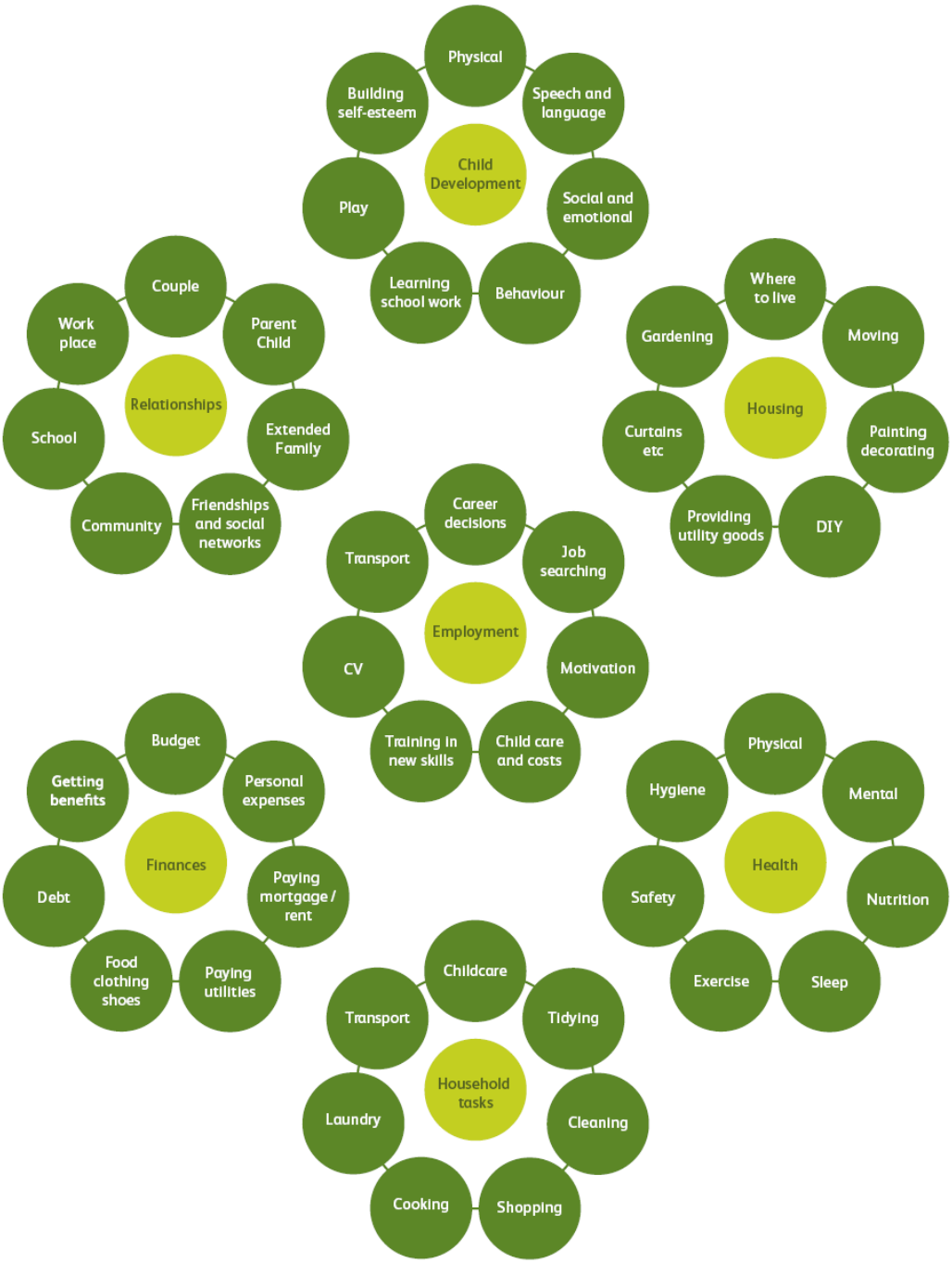


Figure 2: The Family Support Foundations Model[8]



[8] Neill-Hall.J. (2010) Families Going Forward. CWDC

Exercise:
On your own, reflect on the Family Support Foundations Model, how many of the support foundations have you been able to access through your own family and friends? What happens when families do not have this bedrock of support?

Families will use universal services to give expertise in areas that are outside this first layer of support eg doctors, health visitors or children centre staff. Families will confidently seek support, advice and action from these two layers on a range of basic issues and practical needs.

Families are most comfortable accepting support from their first layer of support. Stepping into each subsequent layer can increase a sense of vulnerability and need. Families may have a whole range of barriers in seeking or engaging with help outside their first or second layers of support.

The aim of all support outside the first layer should be to return families to self-reliance and independence within the first layer. If families lack this first layer, as many vulnerable families do, they need opportunities to build an alternative one through social networks within their local communities.

Support +

Families, friends, community networks, voluntary and universal services may increase their support to families who are experiencing short or long term difficulties or challenges. Examples of these are:

- Relationship difficulties.
- Short term physical or mental illness.
- A child with a behavioural problem.
- Transitional events.

Sometimes families need to seek information or advice from an agency which offers specific support. When families are back on their feet, they return to self-reliance and independence.

Support ++ (targeted or specialist)

Sometimes families need longer term help and support from their family and friends and from a range of professionals with particular expertise because of the complexity of their needs. For example:

- A parental on-going health or disability issue.
- A child with a neurological or physical condition.
- A child with behavioural difficulties in school or at home.
- A child with special needs.
- Housing issues.
- Financial issues.

Sometimes families are experiencing or have experienced traumatic life events and will need support to process emotional trauma and grief while managing family life. For example:

- Generational patterns of poor parenting and/or abuse.
- Diagnosis of a life threatening illness.
- An accident causing injury.
- Bereavement.
- Being a victim of crime.
- Being a victim of harassment, bullying or discrimination.

- Redundancy.
- Debt and bankruptcy.
- Homelessness.
- Divorce and separation.

With time and appropriate support, families can return to a level of self-reliance and independence.

Support +++

Sometimes families will need statutory intervention because a family member is hurting or damaging their own well-being, that of other family members or other people.
This could be through:

- Child abuse; physical, emotional, sexual or neglect.
- Domestic abuse.
- Crime, offending and anti-social behaviour.
- Substance misuse.
- Mental health issues.

NB: There is a statutory duty to intervene when children, young people or adults are being harmed or at risk of harm or a crime is being or is likely to be committed.

The key worker role

The family and parenting practitioner's role is to come alongside families within the support+ and support++ layers with their consent and invitation. Early and pro-active support is more likely to be effective.

The role of key workers providing intense support to families with multiple and complex needs is to come alongside families within the support ++ (targeted and specialist) and support +++ (interventionist) layers. This is usually part of a planned intervention where there is a threat of prosecution, eviction or children being taken into care.

Section three: Families with multiple and complex needs

Introduction

This section explores the policy background to intense support for families with multiple and complex needs, what is meant by this, the origins, cycles and impact that multiple and complex needs has.

3.1 Background

"The Cabinet Office's Families at Risk review estimated that around two per cent of families in England experience multiple and complex difficulties. These difficulties are often intergenerational in nature and are likely to impact significantly on the life chances and outcomes for children."[9]

On December 10th 2010, the Prime Minister announced his ambition to turn around the lives of every troubled family in the country.

"All the evidence suggests that it's no use offering a range of different services to these families – the help they're offered just falls through the cracks of their chaotic lifestyles. What works is focussed, personalised support – someone the family trusts coming into their home to help them improve their lives step by step, month by month." [10]

The family intervention approach targets the support needs of families experiencing multiple and complex needs through the use of a dedicated key worker. These families are frequently at risk of statutory intervention, but often fall below existing service thresholds. Many of them also have a history of non-engagement with services. The key worker works intensively with the whole family to identify, assess and address needs with the aim of helping the family function more effectively as a unit and within a community. A positive, whole family approach is adopted, and the approach is intensive, persistent and solution focused.[11]

This family focused way of working continues to be a core element of the coalition government's Big Society agenda. It places emphasis on strengthening communities by building strong support networks around families with complex needs. This may involve the wider community through volunteering opportunities and by addressing problems such as anti-social behaviour and drug/alcohol misuse by maximising the skills of the voluntary and community sector.

[9] Kendall, S., Rodger, J., Palmer, H., (2010)a, The use of whole family assessment to identify the needs of families with multiple problems, Research Report DFE-RR045**,** DfE publications, p 1

[10] From a transcript of a speech given by Prime Minister David Cameron to Relate in Leeds about families on 10 December 2010, www.number10.gov.uk/news/speeches-and-transcripts/2010/12/speech-on-families-and-relationships-58035

[11] Drawn from the Family Intervention key worker Functional Map (2010), DfE publications

3.2 Multiple and complex needs

401.1.1 Analyse what is meant by complex and multiple needs.

A range of terms are linked with the concepts of multiple and complex needs used by various disciplines, sometimes specifically and most often interchangeably. They include:

- Multiple disadvantages.
- Multiple disabilities.
- Multiple impairment.
- Dual diagnoses (ie someone diagnosed as having more than one condition).
- High support needs.
- Complex health needs.

Rankin and Regan (2004)[12] offer a definition where complex needs imply both:

- Breadth of need: multiple needs (more than one) that are interrelated or inter-connected.
- Depth of need: profound, severe, serious or intense needs.

Rather than use the term complex needs to describe an individual's characteristics, Rankin and Regan (2004) define it in terms of an active framework for response. These authors suggest the term offers:

"A framework for understanding multiple, interlocking needs that span health and social issues. People with complex needs may have to negotiate a number of different issues in their life, for example learning disability, mental health problems, substance abuse. They may also be living in deprived circumstances and lack access to suitable housing or meaningful daily activity. As this framework suggests, there is no generic complex needs case. Each individual with complex needs has a unique interaction between their health and social care needs and requires a personalised response from services." [13]

Within the context of family intervention work, multiple and complex needs is sometimes used to refer to families who have often reached the stage where they are presenting with externalised behaviours which have negative and very disruptive consequences for themselves and those around them such as persistent offending behaviour and persistent anti-social behaviour.
Other terms such as troubled families and families with multiple problems are also used to describe families with multiple and complex needs.

Whatever the presenting issues or referral criteria a family have, there are common themes, experiences, issues and problems which a key worker will often discover are part of a family's experience including but no means limited to:

- Intergenerational worklessness.
- Poverty.
- Debt.

[12] Rankin J & Regan S (2004), Meeting Complex Needs: The Future of Social Care, London: Turning Points/ Institute of Public Policy Research (IPPR)

[13] Rankin J & Regan S (2004), Meeting Complex Needs: The Future of Social Care, London: Turning Points/ Institute of Public Policy Research (IPPR) p.1

- Mental health issues.
- Long-standing illness or disability.
- Substance misuse.
- Relationship conflict and breakdown.
- Domestic abuse.
- Multiple, unresolved traumatic life events.
- Parenting difficulties.
- Issues associated with a family member being in prison.

A key worker providing intense support to families will need to understand the indicators of these issues (and others) so that they can be successfully identified during assessment and families can be supported to have some of their needs met. Families may need specialist help from other agencies to be able to overcome their problems. Key workers will also need a level of knowledge and understanding about these issues which enable them to cause no harm, and need to work with other agencies to promote recovery and provide appropriate support. Sometimes key workers will be able to access further specialist training in some of the issues so that they themselves can provide more support.

Some initial information and signposting to further information and training are included in this section.

Intergenerational worklessness

Worklessness is different from unemployment. Worklessness is defined as people who are unemployed long term (more than six months, but most likely for a number of years), economically inactive or working exclusively in the informal economy (and who may or may not be also claiming benefits).

Intergenerational worklessness describes a family of at least two generations whose members are not in work but are in receipt of a range of state benefits. They will often live in the same property or may live in the same locality, but see themselves as part of a family unit.

There are many possible causes for a family falling into worklessness, including:
- The collapse of local industries.
- Once-valued skills becoming obsolete.
- Poor health and disability.
- Lack of qualifications and skills.
- Poor transport.
- Mobility problems.

Reliance on benefits can discourage people from looking for work, especially if families believe they will be worse off if they get a job.

Organisations that can help include:

Job Centre Plus (JCP) is a public employment service and an executive agency of the Department for Work and Pensions. They work with private, public and voluntary sector partners and support the delivery of the Work Programme. JCP help people find work using personal advisor support. Advisors assess and tailor the amount of support an individual needs through advisor interviews and using local provision. They engage

in local partnerships enabling the private, public and voluntary sectors to bring their expertise in helping individuals find work.

The Work Programme is designed to support a wide variety of customers back into sustained employment, including claimants of Jobseeker's Allowance and those claiming Employment and Support Allowance. Contracted providers are given the flexibility to design support based on customer need, reward providers for keeping people in work and reward providers for helping harder-to-help customers.

JCP works with partners to ensure individuals benefit from 'Get Britain Working' measures (work clubs, the enterprise allowance scheme, work experience, service academies and skills training) and ensuring a smooth transition to the Work Programme.

Local employment and skills services, available through Local Authorities and the voluntary and community sector, also offer services to help people look for work.

Their offer of support often includes:

- Information, advice and guidance for individuals.
- Advice and information on local job opportunities.
- Training and support to improve numeracy, literacy and computer skills.
- Building self esteem and confidence.
- CV writing sessions.
- Assistance with job searches.
- Help to prepare for interviews.

Interface Associates UK offer a one day training course 'Facilitating Families Towards Work'. www.interfaceassociates.co.uk

Poverty and disadvantage

Children do not cause poverty but may be born or brought into it by the circumstances that surround them. Whilst income is still relevant and important, it is not exclusively or necessarily the dominant cause of poverty. Children's life chances are largely predicated on their development in the first five years of life and targeting the factors that determine those life chances is therefore critical.

Lifting disadvantaged children out of poverty goes beyond raising short term family incomes. Good local services, intervening early as problems arise, supporting positive and responsible parenting, high quality childcare, encouraging a positive approach to learning at home and improving parents' qualifications, all go towards breaking the cycle of poverty. Therefore, child poverty is not just about children; it refers to the circumstances of the family surrounding the child.

The Cabinet Office has used the following indicators to identify the wider definition of 'multiple disadvantage'; individuals need to be disadvantaged at any one time in three or more of the following six areas in order to meet the multiple disadvantage threshold:[14]

- Live in a workless household or be unemployed.
- Be in income poverty, material disadvantage or financial stress.
- Lack social support.

[14] Cabinet Office (2010) 'State of the Nation' Based on Analysis by Strategy Unit and Social Exclusion Task Force' using the 2007 British Household Panel Survey data.

- Have poor physical or mental health.
- Live in poor housing or a poor living environment.
- Have low qualifications.

Key workers need to be able to work within their own area of expertise and refer or signpost appropriately if they need to. By being able to understand the roles of and differentiate between the agencies and services available, a key worker can offer a greater level of support to a family in poverty. Knowing how to work collaboratively and being able to signpost families to agencies (including the voluntary and community sector) who have the knowledge and resources to support families in specific ways, will also allow a key worker to share knowledge and experience and so support families in getting help to address the causes of poverty.

Local Authorities are required to undertake a child poverty needs assessment (CPNA) as part of a range of activities to reduce and respond to child poverty. The needs assessment will identify local priorities by, for example:

- Exposing poor outcomes: growing up in poverty can have significant negative impacts on outcomes; conducting a needs assessment can show the scale of inequality locally, expose hidden groups or pockets and make the argument powerfully for colleagues with less understanding of child poverty in the local area.
- Understanding why outcomes are poor locally: conducting a needs assessment can also help understand what is leading to poor outcome locally. This may be about hidden groups, a need to refocus activities within children's services, a need to increase attention to child poverty from the full breadth of services locally, gaps in understanding and skills within the public sector workforce etc.
- Improving use of resources: knowing what families need and what resources they have themselves means investment can be targeted and directed to where it is most needed. Overlaps and duplication can be identified and reduced, and aligned or joint commissioning can deliver added value to all partners. This is particularly important in the tight financial context of all partners.
- Bringing partners to the table: clear and compelling evidence of the links between child poverty and wider outcomes – particularly local economic health and growth – can engage partners who otherwise might see child poverty as peripheral. This may be reflected in the way that child poverty is incorporated into other strategies or the way in which these strategies are incorporated into child poverty responses.
- Generating links between poverty, commissioning, service design and delivery: baseline information is critical for decision-making, including commissioning and decommissioning where services are not tackling causes or driving improvements. The information and assessment can support aligned commissioning and in many cases joint commissioning.
- Driving multi-agency activity: reducing the harm caused by child poverty requires multi-agency responses, often with a focus on early intervention. Articulating the multi-faceted nature of child poverty can highlight the need for coordinated multi-system responses to prevent or mitigate against worse outcomes.

In 2011, CWDC coordinated the development of a training module and learner resource to help practitioners identify, assess and tackle child poverty. The module and resource are designed to build knowledge and understanding of poverty and can be tailored to meet local perspectives.

CWDC's Child poverty resources are available here: www.cwdcouncil.org.uk/poverty-and-disadvantage

Child poverty communities of practice forum (CoP)

The child poverty communities of practice forum (CoP) is an interactive platform for online problem-solving, peer support and information sharing for those working to tackle and prevent child poverty. This is a free resource with over 700 members and contains guidance on policy, best practice, features case studies and links to more online resources. It contains an extensive library of local child poverty needs assessments, consultations and strategies which local areas have shared.
All CWDC child poverty products are in the CoP library.

A number of organisations eg Job Centre Plus and some voluntary and community sector organisations provide benefits and employment advice.

Debt

Families sometimes have problems with debt and it is important for them to:

- Work out how much money they owe.
- Work out which are the most urgent debts for them to pay off.
- Work out if they have any money to pay the debts off and, if so, how much.
- Deal with the most urgent debts as a matter of priority.
- Look at the options for dealing with the less urgent debts and work out how to pay them off.
- Contact creditors and make arrangements to pay back money owed.
- Work out the options if they don't have enough money to pay off all the debts.

Families may have little access to affordable credit and utilising expensive credit needs to be balanced against going without essentials. The potential for a family to access illegal credit should also be considered; a family may not be able to access legal credit because they cannot afford it, whereas, illegal credit may be more affordable and accessible although it is far more expensive in the long run. For example, a family may opt to take out credit with an illegal credit company on the basis of a £2 per week repayment scheme as they can afford this, although they are being tied into a much higher interest rate with a longer commitment.

Job Centre Plus provides advice on the range of benefits available and explanations of the conditions for receiving them. They also make payments or loans from the Social Fund when individuals need additional financial support.

Credit Unions have been established to help people. They are profit sharing, democratically run financial co-operatives which offer convenient savings and low interest loans to its members. The members own and manage their credit union themselves.

The three main aims of a Credit Union are to:

- Encourage its members to save regularly.
- Provide loans to members at very low rates of interest.
- Provide members with help and support on managing their financial affairs (if required).

The benefits of a Credit Union include:

- It is an easy and convenient way to save and borrow.
- It offers very low cost loans.
- Insurance at no direct cost.
- It's a way to learn new skills.

Credit unions can provide a focal point for a community by bringing people together, to work alongside each other for their own benefit and the benefit of the community as a whole.

The Citizens Advice Bureau (CAB) helps people resolve their legal, money and other problems by providing advice and information. The advice and information provided by the CAB is free, independent, confidential and impartial. They provide advice through face-to-face, telephone and email services, and online via their self-help website www.adviceguide.org.uk

CAB advisers can also write letters and make phone calls to service providers on their clients' behalf. They can help people prioritise debts and negotiate with creditors. They can also refer clients to specialist case workers, who are able to represent people at court and tribunals. As the UK's largest advice provider, they are equipped to deal with any issue, from anyone, spanning debt and employment to housing and immigration plus everything in between. They also provide specialist training courses on debt and money, welfare benefits and employment law.

www.citizensadvice.org.uk

Mental health problems

The term 'mental health problems' could be a primary diagnosis or need, which has been identified as a mental illness or mental disorder. Family members who have mental health problems may also experience other health problems, disabilities or learning difficulties. They may also be misusing alcohol or substances or be experiencing domestic violence.

Parents with mental health problems and their children are a group with complex needs. Not all parents and children will need the support of health and social care services but those that do can find it difficult to get support that is acceptable, accessible and effective for the whole family.

Parents with mental health problems need support and recognition of their responsibilities as parents. Their children's needs must also be addressed.

For more information see the Social Care Institute of Excellence (SCIE) Guide 30: Think child, think parent, think family: a guide to parental mental health and child welfare:
www.scie.org.uk/publications/guides/guide30/resources.asp

A range of training about mental health issues is available from Mindworks:
www.mindworkstraining.co.uk/web/corporate_training_courses/42-mental-health-first-aid

Substance misuse

Substance misuse is a term which includes a wide range of issues and situations. Families may have a parent or child or other family member who is misusing one or more substances and this is likely to have an adverse effect on the life and outcomes of family members.

Adolescents who have substance misuse issues are highly likely to be presenting with very challenging and possibly criminal behaviour which will affect the whole family.

Some parents choose to use alcohol and/or drugs on a regular basis, but this does not automatically impair their parenting ability. However, there are some parents who misuse alcohol and/or drugs to such an extent that their behaviour negatively affects them, their children, their family and the wider community. This level of substance misuse becomes destructive when the parent continues to use drugs and alcohol, despite the severe negative impact on themselves and their families.

Parents who misuse substances are usually also coping with several additional social and financial problems. Evidence shows that substance misuse is often a problem for more than one generation in the family and may affect a number of family members.[15]

There is a significant link between parents who misuse substances and mental health. Substance misuse is sometimes a means of coping with life's difficulties when the stresses become too much to handle and depression takes a hold. The use of substances might promote the development of mental health difficulties eg paranoid schizophrenia or make existing conditions worse eg borderline personality disorder.

Parents may find that the behaviour associated with their substance misuse:

- Affects their ability to hold down a job.
- Affects their ability to look after their children and meet their needs.
- Increases the chances of their children being put in abusive or neglectful situations.
- Increases chances of them being involved in criminal activity.
- Causes delay in seeking help when needed.

Research tells us that one of the recurring themes is that parents may be silenced by their fears.[16] These parents, who may previously have sought help in times of trouble, may be reluctant to seek help for their substance misuse and its associated behaviours. This is due to their fears of being stigmatised, of being reported to the police and of their children being taken away.

The behaviour of a parent who misuses drugs and alcohol often compromises the child's health and development from the moment of conception through to adulthood.[17] This behaviour often means that they are not able to meet their children's needs in an appropriate or consistent way, and the quality of the relationship with their children is affected. Their children are quite likely to have a chaotic or inconsistent home life and many are exposed to violence and danger.

Research indicates that domestic violence is six times more common when parents have alcohol problems.[18] In families where drug misuse is the main problem, the

[15] Asmussen K and Weizel K (2009) Evaluating the evidence: What works in supporting parents who misuse drugs and alcohol, NAPP

[16] Tunnard J (2002) Parental drug misuse – a review of impact and intervention studies: Research in Practice

[17] Hidden Harm: Responding to the needs of children of problem drug users (2003), Advisory Council of the Misuse of Drugs (ACMD)

[18] National Association for Children of Alcoholics www.nacoa.org.uk

children tend to be at high risk of neglect or emotional abuse. However many of these parents continue to have a strong awareness of their childcare responsibilities and want the best for their children. They are likely to fear their children copying their drug use and will try to protect their children from the consequences of their drug usage.[19] Nevertheless, the result of problematic drug and alcohol use is that the outcomes for the child are likely to be poor.

Experiences of a child whose parent(s) misuse substances[20]

Children living in a household where one or both parents misuses substances, are likely to be in need of support since their emotional and social health, education and general well-being are at greater risk of being compromised.

Some of the issues affecting their well-being may include:

- Incomplete immunisations and inadequate health care.
- Lack of routine and living with uncertainty.
- Not having money for basic needs such as food.
- Fear of violence, the police or what might happen to their parents.
- Lack of concentration at school, although school can often be a 'safe haven'.
- Missing school to look after parents or siblings.
- Keeping parents drug use a secret.
- Feeling hurt, rejected, sad, angry and ashamed.
- Feeling alone.
- Exposure to violence and to criminal activity such as drug dealing and shop lifting.
- Witnessing parents' drug or alcohol misuse.
- Fearing that they will be taken into care.

The outcomes for children whose parents misuse substances can be bleak and they may present with:

- A failure to thrive.
- A blood-borne virus infection.
- Lower educational achievement.
- Increased chances of offending and anti-social behaviour.
- Emotional, cognitive, behavioural and other psychological problems.

The more serious the substance problem, the less likely the child to remain living with the parents – the majority will be supported by wider family but about 5% go into care. They are seven times more likely to also have drug problems themselves in adulthood if their parents misuse drugs

Some children however will develop resilience factors which protect them from any long term affects, despite their chaotic childhood.

A range of training is available:

Addaction offer first stage training for front-line practitioners working in early intervention settings. This training is designed specifically for Sure Start practitioners, health visitors and other health practitioners.

www.addaction.org.uk

[19] Tunnard J (2002) Parental drug misuse – a review of impact and intervention studies: Research in Practice

[20] Talk to Frank website www.talktofrank.com

Adfam offer second stage training for practitioners working with families with complex needs, for example, within family intervention services, where key workers will focus on drugs awareness and parenting.

www.adfam.org.uk

Alcohol Concern offer third stage training for practitioners working with families with complex needs. This training is designed specifically for social workers and practitioners who wish to develop their skills in using interventions with families and children. They also offer training for alcohol services in the use of the Embrace Model, a framework to equip adult services to work safely with parental problem drinking, domestic abuse and its impact on children and families.

www.alcoholconcern.org.uk

Couple relationship breakdown and conflict

Families may be affected by the couple relationship being under stress and/or parental conflict taking place. Couples may be in the process of separating and divorcing or they may be separated. All these situations are likely to have an effect on families who already have multiple and complex needs.

Training for practitioners in supporting families through some of these scenarios is available from:

One plus One have an e-learning programme entitled 'Relationship Support: An Early Intervention' and also offer Brief Encounters training - a brief intervention model providing clear guidelines for supporting relationships within families and between families and those they turn to for help.

www.oneplusone.org.uk

Centre for Separated Families offer a one day course in 'Meeting the needs of the whole family' for practitioners and offer training to children's centres and nurseries in family engagement during separation.

www.separatedfamilies

Domestic abuse

Domestic abuse is forceful physical, emotional, financial or sexual behaviour which pressurises a man or a woman to change the way they are, and the way they behave because they are frightened of their partner. The aim of the abuse is to have power and control over an individual – where s/he goes, who s/he meets, what s/he does and how s/he does it. Domestic abuse does occur against men by their female partners but is less common, less likely to become a pattern of abuse and men are less likely to need medical attention as a result[21] but the devastating effect on the man and his family is real.

[21] Humphreys C and Mullender A (1999) Children and Domestic Violence: Research in Practice

What are the risks?
Domestic abuse can affect anyone. It is not confined to any class, ethnicity, culture or background; it can occur in same sex relationships and sometimes other family members are involved. Domestic abuse affects partners, children, wider family networks and communities. Domestic violence is physical abuse. It is seldom a one off incident and usually follows a pattern:

- Build up of tension.
- Violence erupting.
- Pleading for forgiveness and promises that it won't happen again.
- Partners get back together and things return to normal.
- Cycle of tension and violence starts again – usually with violence getting worse and happening more often over time.

Research information gathered by Women's Aid reports:[22]
- One in four women will experience domestic violence within their lifetime.
- Domestic violence makes up between 16-25% of all recorded violent crime.
- An average of two women are killed each week by a current or ex-partner.
- 54% of rapes in the UK are committed by current or ex-partners.
- 300 forced marriages occur each year.

There are circumstances when violence may increase and these include:
- At the time when the woman is planning to leave and in the following months after she leaves.
- During pregnancy – violence may begin or get worse which poses a greater risk to the pregnant woman and her unborn baby.

What are the signs of domestic abuse?

Key workers may be unsure if there is domestic abuse within the family. Men or women may be experiencing domestic abuse, but may not have identified this as abusive behaviour.

Some signs of domestic abuse include:
- Emotional: constantly putting a person down, constantly checking where someone is, preventing someone from seeing their friends or family, stopping someone from having a job, blaming them for the argument/fight.
- Physical: hitting, pushing, kicking, pinching, throwing or smashing things, making threats to hurt someone.
- Sexual: making someone do sexual things that they don't want to do, rape.
- Financial: not giving them any money, checking what someone spends money on, stopping them from working.

Domestic abuse may also take on different forms in different communities, for example, some BME women may also experience forced marriage,[23] female genital

[22] Women's Aid http://www.womensaid.org.uk December 2009
[23] There is a clear distinction between a forced marriage and an arranged marriage. In arranged marriages, the families of both spouses take a leading role in arranging the marriage but the choice whether or not to accept the arrangement remains with the prospective spouses. In forced marriages, one or both spouses do not (or, in the case of some vulnerable adults, cannot) consent to the marriage and duress is involved. Duress can include physical, psychological, financial, sexual and emotional pressure (Home Office Forced Marriage Unit).

mutilation[24] and what is sometimes known as 'honour killings'. This means that women may be harmed or even killed because of their 'immoral' behaviour – this behaviour might be refusing to get married, flirting with a man or having a boyfriend not acceptable to the family for example. Issues of 'shame' and 'honour' can in some cases increase the risk of violence to some BME women. Domestic abuse is not always limited to partners; it is sometimes the case that female members of the extended family are the abusers.[25] Sadly, some women would rather take their own lives, than bring 'shame' on their family or their community, which can create a huge barrier to her disclosing the issue of domestic abuse within the family.[26]

Coordinated Action Against Domestic Abuse (CAADA) offers a range of training to public agency and voluntary sector professionals working within the domestic abuse field.

www.caada.org.uk

Families of offenders

When a member of the family is in prison there is likely to be a wide range of effects on the family. Occasionally there can be a sense of relief for family members if the offender is a danger or threat to the family, but often their absence has a negative effect, with the financial and logistic challenges that visiting presents, and the sense of shame, loss, anger as well as financial hardship that absence through incarceration brings.

Action for Prisoners Families deliver trainer training to build a market of local training providers able to deliver Hidden Sentence training. 'Hidden Sentence: understanding the support needs of prisoners' families' is a one day training course to enable practitioners to gain the knowledge and understanding they need to develop and deliver services that better meet the needs of prisoners' families. It has been developed for practitioners whose work may bring them into contact with prisoners' families including children's centre staff, school staff, play workers and youth workers.

www.prisonersfamilies.org.uk

Other organisations which can provide advice and guidance to practitioners are listed on the resource sheet 'Training and Advice - support from the VCS' which can be found at:
http://media.education.gov.uk/assets/files/pdf/t/training%20and%20advice%20from%20the%20vcs.pdf

More information on training and advice for practitioners working with families with multiple problems is also available through the DfE website:
www.education.gov.uk/childrenandyoungpeople/families/multipleproblems/a00192669/training-and-advice-for-families-with-multiple-problems

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[24] Female genital mutilation (FGM) includes procedures that intentionally alter or injure female genital organs for non-medical reasons (World Health Organisation - WHO).

[25] http://www.bbc.co.uk/asiannetwork/features/hh/awadv_01.shtml

[26] Humphreys C and Mullender A (1999) Children and Domestic Violence: Research in Practice.

Multiple, unresolved traumatic life events

Change and transition are part of daily life for all families, but any change, no matter how small, has the potential to have a major impact on an individual and family. Even when change is planned and welcomed (such as a much awaited house move), the transition process which the individuals and family need to go through has to be negotiated and achieved in such a way that everyone is able to adapt to the new way of life and maintain a good enough level of well-being.

Where change brings loss, grief, pain and clear threat to well-being, the transition through that change will be a challenge to the individual or family.

Examples of the kind of changes are that present challenging transitions and constitute traumatic life events are:

- Relationship breakdown within the family of origin or couple relationship.
- Mental and physical illness.
- Bereavement.
- Redundancy.
- Homelessness.

A traumatic event can therefore be understood as a change that causes physical, emotional, psychological distress or harm. It is perceived and experienced as a threat to one's safety or to the stability of one's world

How well an individual or family is able to make the transition through change will depend on a range of internal and external factors, and the resources which are available to them. Resources which enable transitions to be made effectively will be social (being part of a strong social network which will be supportive), emotional (close personal relationships which are supporting and affirming), financial (providing security), physical (some help will be very practical in nature) and physical, emotional and psychological health. All of these factors will determine how resilient the family or individual are, and how swiftly they are able to achieve a sense of well-being.

A number of conditions appear to enable successful transitions within families:

- Economic security: Surplus resources, no debt, stable income, own home, low commitments, multiple-income household.
- Emotional security: Supportive partner, stable childhood, support networks, openness on emotional and mental health issues.
- Health: Good physical fitness, sensible and balanced lifestyle, mental health and well-being, quality time for leisure.
- Prior transition skills: Positive transition experiences, clear goals.
- Transition support: Pre-preparation when possible, monitoring issues, practical support, life-career planning, tolerance, dignity, valuing the past, time off before illness, confidential counselling, freedom/recognition for new ideas.
- Positive outcomes: Minimise the severity of distress in the crisis phase, minimise risks of quitting or extended crisis, optimise recovery time.

Families with multiple and complex needs are likely to be lacking in many of these resources.

When families and individuals are in the process of trying to negotiate transition through a traumatic change or life event, they will be experiencing emotions and

thoughts which may negatively affect the way in which they respond to others. For this and other reasons it is important for a key worker to recognise and understand the transitions which a family may be experiencing.

Parenting difficulties

Parenting difficulties are experienced from time to time by all parents but often families with multiple and complex needs have reduced parenting capacity so that outcomes for children can be severely reduced. Parenting capacity is defined within the framework for the assessment of children in need and their families'[27] documentation as:

"The ability of parents or caregivers to ensure that the child's developmental needs are being appropriately and adequately responded to, and to [be able to] adapt to [the child's] changing needs over time. This includes providing for the child's basic physical needs, ensuring their safety, ensuring the child's emotional needs are met and giving the child a sense of being specially valued, promoting the child's intellectual development through encouragement and stimulation, demonstrating and modelling appropriate behaviour and control of emotions, and providing a sufficiently stable family environment."

Some of the knowledge, skills and attributes of working with parents to increase their parenting capacity can be learnt through undertaking training in evidence-based parenting programmes but the necessary broader theoretical and skills framework of parenting intervention can be accessed through the QCF Work with Parents qualifications www.cityandguilds.com/48811.html or other programmes of study underpinned by the National Occupational Standards for work with parents.

3.3 Origins and cycles of multiple and complex needs

401.1.2 Analyse the origins and cycles of complex and multiple needs in families.

The origins and cycles of the multiple and complex needs which present in families will be as unique and diverse as the families themselves. Each family has a unique history with a set of events, experiences, disadvantages and choices which have led them to need intense support.

The common themes, experiences issues and problems listed in section 3.2 will be current problems, causes of current problems and causes of future problems.

The nature of family life is that each generation inherits a legacy from the previous generation, so that the current problems of one generation become the origins and causes of the next. Children in families that experience multiple problems are themselves much more likely to have poor outcomes[28] Parents who engage in anti-

[27] www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4003256

[28] Families At Risk :Background on families with multiple disadvantages (200)4 Social Exclusion Task Force, Cabinet Office p5

social behaviour are more likely to raise children who also behave anti-socially.[29] Children who know of their parents' involvement in drug misuse or crime, or whose parents condone such behaviour, are at increased risk of misusing drugs and of engaging in offending behaviour themselves.[30]

To be able to start to understand families with multiple and complex needs, their present state needs to be understood as being the result of events and circumstances which have built up, not only through one life time's development, but through the lifetime development of several generations of the family.

Exercise:
Outline the origins and cycles of complex needs as presented in one family by completing a genogram and a family developmental timeline over at least one generation. Provide an accompanying analysis of how the current family members experience has been affected by previous events and circumstances.

3.4 The impact of multiple and complex needs

401.1.3 Explain the impact of complex and multiple needs on family dynamics and social/community relationships.

Families with multiple and complex needs are often chronically stressed by serious problems which cut across many or all aspects of their lives. Internal and external pressures are likely to put huge strain on all the relationships within the family.

Parents are more likely to be preoccupied by attempts to deal with pressures so that they are not able to give parenting the attention needed. They may be tired or ill (physically or mentally) to the extent that their parenting capacity is severely depleted. Having the strength and resolve to set and maintain firm boundaries and limits with children can be beyond an exhausted, depressed parent. On the other hand, parents may become very intolerant, rigid and authoritarian due to the stress they are experiencing. Some multiple and complex needs are linked to parents' own poor experience of parenting, so they may not have a 'good enough'[31] parenting model to replicate.

Couple relationships may be under extreme pressure in similar ways. Tiredness and illness can limit capacity to be a supportive, sympathetic partner. Couples may also face basic challenges to having privacy and space in which to maintain their relationship. Sometimes relationships under pressure from multiple pressures become chaotic or highly unstable so that a parent may repeatedly move in and out of the house or a lone parent may have a series of different partners.

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29 Farrington, D. and Coid, J. (2003) Early Prevention of Adult Anti-Social Behaviour. Cambridge: Cambridge University Press.

30 Communities That Care. (2002) Youth at Risk? A National Survey of Risk Factors, Protective Factors and Problem Behaviour Among Young People in England, Scotland and Wales. York: Joseph Rowntree Foundation.

31 Winnicott, D. (1953). Transitional objects and transitional phenomena, International Journal of Psychoanalysis, 34:89-97

Family members may be experiencing the same stressors, but they present with different behaviours and problems linked to those stressors and each other's behaviour and problems. For example, a young person's vandalism, a father's absence and a mother's depression may all be interlinked and related to extreme financial hardship.

Multiple and complex needs can mean that a family experiences a lot of stress and crisis which may lead to disorganisation over time. The family may struggle to function, roles disintegrate and family members become unable to work together to structure daily routines and problem solve.

Where parents abdicate their role as parents, children can become drawn in to fill inappropriate roles such as the 'man of the house' or carer of their parent.

Many overwhelmed families become fragmented and members are left to fend for themselves. Shared mealtimes or pleasant enjoyable time together becomes rare. In some cases, children may suffer abuse and neglect as parents drop their responsibilities or escape into substance misuse.

Other overwhelmed families may become too involved with each other so that parents start to confuse their own needs with those of their children. Lack of clarity around boundaries can lead to them being disrespected, resulting in a lack of privacy and potential abuse. Children can also get caught up in couple conflict.

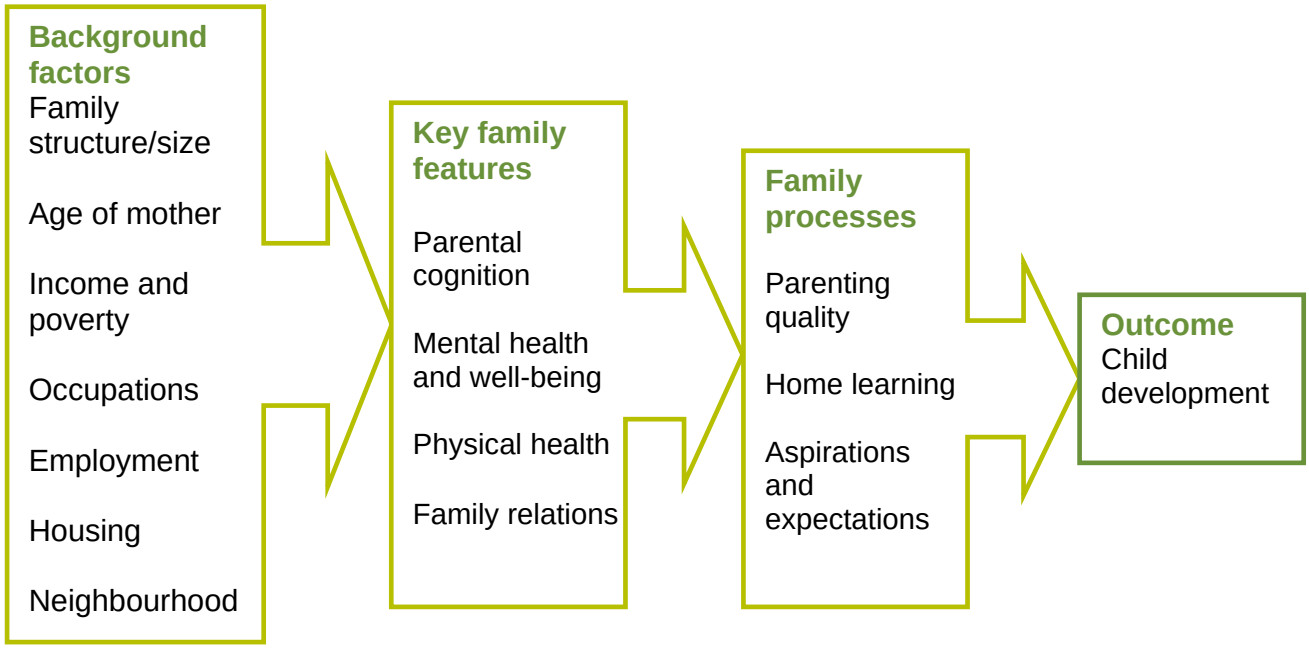
Whether they are disengaged or too involved with each other, the effect of multiple and complex needs on family dynamics can lead to disastrous situations.

Family dynamics will be affected by the high state of emotional arousal and reactivity within which family members often exist. Individuals may find it hard to listen and understand others. Blame, frustration, disappointment and anger towards other family members are often mixed up with feelings of self-blame, shame and guilt. The high emotional arousal is likely to mean that family members have short fuses and express their anger and frustration inappropriately and violently (physically and/or verbally) to others in the family.

This can also have a negative impact on broader social and community relationships, particularly in relation to anger and violence. Individuals may have very low tolerance levels when interacting with others, services and statutory agencies. In some cases this can lead to the family being isolated and reported to the authorities for their behaviour.

Figure 3 (over the page) illustrates how family needs and a range of background factors will have an effect on child development.

Figure 3: A model of the influences on child development[32]



Exercise:
Create a case study of a family experiencing multiple and complex needs showing the impact on family dynamics and social or community relationships.

[32] Source: Reaching Out: Think Family Analysis and themes from the Families At Risk Review (2007) Social Exclusion Task Force, Cabinet Office p12

Section 4: Defining the family intervention approach

Introduction

This section describes some of the key elements of the family intervention approach.

For the family intervention approach to be successful, it needs to be delivered by key workers and services who adhere to the principles and values of the approach, and who offer a service which implements the critical features of the approach. A seven stage model is described which can be adapted to meet local delivery frameworks, and an alliterative definition of the approach is offered in the Ten I's.

This section covers some of the learning outcomes from Unit 401: Understand and use persistent and proactive intervention methods when working with families with complex and multiple needs.

4.1 Principles and values of family intervention[33]

1. All work with families should reflect the rights of the child set out in the UN Convention on the Rights of the Child (1989)[34] ratified by the UK in December 1991.

2. Family intervention utilises a persistent, supportive and respectful approach in working with families which necessitates small caseloads, creative approaches, and a clear strategy for using incentives and sanctions to bring about positive change. The approach is based around a process of strength-based, whole family assessment.

3. Key workers need to work respectfully and in partnership with families at all times, encouraging self-efficacy and autonomy.

4. Work with families should value and build on their existing strengths knowledge and experience.

5. Those in a parenting role are acknowledged as having unique knowledge and information about their children and are the primary influence on their child's development.

6. Children are the responsibility of, and make a positive contribution to, the wider society as well as their families.

7. Family intervention should place the interests of children and young people at the heart of the work. Key workers should be committed to working with parents and families so that children and young people have the chance to be healthy, stay safe, enjoy and achieve, make a positive contribution and experience economic well-being.

[33] Family Intervention key worker Functional Map (2010), DfE. Available at www.cwdcouncil.org.uk/wwp-functional-map-fikw

[34] www.unicef.org/crc/

8. Family intervention should aim to offer a range of appropriate support according to both child and parental level of need, utilising whole family assessment.

9. Family intervention utilises effective working partnerships with agencies and individuals in providing support to parents and families. Integrated working and the sharing of approaches across services is a central element of the key worker role.

10. Family intervention key workers should be committed to engaging children, parents and families fully in identifying goals, assessing options, making decisions and reviewing outcomes. They should support child and family involvement in the development and evaluation of services.

11. Respect for difference and the promotion of equality are of fundamental importance to work with families.

12. Discriminatory behaviour of individuals, families, groups and agencies must be challenged.

13. Those working with families should have specific training, qualifications, support and expertise appropriate to the work they are undertaking.

14. Good practice requires reflection, regular and appropriate supervision and support as well as a continuing search for improvement.

15. Family intervention should use evidence-based approaches where possible to encourage and achieve good outcomes.

16. Family intervention requires innovation and creativity to address need.

4.2 Qualities of effective key workers

The most effective key workers have a strong sense of self. They are sufficiently grounded to be able to work in an environment of chaos without losing focus.

Key workers are:

- Able to identify when they are at risk and/or when children and vulnerable adults are at risk in the home or the community.
- Able to use the training they receive and the support of their managers, colleagues and agency structures, to keep themselves safe.
- Able to use their relationships and partnerships with other agencies to keep vulnerable family members safe.
- Clear communicators who are able to manage emotions and uncertainty without losing focus.
- Able to work intensively with a family over a long period of time developing close relationships and offering hands on support, without creating family dependency.

The role of a key worker is to:

- Act as the first point of contact for the family, planning the contact flexibly to meet the family needs.
- Build a relationship with each family member based on trust and respect, modelling effective communication and persistent support.

- Galvanise the multi-agency Team Around the Family (TAF) to participate in putting together a plan with the family, clearly outlining the sanctions and rewards that are associated with each goal.
- Work with the family to support and challenge them towards reaching the planned goals.
- Advocate for the family with other agencies.
- Regularly review progress and address barriers to progress in partnership with the multi-agency team.
- Support the family to use universal services effectively, gradually reducing the intensity of involvement as the family functioning strengthens.
- Plan an exit with the family, ensuring ongoing support from relevant services (as necessary), building in post intervention contact.

4.3 The family intervention approach

Eight critical features of the family intervention approach were identified by the National Centre for Social Research 2008[35] These features have since been replicated and adapted throughout family intervention services in the UK:

1. Recruitment and retention of high quality staff: Key worker teams need to include appropriately qualified staff with a range of experience and backgrounds. Together they should have the skills and knowledge that allows them to work effectively with families and agencies.

2. Key worker model: This is vital for ensuring engagement and trust and enables the family to feel responsible to the worker.

3. Small case loads: Key workers generally only have about five families to work with at one time. This helps in building trust and rapport. They are more likely to be available when families need them and are more likely to have the time to uncover deeply rooted issues, supervise and coach individuals in the family and be able to take a persistent and tenacious approach to work with families and other agencies.

4. A whole family approach: This approach enables the key worker to get to root of the difficulties. It is necessary to change the mind set and lifestyle of the families and work to prevent regressive influence.

5. Stay involved as long as necessary: Family intervention takes a long term approach. The research evidence is that is it not necessarily the amount of time spent with a family each week, but the length of time over which the work is sustained[36]. Working with families over a long period of time is essential for deeply entrenched issues. It takes time to unlearn attitudes and behaviours, learn new ones, and embed them into daily life.

[35] White, C., Warrener, M., & La Valle I., (2008) Family Intervention Projects: An Evaluation of their Design, Set-up and Early Outcomes, Research Report DCSF-RW047, National Centre for Social Research.

[36] Dixon, J., Schneider, V., Lloyd, C., Reeves, A., White, C., Tomaszewski, W., Green, R., and Ireland, E., (2010) Monitoring and evaluation of family interventions (information on families supported to March 2010), Research Report DFE-RR044 DfE publications, p54

6. The use of sanctions with support: Sanctions and consequences are key motivators to encourage families to agree to work with the family intervention team. They also help families realise the need for change.

7. Scope to use resources creatively: The family intervention approach recognises that it may be necessary to buy goods such as; beds for children, skips to take away rubbish, cleaning equipment and specially organised rubbish collection and services such as; parenting or therapeutic support. These will enable positive life style changes, reward and motivate engagement and meet some of the multiple and complex needs that families struggle with. Key workers work in a flexible and holistic way, using a common sense approach; if a child doesn't have shoes to go to school, no amount of parental coaching will reduce the time a parent keeps the child away from school.

8. Effective multi-agency relationships: These are vital to ensure families get the services and interventions needed. Key workers ensure that a consistent message is given and reduce the opportunity for families to play agencies off against each other. Multi-agency input enables key workers to identify the often shrouded causes of the family's issues by drawing upon a wide range of insight and experience of the family.

In September 2011, an evaluation of the Family and Young Carer Pathfinders Programme was published by DfE,[37] it highlighted three main critical and interrelated components of family intervention projects:

"Local areas developed different structural models of delivery which, the evidence suggests, all had the potential to result in improved outcomes for families. What mattered most was that the Pathfinders effectively established three critical and interrelated components of delivery. Each element played an equal and vital role in the delivery of improved outcomes:

- A persistent and assertive key worker role: a highly skilled, credible and experienced professional who worked intensively with families and could provide case leadership and management, both delivering intensive support to the family and brokering specialist support as necessary.
- A robust framework of support: including a comprehensive assessment of the needs of all family members and a multi-disciplinary Team Around the Family (TAF) approach, delivered within an effective model of case supervision. This ensured that families' needs were appropriately identified, that the right support was accessed and that progress was regularly and effectively reviewed.
- An intensive and flexible, family focused response: which provided a well managed, phased approach to support, addressing multiple family issues and using a wide range of professional expertise, over a sustained period of time.

Crucially, the effectiveness of support was measured by outcomes for the family, rather than whether an intervention was delivered or not. The approach was underpinned by the principles of effective family support, ie it was supportive and strength-based, but equally challenging to families. Crucially, (and in contrast to previous approaches delivered to many families), the support adopted a whole family

[37] York Consulting (2011) Turning around the lives of families with multiple problems – an evaluation of the Family and Young Carer Pathfinders Programme, DfE. RB154. www.education.gov.uk/publications/standard/publicationDetail/Page1/DFE-RB154

approach and, where appropriate, included both resident and non-resident parents/carers."

Family intervention uses a Team Around the Family (TAF) approach, where professionals and families meet to set targets/goals, identify additional support, and monitor and review progress, though it is sometimes not overtly referred to as the TAF approach. The TAF builds on the Team Around the Child (TAC) approach used in the Common Assessment Framework (CAF).[38] To be most effective the TAF is multi-disciplinary in nature, drawing on support from a range of professionals.

4.4 The seven key stages of the family intervention approach

The broad family intervention approach can also be summarised in seven key stages, (sometimes known as the referral to closure model) though there are variations on this and some stages are likely to be repeated more than once so that it is not a linear process.

1. Referral

Examples of referral forms are included as appendices 1 and 2

Families who are referred are frequently at risk of statutory intervention, but may fall below existing service thresholds. Many families also have a history of non-engagement with services and a key criteria for referral is that existing support mechanisms have failed to result in an improvement in outcomes.

Research (2010[39]) indicates that referral procedures need to be flexible. This can enable families who fall below existing thresholds to be worked with as well as those where existing provision has failed to result in improved outcomes. Senior gatekeepers (eg managers) decide the suitability of families for support and decisions are often made at weekly allocation meetings.

The referring agency has an initial conversation or attends the meeting with the family intervention team to discuss the referral. Sometimes allocation meetings have multi-disciplinary membership so that other services can help to evaluate whether the referral is the best way forward for a family.

A number of authorities also use existing specialist assessment panels as a source of referrals including:

- Multi-Agency Risk Assessment Conference (MARAC) supporting high risk victims of domestic violence.
- Multi-agency panels for children, young people and families in receipt of multiple targeted and/or specialist services, where existing support has been unable to effect change.
- Panels for children and young people at risk of being looked after.
- Anti-Social Behaviour Action Group (ASBAG).

Different projects focus on working with families from different target groups. The referral routes for family intervention are therefore likely to differ and reflect local circumstances and priorities. Referral criteria will also differ and could include:

[38] www.cwdcouncil.org.uk/caf

[39] Dixon, J et.al (2010) , para 3.4

- Families at risk of statutory intervention, the application of sanctions or enforcement actions. This includes children on the edge of care (many family intervention services are now working with this target group as it helps address local priorities).
- Families with a history of non-engagement with services.
- Families where outcomes have failed to improve through existing support mechanisms.
- Families involved in high risk (dangerous, abusive or reckless) anti-social behaviour (ASB) and/or at risk of losing their home due to their ASB.
- Youth offending, either as a consequence of a history of youth offending or where an older person/prolific young offender may impact upon younger family members.
- Persistent reports of ASB from neighbours, ASB unit, housing providers, police or other agencies.
- Combinations of worklessness, domestic violence, poor adult mental health, substance misuse, etc.
- Compromised parenting eg substance misuse, domestic violence, prolonged absence, neglect, parental offending activity or a combination of factors.
- High levels of truancy or exclusion from school.

There are likely to be trigger points to the referral; events or circumstances which raise the level of urgency for the family to need to change or which elevate their profile to agencies in the locality. These can include:

- Threat of eviction.
- Persistent reports of ASB.
- Repeat referrals to MARAC.
- Reported combinations of a range of identified risk factors such as criminal activity within the family, poor attendance at school by children and substance misuse.

If it is agreed that the referral is appropriate for the family intervention team, the referring agent will make an appointment to visit the family with the family intervention senior key worker.

A key worker might be allocated to the family at this stage. In this case, the key worker completes an initial risk assessment, focusing on risks that the family and key worker may face. This provides the key worker and the family intervention service with a clear summary of factors to be monitored in the developing relationship.

An example of an initial risk assessment form is included as appendix 3

In some situations, a referring agency might be required to provide initial information and a risk assessment of the family. This is discussed in a multi-agency context before the referral is agreed.

2. Multi-agency referral meeting

A multi-agency referral meeting takes place within two weeks of allocation to gather further information about the family. This involves the family, the key worker and other agencies involved. It is chaired by the senior key worker or manager. Details of professionals involved are held on the family file and recorded in all formal meeting minutes. The background to the case and reasons for referral are discussed, and the meeting seeks agreement from the family to undertake an assessment.

3. Assessment

An example of an assessment form is included as appendix 4.

Once the referral process is completed, the key worker then commences the assessment. The key worker undertakes a detailed assessment of the entire family, including extended members of the family and other significant people. This is an intensive assessment that takes up to six weeks to complete. The key worker uses a range of family assessment tools. Multi-agency information sharing is required at this stage.

The recommendations from the assessment are used to develop a SMART[40] Support Plan, which identifies the support which a family will receive. The Support Plan has a multi-agency and family focus, with clear review timescales. It also provides, in one place, an "overview of needs, actions and support, as well as clearly outlining the consequences of non-compliance."[41] The plan is monitored, reviewed and adjusted with all involved as the intervention and related support progresses.

Examples of Support Plan documentation are included as appendices 5 and 6

Intervention commences from day one, and if necessary, action is taken to address behaviours during the assessment process.

4. Multi-agency review meeting

A multi-agency review meeting is arranged within about eight weeks following the initial meeting with the family. The key worker arranges the meeting which is attended by the family and identified agencies.

At this meeting, the outcomes of the assessment, Support Plan and any behaviour contract which is part of it are discussed. All agencies involved are made aware of and sign up to their responsibilities and are given a copy of the Support Plan. The meeting seeks to ensure that there is commitment to the action plan from the family and other agencies.

5. Ongoing support work with the family

The key worker continues to work with the family in delivering the Support Plan. This typically requires a minimum of six hours a week working directly with each family. The family is made aware of their short, medium and long term goals and how the work they are doing with the key worker will achieve these goals. It is the responsibility of the key worker to ensure that the agencies involved do their part. This can be a demanding part of the role and the key worker needs to work closely with other agency staff to achieve this. If at any time during the family engagement the key

[40] Specific, Measureable, Achievable, Realistic, Time bound

[41] Kendall, S. et. al (2010)a,, p ii – iii

worker has safeguarding concerns, the key worker should follow the escalation process identified in the document 'What to do if you're worried a child is being abused'[42].

6. Multi-agency meetings

Review meetings are held every six to eight weeks to assess the family's progress in accordance with the Support Plan. The key worker convenes a multi-agency meeting and verifies the extent of the family's compliance with their Support Plan or any behaviour contract included in or attached to it. A revised Support Plan is developed for each six to eight week period. This continues until the outcomes of the Support Plan have been fully achieved and it is appropriate for the family intervention team to formulate an exit strategy with the family. A multi-agency meeting can be called at any time if concerns arise.

7. Case closure

As the Support Plan nears completion, the key worker has a graduated exit from the family as the outcomes of the Support Plan are achieved and the family become more empowered to take control. There will be an incremental reduction in interventions from the key worker who moves to focus on monitoring progress and discussing options and strategies for exit and moving to family independence.

As closure approaches, a closure form, (sometimes known as an exit form) is completed. The family is made aware that they can contact their key worker should they need to. The key worker maintains occasional contact with the family for up to twelve months by telephone or by dropping in to see them.
During this period, the key worker will ensure that the family are continuing to progress and decides whether additional short or long term support is needed.

An example exit form is included as appendix 7

If the family have disengaged without achieving their goals or before sufficient progress has been made, the closure form is completed and sanctions may be applied by agencies if non-compliance continues.

Every team working intensely with families who have multiple and complex needs will have a slightly different approach to these seven stages. Figure 4 illustrates the seven stage model described above. Figure 5 illustrates Newcastle's family intervention process (2010).

[42] DCSF (2006) What to do if you are worried a child is being abused, Nottingham, DCSF publications.

Figure 4: The seven key stages within the family intervention approach.

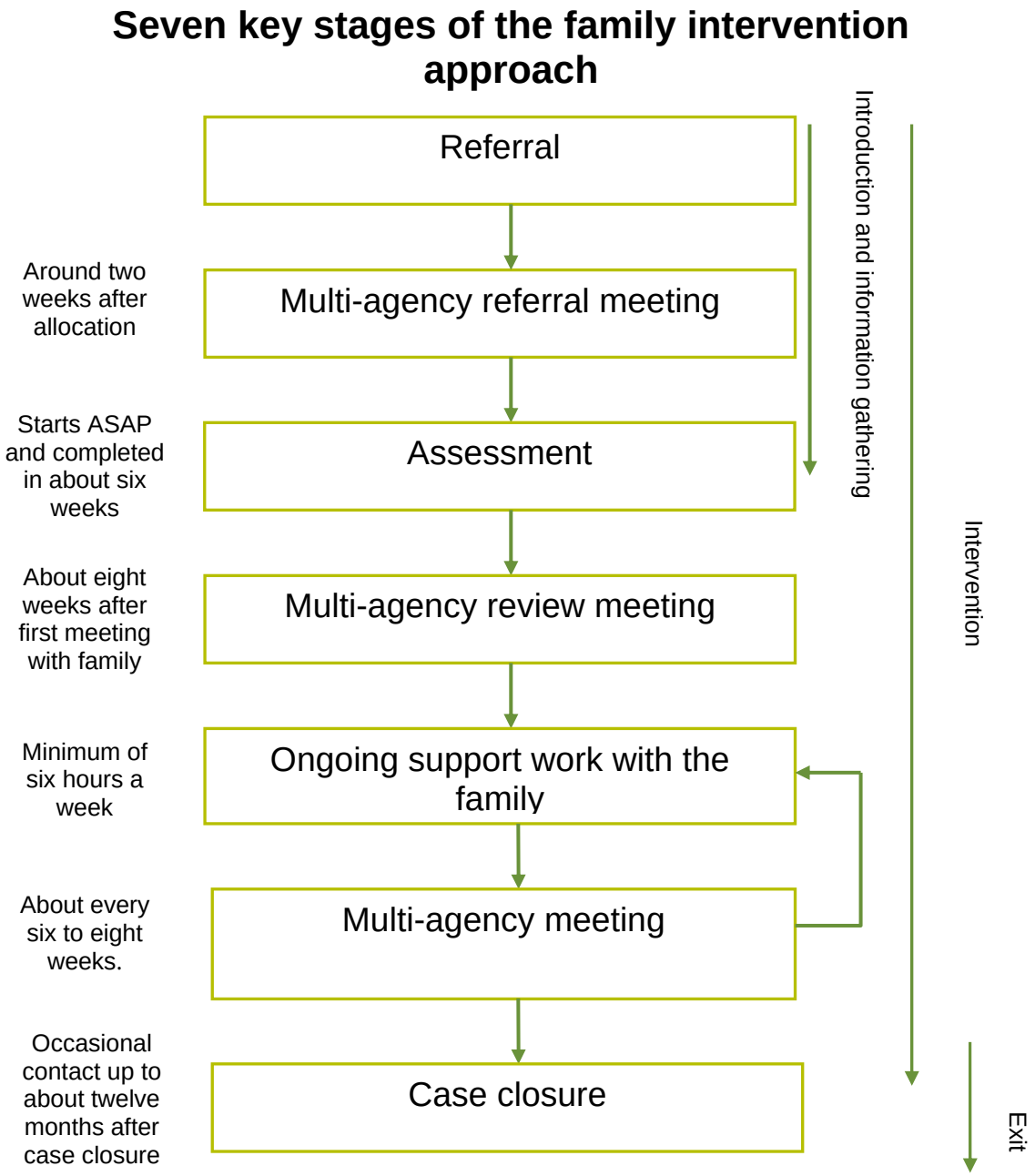
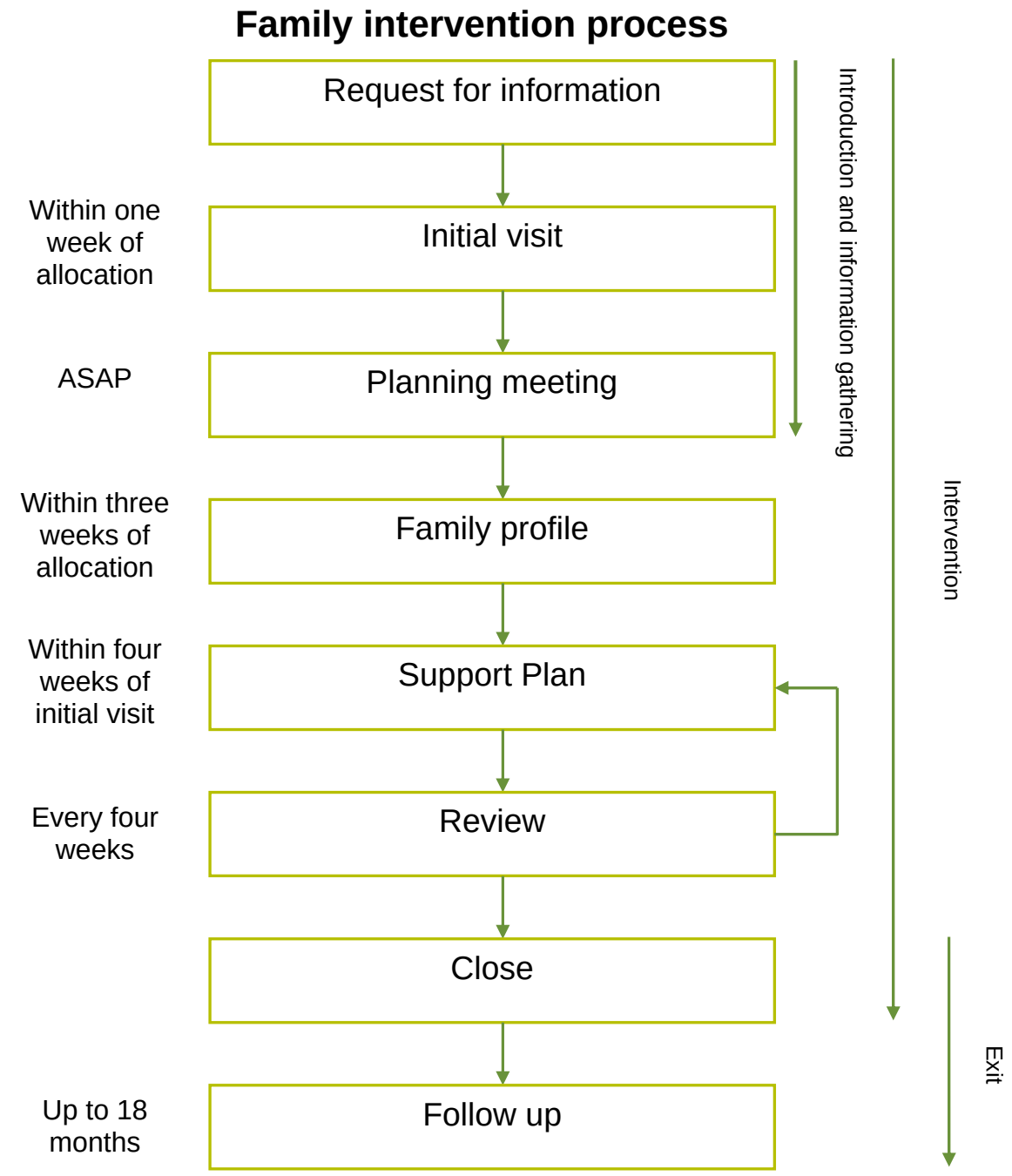


Figure 5: Newcastle's family intervention process (2010)



Exercise:
In small groups, explore the extent to which your organisation follows these stages when undertaking family intervention.

4.5 Whole family approach

401.3.1 Analyse the whole family approach in contrast to other approaches to family support.

A whole family approach is part of the acknowledgement that Think Family practice (ensuring that support provided by children's, adults' and family services is co-ordinated and focused on problems affecting the whole family), is important for everyone. It is the only effective way of working with families experiencing the most significant problems.[43]

The Community Budgets initiative enables services to take a whole family approach by encouraging local areas to focus on all issues faced by families rather than treat each one in isolation, by pooling local resources and know how. The council, local police, social services, job centres, schools and housing services are encouraged to work together as one, so families are no longer 'bounced' between a myriad of programmes and professionals. Community Budgets are designed to support local authorities, communities and individuals to rise to the challenge of tackling previously intractable, complex, interconnected problems and are well suited to cases requiring multi-agency solutions rather than those that could be solved by a single agency or service[44]

Approaches that consider the whole family:

- Identify families at risk of poor outcomes to provide support at the earliest opportunity.
- Meet the full range of needs of each family they are supporting or working with.
- Develop services that can respond effectively to the most challenging families.
- Strengthen the ability of family members to provide care and support to each other.[45]

The whole family approach is illustrated in the following case study provided by Nottingham Family Intervention Project.[46]

Exercise:
Consider the case study over the page. Identify aspects of it which indicate that a whole family approach has been used, and how this might differ from other approaches to family support.

[43] DCSF (2009) Think Family Toolkit: Improving support for families at risk Strategic overview p2

[44] Community Budgets Prospectus (2011) DCLG.

[45] DCSF (2009) Think Family Toolkit: Improving support for families at risk Strategic overview p6

[46] DCSF (2009) Think Family Toolkit: Improving support for families at risk Strategic overview p15

Exercise:
In small groups, list some of the support solutions given in the case study. Discuss the impact of whole family approaches as opposed to agencies working independently with families.

Case study

The police, social services and education agreed to refer a family to a family intervention service following reports of regular anti-social behaviour, school non-attendance, concerns about child neglect and a threat of eviction. The four eldest children had not been attending school for 18 months and the two youngest children (who were accessing education) were at risk of permanent exclusion due to their very challenging and aggressive behaviour.

The children's parents showed little evidence of being able to set boundaries, exercise discipline methods and could not communicate well with their children. The father had acute mental health difficulties and the mother was alcohol dependent and suffered from depression.

A multi-agency meeting was convened. The family's support needs were prioritised and arrangements for the co-ordination of a number of other services agreed as follows:

- The team prioritised the family's housing situation and secured the social housing provider's agreement to suspend plans to evict the family while the key worker worked with family members.
- The key worker visited the family daily, early (7am) and late (midnight) to help establish parenting routines.
- Both parents were asked to sign parenting contracts and anti-social behaviour contracts were served on the children.
- Alcohol services and counselling sessions were arranged for the mother.
- Education/training was arranged for all the children, including a statement of special educational need (SEN) for one child.
- Specialist emotional and mental health support was provided by child, adolescent and adult mental health services.
- Tenancy support and debt management were provided.
- A multi-agency team around the family met every six weeks to review progress in dealing with the family's multiple and complex needs.

In the last six months there have been no complaints of anti-social behaviour. All the school age children are now in full time education with over 90 per cent attendance. The mother has benefited from the specialist counselling support, her confidence has risen, the household is now functioning in a structured manner and she has attended employment training. There have been major improvements in parenting skills of the parents and the children who are also parents. There is little evidence of the squalor previously found in the household. This family have now left the family intervention service and these positive changes have been sustained.

4.6 Ten key worker activities: from intervention to integration

The seven stages, from referral to closure, that intensive family intervention services carry out, can be mapped to ten activities (the ten I's) set out below. These bring about change and growth, create positive outcomes and utilise key theoretical models and understandings.

Seven stages of family intervention	The ten I's
Referral Flexibility reflecting local needs and priorities. Different entry points – universal, targeted, specialist or intervention. Families with a range of different priority needs or trigger points eg eviction. A range of different criteria for engagement. Different allocation methods eg multi-agency panels.	**1. Intervene** in family life through referral from children's or adult services or occasionally through family self-referral. Initial introduction through telephone or letter.
Initial visit Risk assessment undertaken by referring agency, family intervention senior practitioner and/or key worker	**2. Introduce** self and service to the family showing respect, integrity and empathy with an intention to build rapport and trust. Use pro-active and persistent approaches to overcome barriers to engagement. **3. Initiate** a key worker/client partnership relationship with the family that has clear purpose, expectations and boundaries. Negotiate confidentiality and gain consent to share information.
Planning meeting Involvement of all agencies currently working with the family or who may have a role in future support. Information gathering. Family agreement for assessment. **Family profile** Whole family approach. Using a variety of assessment tools and multi-agency knowledge and understanding.	**4. Illuminate** the family's individual story and frame of reference. Link with multi-agency information and understanding of the family. Awareness of the influences on parenting capacity and family function through a whole family assessment. **5. Interpret** family hopes, aspirations and strengths as well as priority needs and the root causes of these needs.

Support Plan Family focused. SMART outcomes. Clear review timescales. **Multi-agency review meetings** Identification and commitment to family and agency specific roles and responsibilities within plan. **Ongoing support** Working towards short, medium and long term goals. Ensuring multi-agency appointments and input.	**6. Identify** a clear action plan in partnership with the family and multi-agency Team Around the Family (TAF) with small step goals leading to wider vision goals. **7. Invest** key worker expertise, knowledge and strategies that may help families in their progress towards better outcomes. Provide practical resources or information that will support the process. Work in close collaboration with other voluntary, specialist or statutory agencies to support family goals. **8. Influence** family progress towards their goals through supporting, encouraging, empowering and enabling.
Review Multi-agency scheduled meetings. Monitoring. Review. Adjustment. Sanctions for non-compliance. Discussion and preparation for completion. **Close** Graduated exit. Incremental reduction in intervention. Discussion of options and strategies for families to manage with social and community networks. Closure or exit form. **Follow up** Occasional contact. Telephone or drop in. Signposting to additional short or long term support within universal, targeted or specialist services.	**9. Indicate** family progress, new skills, knowledge and behaviours to the multi-agency Team Around the Family (TAF). Continue to monitor progress through a process of review and acknowledge progress. Revise and reset goals when necessary. Apply sanctions if appropriate. **10. Integrate** the family back into community networks with appropriate voluntary, universal or community support. Recall and reflect on the journey taken, valuing progress and change and acknowledging the importance of the relationship. Follow up to confirm integration and longer term stability without developing a dependant relationship.

Exercise:
In groups of two or three people, explore the ten I's in the context of your own practice. Which do you feel you need to learn more or feel more confident about?

4.7 Supervision

Supervision is an essential element of the support systems that should be in place for key workers. Key workers find themselves working in challenging environments, managing complex and chaotic family situations. The capacity for reflection in securing positive outcomes for families is an essential element of supervision, as is the opportunity to reflect on any personal issues.

Key workers frequently work with families where blame, denial and legality issues lie beneath the presenting issues. Key workers must be given the opportunity to engage in supporting processes to promote self-awareness, ethical practice, and meaningful engagement with families. This in turn will improve the likelihood of interventions being successful and sustainable, whilst upholding the professional integrity of the worker.

4.8 Safeguarding

Key workers are critical partners in assessing whether children and young people's safety or welfare may be at risk and can help to develop and deliver elements of Child Protection Plans. Key workers will work closely with a social worker, who is the designated lead professional for any child or young person considered to be at risk. Local authorities need to ensure effective protocols are in place between statutory agencies and the family intervention process and all family intervention staff should receive appropriate safeguarding training before working with families. The implementation of a protocol for joint working between services is vital for safe practice.

4.9 Persitent and pro-active approaches when engaging with families

401.2.1 Evaluate the suitability of different persistent and proactive approaches when engaging with families.

401.2.2 Use persistent and proactive approaches to enable engagement with families.

401.2.3 Review the use of persistent and pro-active approaches in engaging with families.

Families may be sceptical, discouraged, defeated, de-motivated, and possibly angry or belligerent about engaging with other services. In this situation It could be a challenge to engage with them and then to sustain their engagement.

Family intervention work is a consent-based approach, which means that families need to consent to and accept that they will work with the family intervention service. They will also be required to agree to and accept along the way, the goals and targets which are included in their Support Plans. Their initial engagement may be secured by the referring agency or the key worker by explaining the benefits of engagement (the

intense and pragmatic support which the intervention will offer) as well as helping the family to see that, without the support, there are likely to be dire consequences. Consequences may be legally enforced or they may be natural consequences of the family continuing to follow the path they are currently on.

Once the family has consented to engaging with the service, a persistent and pro-active approach can be successful in sustaining their engagement and achieving positive outcomes. A persistent and pro-active approach refers primarily to the attitude and mind set of the key worker, but there are also strategies which are associated with this approach:

Strategies:

- Working at flexible times and using flexible, innovative and creative approaches.
- Working with the family over an extended period of time.
- Helping to establish basic family routines.
- Directly supporting the family with practical tasks and challenges and having a hands on approach when necessary ('putting on the rubber gloves').
- Modelling appropriate behaviour.
- Advocating on behalf of the family or family members.
- Actively monitoring progress and sharing the results of such.
- Utilising plain speaking and honesty in explaining consequences and actions required.
- Ensuring mutual knowledge and understanding of all involved.
- Establishing a balance of support and challenge.

Attitudes (part of the key qualities of a key worker):

- Being tenacious and persevering.
- Being confident and not intimidated.
- Being consistent and firm when required.
- Being grounded in a strong sense of self.
- Being focussed and able to manage emotion and uncertainty.

Families consent to engage with support for a variety of reasons, for some they know it may be the last chance to address problems before consequences take place eg child protection orders, prosecutions for their child's truanting or loss of a tenancy. For others it may be the type of support and help which is offered (rewards).

Reward motivators for effective engagement:[47]

- Families can see that the whole family will be supported eg the needs of the parents will be addressed (with their consultation) and met as well as the needs of the children.
- The package of support offered to families often includes accredited parenting programmes and a co-ordinated programme of support from other services such as health or drug treatment to meet the needs of different family members.
- Families can see that they will be actively engaged in the process from the start, for example in identifying actions and priorities.
- Families understand the practical support that the key worker can provide to address family issues.
- Because key workers are not viewed as social workers, they are seen as less threatening and therefore families more readily engage with them.

[47] Adapted from Kendall, S., et. al., (2010)a p.14

Reducing the risk of sanctions will also be a reward in motivating families to change. Families can face a range of sanctions from different agencies often linked to anti-social behaviour or youth offending, eg Anti-Social Behaviour Orders (ASBOs), eviction, court orders, etc. The key worker works with families to help them improve their behaviour in order to avoid these sanctions, often initially through a temporary suspension arrangement with agencies, whilst being clear with families about the risks facing them if changes are not made or sustained. Section five offers further examples of this approach.

Example One:

Key workers identified the effectiveness of being able to provide practical support quickly for families, which also helped facilitate family engagement:

"It's about identifying 'quick wins' eg buying doors, creating a sense of privacy, buying bunk beds so kids have their own beds, somewhere to sleep undisturbed."[48]

Example two:

The impact of listening.

"It's not just about buying in products and services. It's also about just being someone to talk to who will listen – someone who will respond with honesty and openness."[49]

Example three:

Releasing the pressure.

"Providing therapeutic support and things like anger management early on can have a big impact - releasing the pressure valves early and feeling the results can make a massive difference to how the family, or individuals within it, perceive the support – you've responded quickly and the response has helped."[50]

Example four:

A key worker provided the example of a parent whose child had been taken into care. The child was unable to return to the family home because of the poor condition of the property. The first priority for the key worker was to work with the mother to make the house habitable, so that her child could return home:

"By providing that support she didn't feel threatened and she felt that we were helping her, rather than telling her what to do. When you are helping with practical stuff – cleaning, painting etc., you are also developing a relationship. The child's back home now and mum will now work with me and doesn't have a problem with working with me (she had previously failed to engage with social services)".[51]

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[48] Kendall, S., et. al., (2010)a , p 15

[49] Key worker discussions with author, 2010/11

[50] Key worker discussions with author, 2010/11

[51] Kendall, S., et. al., (2010)a , p 15

However, some families may still decide to disengage, or continue to disengage with services which offer a persistent pro-active approach, despite the efforts of the key worker.

This can provide a significant challenge to key workers who need to deal with this response and move on. Supervision, reflection and peer support can provide opportunities to work through related issues for the key worker; perhaps the family is not yet ready to engage or perhaps another worker may have more success.

Section five: Anti-social behaviour and families with multiple and complex needs

Introduction

Families with multiple and complex needs often (but not always) meet the criteria for intense support due to anti-social behaviour, because it is very visible, disruptive and offensive to the community. Anti-social behaviour has a negative impact on all concerned, including the family behaving in that way. It is one way in which the multiple and complex needs of a family is externalised (or acted out) in their behaviour. Other behaviours may not be as visible.

Anti-social behaviour is often addressed using consequences and enforcement actions. For anti-social behaviour to be reduced and socially appropriate (positive) behaviour to be established, the family will need to be effectively assisted to change.

This section explores what anti-social behaviour is and how consequences and enforcement actions may be used to address this behaviour.

402.1.1 Explain a range of anti-social behaviour which presents in families.

5.1 Anti-social behaviour and its impact

There is no precise definition of anti-social behaviour. Broadly, it is acting in a way that causes or is likely to cause harassment, alarm or distress. To be anti-social behaviour, the behaviour must be persistent.[52]

"Anti-social behaviour involves acting in a manner that caused or was likely to cause harassment, alarm or distress to one or more persons not of the same household" (Crime and disorder act 1988)

"Anti-social behaviour is any aggressive, intimidating or destructive activity that damages or destroys another person's quality of life." Home Office website, January 2011.

For further reading see Home Office report:
http://rds.homeoffice.gov.uk/rds/pdfs04/dpr26.pdf - Defining and measuring anti-social behaviour, Development and Practice Report 26, 2004.

Anti-social behaviour can include:

- Intimidation of neighbours and others through threats of or actual violence.
- Violence.
- Harassment.
- Verbal abuse.
- Discriminatory behaviour eg race, gender, sexuality.
- Systematic bullying of children in public recreation grounds, on the way to school or even on school grounds, if normal school disciplinary procedures do not stop the behaviour.
- Intimidating or abusive behaviour aimed at causing distress or fear
- Excessive noise.

[52] www.direct.gov.uk/en/crimejusticeandthelaw/crimeprevention/dg_4001652

- Dumping rubbish.
- Animal nuisance, including dog fouling.
- Vandalism, damage to property and graffiti.

Anti-social behaviour tends to be associated with wider social exclusion and problems such as poverty, family stress, community disorganisation, drug dependency, truancy and school exclusion. Families that present with anti-social behaviour are often themselves at the receiving end of such behaviour.

Exercise:
Review how the use of persistent and pro-active methods has enabled you to successfully engage with a family.
- What worked well?
- What didn't work so well?

You could interview a key worker who uses a persistent and pro-active approach and review how those methods enabled successful family engagement.

5.2 Using consequences and enforcement actions

401.5.1 Work with a range of likely consequences and enforcement actions which families may face if changes are not evident.

The range of consequences and enforcement actions available to a key worker will depend on the setting in which they work and the national legislative framework in place.

Whatever the context, the use of sanctions and consequences in work with families requires key workers to work side by side with families and use every aspect of the partnership approach to move things forward. This will enable families to achieve a clear understanding of the consequences of non-compliance.

Key workers will also need to enable families to clearly understand the non-statutory consequences which will either:
- Naturally occur (for example if a family does not engage in planned activity to improve their financial management skills, the family will increasingly get into debt and financial difficulty).
- Occur through the actions of the key worker in response to continued family non-compliance and lack of progress (such as the withdrawal of support).

To be effective, key workers need to use a straight talking, direct and open approach to explain the severity of sanctions and consequences that a family may face. There is a need for key workers to be very skilful in communicating that they want to work collaboratively, constructively and respectfully with the family to support them as they face the possibility of sanctions. There is also a need to avoid taking an unsympathetic power and control approach and seeming to threaten the family. Families may have experienced this in the past and disengaged as a result.

The sanctions and related consequences can, in themselves, be used as motivators for change (further information can be found in section eleven).

Rewards may include support provision (for example enabling a parent to access an anger management programme or other therapeutic support if they meet an agreed

goal in their Support Plan), and the temporary lifting of sanctions to enable development work and change to take place. The ultimate reward is that the threat of the sanction itself is lifted.

Sanctions and enforcement measures will vary from area to area and national legislation and policy in this area is constantly under review. There are a number of different types of order in existence. Some high profile orders such as Anti-Social Behaviour Orders (ASBOs) are currently (December 2011) under ministerial review and it is anticipated that a review of orders such as this will eventually lead to a simplification of the systems and range

Underlying processes and ways of working with partner agencies are likely to remain the same. The relationships and communications with agencies are central to the success of intervention in this area, particularly when using enforcement actions and related consequences to help move a family forward.

A local area's approaches, processes and priorities will vary in the context of current legislation, reflecting needs, capacity and focus. It is very important to develop a solid understanding of local policies and practices.

Some of the main current legislation (March 2011) includes:

- Anti-Social Behaviour Injunctions.
- Anti-Social Behaviour Orders (currently under ministerial review).
- Demotion Orders.
- Possession Proceedings.
- Family Intervention Tenancies (FITs).
- Parenting Orders.
- Individual Support Orders.
- Acceptable Behaviour Contracts.
- Parenting Contracts.
- Gang Banning Orders.

Definitions and uses of some of these are as follows:

Anti-Social Behaviour Orders (ASBOs), (Home Office 2009)[53]

"ASBOs are civil Orders made by a court which prohibit the perpetrator from specific anti-social acts and from entering defined areas on a map, usually referred to as exclusion zones. An Order can be made against anyone aged 10 years or over who has acted in an anti-social manner (ie behaving in a way that caused, or is likely to cause, harassment, alarm or distress to others not of the same household), and where an Order is needed to protect persons from further anti-social acts. ASBOs should be used in conjunction with other measures of intervention and support as part of a tiered approach to tackling anti-social behaviour. The approach to ASBOs made against a young person is generally the same as for adults.

When used as part of a tiered approach with other measures, ASBOs are an effective measure, when other attempts to modify disruptive behaviour have failed.

ASBOs are issued for a minimum period of two years to reflect the need for them to bring respite to communities and for behaviour to be changed. However, a year is a

[53] A guide to reviewing Anti-Social Behaviour Orders given to young people and individual support orders, Home Office January 2009

long time in the life of a young person and their needs and behaviour are more prone to change than those of adults. While ASBOs must be issued for a minimum of two years, prohibitions may last for less than this – see, for example, R (Lonerghan) v Lewes Crown Court [2005] England and Wales High Court 457.

ASBOs issued to young people must be reviewed each year to check progress with compliance with the terms of the Order. This review is an important safeguard to ensure that young people are receiving the support they need to prevent them breaching their ASBO and causing further harm to the community. The victims are often also young people and they, and the wider community, have a right to be protected. The one-year review may lead to an application to the court to modify or strengthen the ASBO by adding or removing prohibitions."

Acceptable Behaviour Contracts:

Acceptable Behaviour Contracts (ABCs) are non-legally binding written contracts between one or more local agencies. The terms of the contract reflect the behaviour to be addressed.

They can be used by any agency (usually local authorities, police, Registered Social Landlords and Youth Offending Teams), and a broken contract can be used as evidence in an ASBO application. They are often used as a step before an ASBO. They tend to be used when a person is perpetrating anti-social behaviour but not at the level that would lead to an ASBO or as a step before an ASBO or when a warning has been unsuccessful.

ABCs are quite adaptable and can be used in a range of circumstances (see example 2, below).

Housing related sanctions and measures:

Demotion Orders: (Home Office 2004)[54]

Many landlords have found introductory (for local authorities) or starter tenancies (for housing associations) a very effective way of controlling anti-social behaviour in new tenants. The introduction of demoted tenancies will allow landlords to apply to the court to reduce the security of tenure for an existing tenant in a similar way.

Local authorities, Housing Action Trusts and registered social landlords may apply to the County Court to ask for a tenancy to be brought to an end by a Demotion Order. When the order is granted, the tenancy is replaced with a less secure form of tenancy.

The court may only make the order if the tenant, another resident of the property or a visitor to the tenant's home has behaved or threatened to behave in a way which causes nuisance or annoyance or is using the premises for unlawful purposes. In addition the court must be satisfied that it is reasonable to make the order.

The Demotion Order gives a serious warning to the tenant that if they continue in non-compliance, swift action will be taken to end their tenancy. It also removes a number of tenancy rights, thereby acting as an incentive to the tenant to change their behaviour. If they stop causing problems, they can regain a higher level of security and rights. The scheme provides clear linkage between the enjoyment of the benefits, rights of security and responsible behaviour.

[54] Demotion Orders, Home Office Factsheet 3, 2004, http://www.communities.gov.uk/documents/housing/pdf/138688.pdf

Possession proceedings

Possession proceedings are used when:

- A tenant has failed to meet the standards of reasonable behaviour and abide by the terms of their tenancy agreement.
- A landlord feels that action must be taken to protect the rights of other tenants and the wider community.
- Other interventions have not been successful.
- The court is satisfied that it is reasonable to grant a possession order.

The court can make an outright order which grants possession to the landlord after a notice period, typically 28 days. The court can also suspend possession for a fixed period of time or indefinitely. This will be subject to conditions which the tenant will have to abide by.

Family Intervention Tenancies

Family Intervention Tenancies (FITS) have been available since January 2009. They were created to overcome some of the difficulties for key workers in moving families into dispersed, temporary or purpose built accommodation, when their secure tenancies had been lost. In short, FITs can provide a platform by which families can regain a footing in the community without causing further damage and distress to their neighbours.

FITs were developed in response to an identified need for a tenancy that could complement the family intervention aims (addressing ASB), as the existing options for secure or assured tenancies were inappropriate.

FITs can only be offered for the purposes of providing behavioural support services to tenants against whom there is a possession order for anti-social behaviour or where, to the best of the landlord's knowledge, a possession order would be made against the tenant.

For a FIT to work, it must relate to agreed behaviour support and this should outline:

- The changes in behaviour that are expected.
- The behaviour support that will be provided.
- Which sanctions will be applied for non-compliance with the agreement.

The terms of the FIT should match with those of the Support Plan in order to ensure the family is clear about the behaviour that would lead to a review ie whether they should remain in receipt of support and continue as a tenant.

If the FIT is successful, a new introductory tenancy (secured or assured) could be offered at the end of the FIT period.

Parenting Orders and Contracts

A Parenting Contract is an agreement negotiated between a service provider and the parents of a child. A Parenting Order is made in similar circumstances by a criminal court, family court or Magistrates' Court acting under civil jurisdiction.

Parenting Contracts and Orders recognise the powerful impact that parental behaviour has on outcomes for children. They are designed to reinforce parental responsibilities. They can include a parenting programme to help parents address their child's challenging behaviour and a specification of ways in which parents are required to exercise control over their child's behaviour. For example, this might

involve ensuring that the child goes to school every day or is home during certain hours.

For further reference see Parenting Contracts and Orders Guidance, DCSF February 2004, Revised October 2007:
http://publications.education.gov.uk/eOrderingDownload/Parenting-contracts.pdf

Exercise:
Consider a family you are working with where enforcement actions are a feature. Outline how you might work with the family using the opportunities and consequences offered as a result of enforcement action to support change within the family.

Example 1: Working with a Housing Association and a family served with a possession proceeding notice to quit due to anti-social behaviour.

During a multi-agency meeting, the enforcement action details are presented by the Housing Association and discussed. The multi-agency meeting is a key tool in the process.

Seeking possession is often in response to anti-social behaviour displayed by a family, and the key worker may use the meeting to find out exactly what behaviour was causing the action (eg noise, particular visitors, etc).

Once this is clear and understood, the key worker may negotiate with the housing association. The key worker will seek to secure a period of time to work with the family to address the unacceptable behaviour within a defined period whilst the notice of possession is delayed by the housing association. This will allow time for intervention to take place and for evidence of change to be monitored. This period of time could be a few weeks and should be appropriate to the seriousness and urgency of the situation. The negotiation could be that no complaints are made within a given period.

During the time agreed, the key worker takes time to explain to family members about the notice, ensuring that they understand what is happening and the implications of it being served. Understanding can often be an issue. The key worker also works to ensure that the family and its members identify and understand the behaviours which are causing the difficulties and work to ensure an agreement for change. This could, for example involve stopping all or certain visitors to the house and addressing noise levels.

Agreements on change need to be recorded in the Support Plan and linked to the sanction in question and the implication for the family. In this way, the family will be clear about the implications of the notice and the opportunity to avoid it through adjustments to their behaviour or lifestyle.

The key worker maintains contact with the housing association during this period so they can keep each other updated on progress or difficulties. This ensures that there are no surprises at the next multi-agency meeting.

Example 2: Working with the police on an Acceptable Behaviour Contract

A younger member of the family is under a police Acceptable Behaviour Contract (ABC), in an attempt to avoid the use of an Anti-Social Behaviour Order (ASBO).

The detail of the ABC is discussed in the multi-agency meeting to ensure all involved are clear about the conditions of the ABC. The key worker then works with the young person and their family to ensure that they understand the conditions and that non-compliance will result in an ASBO.

Progress is monitored through regular contact with the police and the multi-agency meetings are used to share feedback from the family, key worker and police. Any additional information on positive progress which could have an influence on decisions is also shared. Open and shared communication ensures difficulties are identified and addressed early and that all involved are clear about progress.

Exercise:
Identify a range of approaches used in supporting families to reduce their anti-social behaviour. Consider and summarise the relative merits of each and how they might apply to different circumstances.

Exercise:
Investigate your local approach to regarding enforcement measures, sanctions and levers. Summarise the key ones that relate to your role and outline how you use/have used them in your work.

Exercise:
Consider families you have worked with where anti-social behaviour is persistent. Identify strategies you have used to continue to work with these families and consider how successful these strategies have been.

Figure 6: The Home Office typology of anti-social behaviour, 2004

Table 2.1: RDS typology of anti-social behaviour

Misuse of public space	Disregard for community/ personal well-being	Acts directed at people	Environmental damage
Drug/substance misuse & dealing	Noise	Intimidation/harassment	Criminal damage/ vandalism
Taking drugs	Noisy neighbours	Groups or individuals making threats	Graffiti
Sniffing volatile substances	Noisy cars/motorbikes	Verbal abuse	Damage to bus shelters
Discarding needles/drug paraphernalia	Loud music	Bullying	Damage to phone kiosks
Crack houses	Alarms (persistent ringing/malfunction)	Following people	Damage to street furniture
Presence of dealers or users	Noise from pubs/clubs	Pestering people	Damage to buildings
Street drinking	Noise from business/industry	Voyeurism	Damage to trees/plants/ hedges
Begging	Rowdy behaviour	Sending nasty/offensive letters	Litter/rubbish
Prostitution	Shouting & swearing	Obscene/nuisance phone calls	Dropping litter
Soliciting	Fighting	Menacing gestures	Dumping rubbish
Cards in phone boxes	Drunken behaviour	*Can be on the grounds of:*	Fly-tipping
Discarded condoms	Hooliganism/loutish behaviour	Race	Fly-posting
Kerb crawling	Nuisance behaviour	Sexual orientation	
Loitering	Urinating in public	Gender	
Pestering residents	Setting fires (not directed at specific persons or property)	Religion	
Sexual acts	Inappropriate use of fireworks	Disability	
Inappropriate sexual conduct	Throwing missiles	Age	
Indecent exposure	Climbing on buildings		
Abandoned cars	Impeding access to communal areas		
Vehicle-related nuisance & inappropriate vehicle use	Games in restricted/ inappropriate areas		
Inconvenient/illegal parking	Misuse of air guns		
Car repairs on the street/in gardens	Letting down tyres		
Setting vehicles alight	Hoax calls		
Joyriding	False calls to emergency services		
Racing cars	Animal-related problems		
Off-road motorcycling	Uncontrolled animals		
Cycling/skateboarding in pedestrian areas/footpaths			

Source: Research Development and Statistics Directorate

402.1.2 Analyse the impact of different types of anti-social behaviour on family dynamics.

The impact of any member of the family presenting with anti-social behaviour will definitely have an impact on family dynamics, but the type and extent of impact will vary according to the consequences. For example, a mother who is engaged in prostitution may allow that activity to impact on her relationships with her children because she is either absent or allowing a disruption to the home environment (frequent male visitors). Or, for example, a parent who has to deal with repeated complaints about a child who is involved in nuisance or criminal activity in the

community is likely to experience an impact on the relationship with that child as s/he may feel irritated, resentful, negative or despairing about how to manage that child.

Anti-social behaviour may be the result of certain family dynamics. For example, a young person may engage in vandalism as a way of acting out their feelings of anger because a parent is neglecting or abusing them.

In some circumstances, anti-social behaviour can lead to family break up and not being able to live together. Family members may be imprisoned or taken into care, or a family member may remove themselves to escape the impact of the behaviour. A parent may leave or a child may go missing or seek to live elsewhere (which may or may not be a safe place) or simply absent themselves from the home for long periods of time. Family dynamics always face the risk of fragmenting when absence is a factor.

402.1.3 Analyse the impact of a range of anti-social behaviour on social and community relationships.

A lack of social and community networks has been identified as a risk factor for wider family problems so it is important to reduce this risk factor for families to improve their resilience.[55]

Anti-social behaviour can have an impact on social community relationships, usually in the form of the family becoming isolated from networks. As with the impact on family dynamics, the type and extent of impact will vary. For example, a high volume of noisy visitors during late hours may provoke resentment and even angry confrontation from neighbours and the community. Further impact of continuous anti-social behaviour can be the isolation of the family within the community, leading to a 'bunker mentality' (it's us against the world!) and increased friction and conflict.

The family can suffer from an exaggerated response to any behaviour perceived by others as being anti-social, even when progress is being made.

"The family seemed to be under a microscope in the community, where all potentially negative behaviour was magnified in the eyes of the neighbours, and this led to very high levels of reporting, far beyond what would be expected in relation to what was happening. In a sense this was an understandable over reaction…"[56]

"Some community members' response is that they want the family removed, but most victims just want the behaviour to stop. Very few express a desire for much more to happen, unless the families are really extreme."[57]

Families may find that neighbours are particularly negative when their property is different and less well kept than the rest of the properties. Families with multiple needs may struggle to be able to appropriately dispose of rubbish and junk. A sofa,

[55] Peters, R.D. Petrunka, K. and Arnold, R. (2003) The Better Beginnings, Better Futures Project: A Universal, Comprehensive, Community-based Prevention Approach for Primary School Children and their Families. Journal of Clinical Child and Adolescent Psychology, 32 (2), 215–227.

[56] Key worker discussions with author, 2010/11

[57] Key worker discussions with author, 2010/11

bed or carpet left outside the home will give a very negative message about a family, and even if the family ceases behaving in an anti-social way, the rubbish outside the home stops neighbours from accepting that significant change has happened.

Sometimes families move repeatedly to escape negative attitudes from the community, which exacerbates their stress. For example, a child might change school four or five times within a six year period and so will not be able to thrive. Enabling a family to change behaviours rather than change location can have a very positive impact.

402.1.4 Analyse the impact of a range of anti-social behaviour on relationships with agencies.

Similarly the behaviour can have an impact on how the family, or family members, receive support from services. This can lead to sanctions or enforcement being imposed by agencies. In some extreme instances criminal or civil action can be considered. For example, consistent overtly racist language and behaviour or violence can lead to such action being considered. More commonly, additional arrangements are made where local policies and procedures related to risk analysis come into play. Some families may not be visited alone or may be visited only in the presence of a police officer, for example.

Some families might miss out on voluntary support because agencies deem them to be too high risk for workers to visit. If the family or individual is entitled to a statutory service, it cannot be taken away unless criminal or legal proceedings take precedence.

The way in which anti-social behaviour impacts on a family's needs being met by statutory agencies is a key issue to be addressed in motivating and enabling families to change their behaviour.

Exercise:
Think about a family you are working with where anti-social behaviour is a significant factor. Consider and summarise how this is impacting on:

- Family functioning and dynamics.
- Relationships with the local community.
- Relationships with statutory and support organisations.

Section six: A practice framework for family intervention key workers

This section describes a range of standards and frameworks which come together and provide a practice framework for effective family intervention services.

6.1 Principles and values of the National Occupational Standards for Work with Parents

400.1.1 Analyse the principles and values that underpin the National Occupational Standards for Work with Parents

1. All work with parents should reflect the rights of the child set out in the UN Convention on the Rights of the Child[58] (1989) ratified by the UK in December 1991.

2. Practitioners need to work in partnership with parents at all times, encouraging independence and self-reliance.

3. Mothers, fathers and those in a parenting role are acknowledged as having unique knowledge and information about their children and are the primary educators of their children.

4. Children are the responsibility of, and make a positive contribution to, the wider society as well as their families.

5. Work with parents should value and build on parents existing strengths, knowledge and experience.

6. Parenting information, education, support and interventions should be available to, and practitioners should engage with, all those in a parenting role.

7. Services should aim to offer a range of appropriate support according to both child and parent level of need, what is available in the family already and in communities.

8. Respect for diversity and different needs, promotion of equality and taking action to overcome threatening, offensive or discriminatory behaviour and attitudes are of fundamental importance to work with parents.

9. Anyone who works with parents should have specific training, qualifications and expertise that are appropriate to the work they are undertaking.

10. Good practice requires reflection, regular and appropriate supervision and support as well as a continuing search for improvement.

11. Parenting practitioners utilise effective working partnerships with agencies and individuals in providing support to parents and families. Integrated working and the sharing of approaches across services is a key element of this role.

[58] www.unicef.org/crc

12. Parenting information, education, support and interventions should utilise the best known evidence for good outcomes for children and parents.

13. Parenting practitioners should be committed to engaging with children, young people and families fully through identifying goals, assessing options, mentoring or coaching, making decisions and reviewing outcomes. They should support children's and families' involvement in the development, delivery and evaluation of children's services.

14. Work with parents should place the interests of children and young people at the heart of the work. Practitioners are committed to working with parents and families so that children and young people have the opportunity to achieve positive outcomes.

15. Work with parents recognises the need for innovation and creativity to address both emerging and local needs and to build self-regulating and supportive community networks.

6.2 Diversity and anti-discriminatory practice

400.1.3 Explain and justify ways in which individuality, difference and diversity can be respected and celebrated in work with parents.

400.1.4 Review ways in which equality of opportunity, inclusion, and non-judgemental and anti-discriminatory practice can be promoted and supported in work with parents.

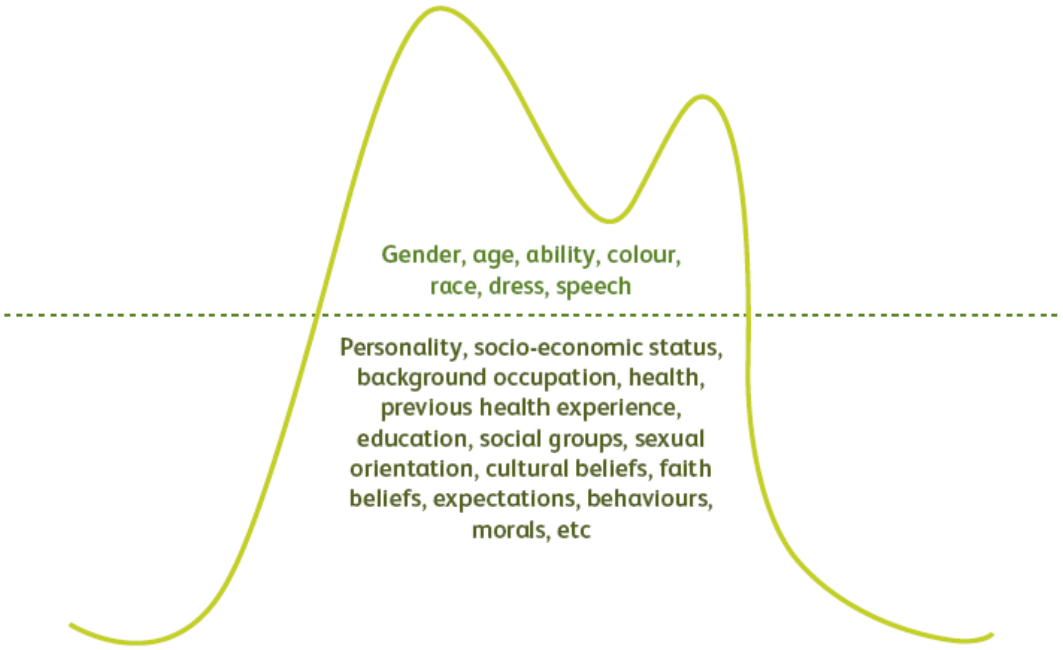
Diversity is defined as: "The recognition and valuing of difference in its broadest sense."[59]

Diversity includes all ways in which people differ, not just the more obvious ones of age, gender, race or disability that we can see with our eyes. The iceberg model[60] demonstrates this.

[59] Adapted from www.surestart.gov.uk/_doc/P0000198.pdf and 'CWDC Induction Training Programme For level 3/4 children's workforce practitioners - Handbook for generic modules, Module 1: Principles, values and legislation

[60] Weaver, Gary R. (1986). Understanding and coping with cross-cultural adjustment stress. In R. M. Paige (Ed.), Cross-Cultural Orientation, New Conceptualizations and Applications. Lanham, MD: University Press of America.

Figure 7: The Iceberg Model



Anti-discriminatory practice can be defined as an approach to working with families that promotes:

- Diversity and the valuing of all difference: a key worker whose practice is anti-discriminatory will celebrate and value differences in identities, cultures, religions, abilities and social practices.
- Self-esteem and positive group identity: a key worker will recognise the impact of discrimination, the social inequalities and their effect on parents and their families. Such a key worker will identify and remove practices and procedures that discriminate.
- Fulfilment of individual potential: a key worker will value parents for their individuality and ensure a sense of belonging that promotes self-esteem. They will respect where parents come from, what they achieve and what they bring to the situation.

Legislation

There are various pieces of legislation in place to promote equality and reduce discrimination. These include:

- The Disability Discrimination Act 2005.
- The Special Educational Needs and Disability Act 2001.
- The Race Relations (Amendment) Act 2000.
- Convention on the Rights of the Child (UN, 1989).
- The Human Rights Act 1998.
- The Sex Discrimination Act 1975 (as amended).
- Employment Equality (Sexual Orientation) Regulations 2003.

The aim of this legislation is to promote equality of opportunity for all, regardless of age, sex, sexuality, disability, race, religion or any other difference. The legislation should have an impact on the way organisations provide and organise services and on the way key workers approach their practice.
However, whilst legislation is important because it protects people, the one thing it cannot do is change people's attitudes. Inequalities are present in all societies in one form or another, influencing every aspect of people's lives and attitudes. This is because society is made up of individuals who hold a spectrum of values, beliefs and opinions.

Key workers may not always be aware of the ways in which they may have internalised stereotypes and how this affects expectations for parents. Everyone has internalised layers of expectation based on personal upbringing and experiences that operate on a conscious and subconscious level. A key worker acknowledging the extent of the baggage that they may bring to an environment is a vital first step along the road to anti-discriminatory practice.

Putting it into practice

One of the functions of a key worker is to "Work with and encourage families to address threatening, offensive and prejudiced behaviour including domestic abuse, bullying, overtly racist, sexist or homophobic behaviour"[61]

In working towards equality of opportunity, all key workers should:
- Know about equal opportunities legislation, responsibilities under this legislation and how to put it into practice.
- Know the organisation's equal opportunities policy and codes of practice and own responsibilities within them.
- Know and implement anti-discriminatory practices.
- Use language and resources in the work-setting which promotes equal opportunities.
- Attend ongoing training in equal opportunities practices.
- Take part in regular staff development, appraisal and review sessions to maintain standards of good practice.

In moving towards successful anti-discriminatory practice key workers should:
- Understand that diversity is inclusive and that we all have cultural backgrounds and multiple identities that are derived from various sources, including our families, peer groups and own unique set of individual experiences.
- Examine their personal prejudices and how they operate, committing ourselves to 'unlearning' prejudices.
- Promote positive values for families, communities and staff.
- Gather a repertoire of strategies to ensure settings are welcoming, non-threatening and stimulating places to be, where parents are valued because of their differences and not in spite of them.
- Develop the awareness, confidence, skill and knowledge to challenge effectively.
- Involve everyone in dynamic and constructive dialogue and process.
- Constantly monitor, evaluate and adjust practice and procedures.

[61] Family Intervention Key Worker functional map ref. 2.3.7.

It is important to note that:

- The aim of anti-discriminatory practice is not to generate discomfort, conflict or negativity, although these feelings may be encountered along the way.
- Treating families the same is not the same thing as treating them equally. To treat equally it is important to recognise that society does not provide a level playing field and a variety of factors may have to be taken into account.
- One important rule is not to expect to find easy or right answers to everything.

This is an area where a little knowledge, if generally applied, can be as dangerous as none at all. While some knowledge can be desirable and useful, it is counter-productive if it leads to assumptions, for example, that families from a particular culture or religion will have an identical interpretation or application of those ideas. This is a process which involves getting to know people on a personal and professional basis and avoiding pre-judgement and fixed expectations. This approach will often demand creative and individual solutions.

Appreciation of diversity encourages:

- The exploration and valuing of differences.
- A readiness to develop mutual understanding that goes beyond tolerance to a broader appreciation of the varied nature of human life.
- Acknowledgment that there is often curiosity and sometimes fear of difference that has to be surmounted through information, knowledge and a willingness to gain new understanding.

Understanding individual difference

Individuals have a unique frame of reference of the world as they see it. Personal Construct Theory is a theory of individual personality and difference developed by George Kelly.[62] Construct Theory suggests that everyone develops through their thought processes a picture or set of constructions about their world. Through these processes people continually try to make sense of the world enabling them to predict what will happen and therefore to adapt effectively to all aspects of it. Each person's constructs are unique to them, although they may overlap with those of others. Constructs are formulated by experiences and therefore change over time to adjust to new events. There are always alternative ways of construing events. Social interactions are determined by an understanding of the constructs of those with whom people interact. People act according to their picture of the world, even though they are not necessarily conscious of doing so.

The frame of reference is the term used by Jacqui and Aaron Schiff to refer to people's individual filter on reality. They defined the frame of reference as:
"The structure of associate responses which provide the individual with an overall perceptual, conceptual, affective and action set, which is used to define the self, other people and the world"[63]

People's individual frame of reference is influenced by a range of factors from their upbringing and experience. These include family situation, education, culture and life experiences.

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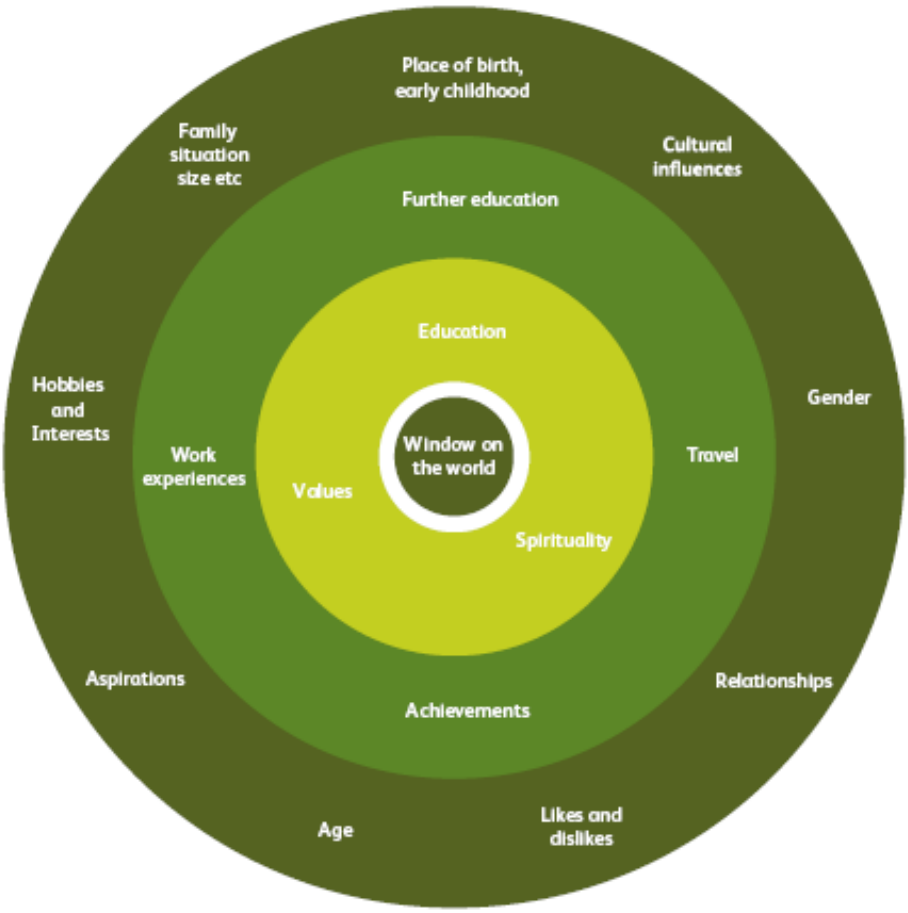
[62] Kelly, G.A., (1955) 'The Psychology of Personal Constructs'. New York: Norton.
[63] Aaron Schiff and Jacqui Schiff, (1971) Passivity and the Four Discounts. "Passivity". Transactional Analysis Journal 1, vol1, 1971, pp71-8.

Figure 8: Window on the world



Exercise:
In small groups, spend five minutes explaining some aspects of your frame of reference to others.

- What was it like to share your frame of reference?
- How much information or knowledge did you gain about the other people in five minutes?
- What implications does this have for practice?

Each individual will have a unique window on the world. It is only by taking time to look through this window that people can build a relationship and understand another person's story. A critical part of this window on the world is an individual's value base.

Working with value differences and similarities

Everyone brings values, principles, attitudes and beliefs with them in their personal and professional life. Values are the moral principles and beliefs guiding individuals, and social, ethnic or cultural groups to behave in certain ways. Values inform choices about what is good or acceptable and what is viewed as bad, unacceptable behaviour or ways of being. They also allow us to prioritise what is more or less important. Values shape behaviour. Until a value is acted on, it remains an aspiration.

Every individual has a system of values whether they are explicit or implicit. These values evolve from the experience of living within a certain time in history, culture, family of origin, education and professional and personal lives.

Values are constantly being enacted in the routine of everyday living and being, as well as when decisions are made, goals set or problems solved.

Society or cultural values

Nations, societies, cultures and organisations also have values that are played out and reflected through legal systems; educational establishments, institutions, organisations such as the NHS, community life, education and family life.
These could be values like equality, liberty, social justice, democracy, freedom of speech, anti-discrimination, equality of opportunity, being non-judgemental, entitlement, inclusiveness or indeed their opposites. Sometimes these values are 'held up' as being absolute but are not a reality demonstrated in the everyday life of the society or organisation.

Where do values come from?

Values are communicated to us through important people in our lives through what they say or demonstrate. This is particularly true in childhood. They are also communicated through traditions, rules, customs or ways of being that exist within communities or organisations.

Individuals can acquire new values or change them through new information, knowledge or education. Life experience can shift values. Old values can be seen as no longer valid, relevant or true. New values can be adopted and cause individuals to think and behave differently.

One of the difficulties people may have in their relationships with others is when there is a clash between another person's value and belief systems and their own. This is why people usually choose friendship networks or social groups that are tuned in to their own value and belief system. When others disagree or hold different value base, individuals can feel threatened and see the need to defend or enforce their position. Key workers may find it easiest to work with families that share their value systems as they validate what they think is important and true.

When key workers hold very different value systems to the parents they are working with they can insist that parents change their perspectives or values. This is counterproductive as it can cause relationship breakdown. Key workers need to ask questions to help them understand family value systems, even if they are different from their own or they believe they may lead to poor family outcomes. Families have as much right to their values as key workers have to theirs. Key workers need to come alongside parents with new information and knowledge to provide that eureka moment which precipitates either new understanding or willingness to change.

A key worker's agenda, advice and support to parents is powerfully enforced by personal attitudes and beliefs coming from their own core belief systems and personal values. It is critical that key workers recognise value clashes and can step back from them with self-aware reflection. This will enable the key worker to engage with the family with curiosity about why they hold the values they do and a clear intention of seeking understanding in the midst of difference.

Exercise:
Work in small groups. Use the tables below. Think of three values that were held by your family of origin and try to identify where each value came from. For example if you had a grandmother who always saved string in a drawer saying "waste not, want not", you may find yourself an avid recycler.
Now think of three values that originate from your culture or community and three that you hold now.

Note whether you have discarded some values and acquired others along the way. What made you change your values? Or are your values very similar now as they were when you were a child? What does this tell you?

Now share your values in your small group. Did any of you have similar values? How did this make you feel? Did you disagree with another person's value or not value it particularly yourself? What did this feel like?

	Values from my childhood
1	
2	
3	

	Values from my faith, culture or community background
1	
2	
3	

	Three values I hold now
1	
2	
3	

Exercise:
Think of a time when you have worked with a family where they have not shared one of your core values. How did you know? How did it make you feel or respond?

Exercise:
Consider examples of diversity within a family and across different families you have worked with. Describe approaches which could be used to respect and support the diversity presented.

Exercise:
Consider the case of a family where racist and/or discriminatory language and behaviour is regular and overt.
Analyse how this might impact upon the family's relationships within the community and with statutory agencies. Propose strategies to address the family's racist and discriminatory behaviour.

Exercise:
Reflect on ways in which you and your organisation support equality and anti-discriminatory practice. Describe how you have made specific plans for inclusion of a family or family member around one of the following: culture, faith, gender, disability or sexual orientation.

6.3 Partnership working

400.2.1 Analyse the ethos of the partnership model of working with parents

400.4.2 Review and demonstrate strategies for developing trust in relationships with parents.

400.2.3 Analyse the importance of trust in developing relationships with parents

Having a whole family approach requires an inside out approach: Working collaboratively with the family through the development of an empathetic knowledge and understanding of the family's view of their world.[64]

An inside out approach requires a key worker to develop positive, collaborative relationships with the family, and draw on a partnership model of working with the family wherever possible. The Parent Advisor Model, developed by Davis, Day and Bidmead[65],[66] offers a structured process of helping within a partnership model of working.

Evidence suggests that the most effective relationship to enable change is a partnership, and this is the assumption built into the parent advisor model partnership framework. Partnership is defined in terms of:

- Active involvement.
- Shared decision making.
- Complementary expertise.
- Agreement of aims and processes.
- Mutual trust and respect.
- Openness and honesty.
- Clear communication.
- Negotiation.

[64] Family Intervention Functional map www.cwdcouncil.org.uk/wwp-functional-map-fikw
[65] Davis H., et. al. (2002)
[66] The Parent advisor model is summarised within How helping works : Towards a shared model of process (2006) Parentline plus: www.oneplusone.org.uk/Publications/How-helping-works.pdf

The parent advisor model partnership framework follows eight tasks, with relationship building being the first and most critical task as it underpins all the others. The tasks are:

- Building a relationship.
- Helping the parent to explore the situation.
- Helping the person to formulate a clearer understanding of the situation.
- Establishing agreed aims and objectives.
- Planning strategies/actions in order to achieve the desired changes.
- Supporting parents while the plans are implemented.
- Reviewing and evaluating the results.
- Ending the relationship.

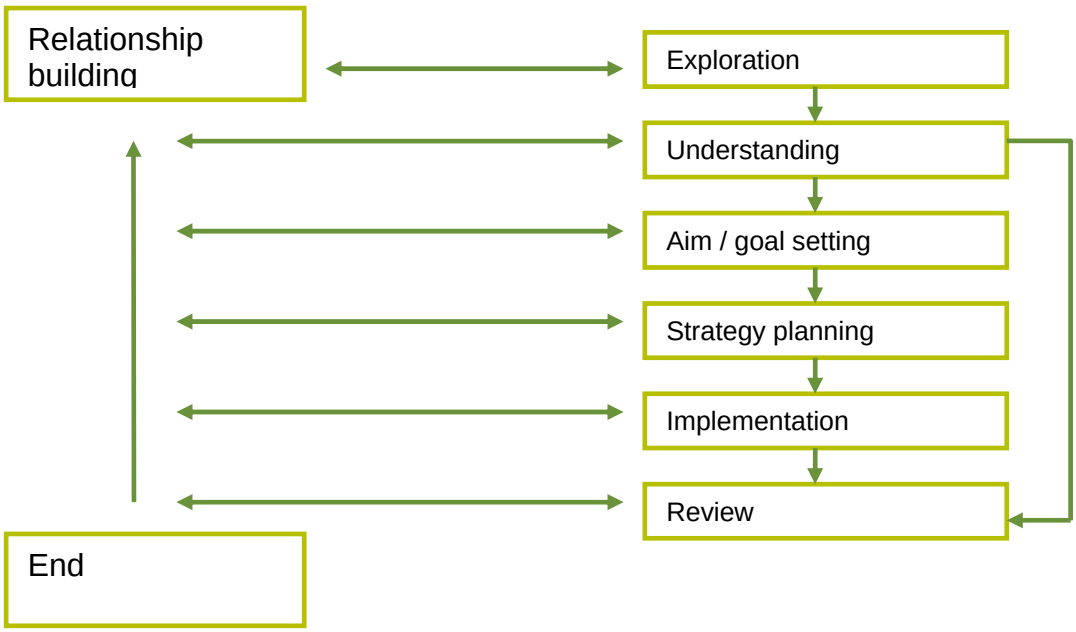
These tasks are also shown as a flow diagram (figure 9) indicating that there is not a simple linear relationship between the tasks. For example, the relationship is not static, but develops as a result of working on the tasks within the process. It might be appropriate to move back up the process at any point, for example, as a result of reviewing progress a clearer understanding of the situation with the family may develop.

The nature and quality of the relationship between the key worker and the family strongly influences the process of helping. Trust is a critical ingredient as if it is not established initially, the second stage is likely to fail because the parent may be reluctant to work openly with the key worker to explore and understand the difficulty.

Trust is also a vital ingredient of the family intervention approach in working intensively with families who have multiple and complex needs:
One of the stated roles of the key worker (outlined in section four) is “To build a relationship with each family member based on trust and respect, modelling effective communication and persistent support”.

The key worker approach itself is designed to ensure engagement and trust and enable the family to feel responsible to the key worker. Key workers have small case loads so that time is available to work intensively with each family which allows for the building of trust and rapport.

Figure 9:[67] Process of helping relationships between tasks



This partnership process of working with families is completely compatible with and easily mapped to the seven key stages of the family intervention approach. While the family intervention approach will involve more than just one key worker working with a family, the process of enabling the family to change has one key worker at the centre working with the family so that the family advisor model can be used.

The parent advisor model partnership framework identifies key outcomes of helping because it is important for key workers to clarify why they are helping. Their intention is to:

- Do no harm, physically or psychologically.
- Enable the family to identify, clarify and manage their specific difficulties.
- Enable the family to develop generally in relation to self-efficacy, confidence, knowledge, skills and understanding of the helping process.
- Enable the development and well-being of the whole family.
- Facilitate social support and community development.
- Enable the necessary service support from all agencies (including signposting and referral).
- Compensate for difficulties where necessary.
- Improve the system of care.

The parent advisor model basic helper qualities are listed in section four of this learner resource.

The parent advisor model partnership framework requires the following communication skills:

- Active listening.
- Prompting and exploration.
- Empathetic responding and summarising.

[67] Taken from How Helping Works (2006) page 5

- Assessing the limits of competence and involvement.
- Purpose stating.
- Identifying the main message.
- Enabling change.
- Negotiating.
- Problem solving.

The characteristics of an effective partnership for helping (as described in the parent advisor model partnership framework) need to be applied carefully when working intensively with families with multiple and complex needs, but it remains viable as a model.

Working closely together with active participation and involvement: For the parent advisor model this is critical because without mutual participation the rest of the helping process cannot be activated. The inside out approach when working intensively with families has to be with their active participation and involvement, otherwise it will not succeed.

Shared decision making power: The parent advisor model states that to be most effective, parents and helpers should work collaboratively, contributing equally to decisions. Whilst some decisions have to be governed by the fact that consequences and sanctions need to be avoided, even the most troubled families do have power and acknowledging this is important, since it enables self-efficacy and self-advocacy.

Complementary expertise: Key worker expertise and specialist knowledge are important, but they are only of benefit if they add to and build on the expertise of the family and can only be effective in combination with information provided by the family. It can be a challenge to see a family as having expertise, but they are the experts on their own lives, and without tapping in to that, a full assessment (which is key to the family intervention approach,) will not be possible.

Agreeing aims and processes: Partnerships can only exist if the aims are mutually agreed, as well as the means by which the aims are to be achieved. Within the family intervention approach, the aims and processes are included in the Support Plan.

Mutual trust and respect: From the start to the end of the seven stages of family intervention, and within every cycle of the parent advisor model partnership framework process (which fits into the seven stages), mutual trust and respect are necessary for the intervention to work.

Openness and honesty: The persistent and pro-active approach taken by key workers working intensively with families requires a frank and direct approach, which is fundamentally honest and open.

Clear communication: Clarity at every level, about expectations on each side, other agencies, goals of the work and the consequences of non-participation are all built into the family intervention approach.

Understanding and flexibility: The parent adviser model is a flexible model, where roles change and adapt according to the situation. For example, sometimes a key worker may encourage the parent to become the expert, so that their strength in that role can be acknowledged.

Negotiation: In the family advisor model, negotiation is used in all aspects of helping, including the relationship. This has to be continuous, to ensure agreement, especially where there is disagreement or potential conflict. A key worker working intensively with families will have to use their discretion to know when negotiation is appropriate. The nature of the type of intervention means that some things are totally non-negotiable but there will still be aspects which can be negotiated.

For example, required behaviour change relating to an enforcement action (see section five) is largely non-negotiable, whereas other targets and actions relating to the Support Plan can be negotiable. These may include:

- Engagement with services such as substance misuse and alcohol services.
- The use of parenting programmes in order to improve parenting skills and secure better outcomes for children.

Additionally, home-based routines such as cleaning can be negotiable. Aspects will be specific to each support relationship and will necessarily vary.

A partnership approach differs from an expert or a befriending approach, which is illustrated in the following table. A key worker may sometimes have to briefly use an expert approach, but to use the befriending approach to helping would be dangerous and a risk to the success of the intervention. Key workers can be friendly, but cannot use the befriending approach to helping.

Figure 10: Different ways of helping[68]

The Partnership model	The expert model	The befriending model
• Parents and helpers actively work together, involved and actively participating. • Parents and helpers both influence decisions on what occurs. • Parents and helpers value each other's knowledge, strengths and expertise and use these in complementary ways. • Parents and helpers reach agreement on what they are trying to achieve and how. • Parents and helpers resolve disagreement or conflict through careful negotiation, beginning from the parent's position. • Parents and helpers show mutual respect and trust, involving interest, care and awareness of each other. • Parents and helpers communicate clearly in ways that show openness and honesty.	• The helper is assumed to be the expert with superior knowledge. • The helper leads and controls the interaction. • The helper structures the interaction regarding time, venue, content etc. • The helper formulates the nature of a parent's problem by providing a 'diagnosis' and defining the outcomes for the parent. • The helper elicits information to support their formulation of the parent's problem or needs. • The helper is driven by their personal and/or agency's agenda in formulating outcomes for the parent. • The helper is not explicit about their role, their agency's agenda or how they came about their deliberations. • The parent is assumed to be relatively deficient in knowledge. • The parent is assumed to need the expertise of the helper. • The parent is assumed to accept and be compliant with what is offered.	• The helper engages with parents in a warm and friendly manner. • Helper may be perceived as offering an invitation to friendship. • No clear expectations of the relationship. • No clear boundaries of the relationship. • The relationship may feel circular. • The parent may think that the helper has no expertise. • No clear model or frame for working through a problem. • No start and finish. • Parents may feel less alone and isolated. • Parents may be enabled to have increased social skills. • The parent may sort through problems without expert intervention.

[68] Handout BM10 "Different Models of helping" unit 300 NAPP training resources available at www.cwdcouncil.org.uk/assets/0001/0372/SP07-0410_WWP_BM10_Different_models_of_helping.doc

Exercise:
Consider the partnership model of working with parents and families.
Identify any potential tensions in using this approach in the context of family intervention, and how you might address them to preserve the ethos of partnership working.

Exercise:
Consider your experiences of building trust with families. What were the key factors which impacted positively or negatively on the establishment of a solid trusting relationship?

Exercise:
In small groups, discuss to what extent you use these three models? Do you use a mixture? Are there other practitioners in the children, young people and families' workforce who use a different model? Feedback to the wider group.

6.4 Strengths, risks, resilience and protective factors: a strength-based approach

401. 3.2 Explain resilience, self-reliance and independent action in relation to family functioning.

401.3.3 Use the whole family approach in building resilience, self-reliance and independent action.

401.3.4 Evaluate the use of whole family approach in building resilience, self-reliance and independent action.

Risk is part of the language that is regularly used when discussing families with multiple and complex needs. They are sometimes referred to as families at risk. Families are identified by a risk assessment which looks at the extent to which they are presenting risk factors that are known to be linked to poor outcomes.

The 2009 Families at Risk Review[69] estimated that around 140,000 of the 13.8 million families in England experienced at least five of the risk factors that are known to be linked to poor outcomes. The risk factors included in this analysis were:

- No parent in work.
- Family living in poor quality or overcrowded housing.
- No parent with any qualifications.
- Mother with mental health issues.
- At least one parent has a long standing limiting illness, disability or infirmity.
- Family with low income (below 60 per cent median).
- Family unable to afford a number of food and clothing items.

[69] Reaching Out: Think Family Analysis and themes from the Families At Risk Review (2007) Social Exclusion Task Force, Cabinet Office p4

There are many other risk factors including

- Involvement in criminal or anti-social behaviour by one or more family members.
- Learning difficulties.
- Drug and alcohol dependence.
- A history of or current domestic violence.
- Long term unemployment.[70]

Families with multiple and complex needs will, by nature, present a myriad of risk factors relating to a number of negative outcomes for both children and parents. An effective whole family assessment is likely to uncover a number of issues and risk factors which were previously hidden.

It is important to take all risks to children's positive outcomes and well-being very seriously. Safeguarding children and vulnerable adults must be paramount. A risk factor which is detrimentally affecting a child or adult in the present (to the point that it is a child or adult protection issue) cannot be ignored simply because other protective factors exist.

However, families can become unhelpfully defined in terms of their deficits, shortfalls and problems. A deficit -based approach occurs when key workers focus on individual, family, neighbourhood and community needs, deficits or problems. This has the effect of:

- Communicating a sense of failure and helplessness.
- Reinforcing low expectations.
- Creating dependency on outside resources and agency-created solutions.
- Discouraging individuals and communities from moving in the direction of positive outcomes.

Strength-based approach

The whole focus of work with families with multiple and complex needs has to be to reduce risk, but in such a way that builds on family strengths.

A strength-based approach occurs when key workers place a positive emphasis on resilience and protective factors (sometimes called assets) and strengths. This has the effect of:

- Communicating a sense of hope.
- Establishing expectations for success within an individual's capacities.
- Promoting empowerment and independence.
- Setting in motion forces for improvement.

Strength orientated services:[71]

- Identify and build on family strengths (protective and resilience factors as well as risks) and resources that empower families.
- Take a family centred approach to individual problems.
- Emphasise prevention and early intervention.
- Build community-based intervention.

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[70] DCSF (2009) Think Family Toolkit: Improving support for families at risk Strategic overview p16, www.education.gov.uk/publications/eOrderingDownload/Think-Family.pdf

[71] Adapted from Walsh, F. ((2006) Strengthening Family Resilience 2nd Ed. New York, Guildford Press, p. 254

- Assume that all families want good outcomes for the children and will use whatever is available to them to achieve that goal.

Exercise:
In small groups, read the following case study and identify some of the strengths or protective factors within this family. Then reflect on some of the risk factors. What happens when we look for the positives first?

Case study

The Robbins family have a chaotic lifestyle. They have seven children, ranging from six months to fourteen years of age, together with three large dogs. Their small three bedroom house is clean but very untidy and the washing machine has broken down. There are three children in two of the bedrooms with mother, father and baby in the main bedroom.

The father, Geoff, travels around the country for approximately three weeks a month as he is a lorry driver. When you visit, he is often shouting at the children to sit down, clear up or shut up. He knows he has a bit of a temper, just like his dad. He likes to enjoy himself when he is at home by having a few relaxing drinks. Recently his hours have been cut and he is worrying about the future. The family now has rent arrears and is threatened with eviction. He says this means he is drinking and losing his temper more, especially when the children are messing about. He is aware of this and says he loves his kids but they drive him mad. He is finding the eldest children's (twin boys) behaviour challenging and doesn't know what to do when they talk back at him. He puts their behaviour down to the area they live in.

The mother, Sonia, has a large extended family with eight brothers and sisters herself. Three of her sisters live in the local community and they sometimes share childcare. Sonia and her siblings were brought up in care at different points in their childhoods. Her mother was an alcoholic. Sonia is wary of family intervention or support as she doesn't want any of her kids to suffer like they did. She says she is okay because Geoff is a good bloke and goes out to work and helps her out. They will get through. They love each other and get on. They just need the money sorting.

Sonia is feeling quite depressed and anxious and sometimes finds it difficult to keep to routines. She says it is all overwhelming her. Money is very short and she doesn't like refusing the children treats or activities. She says the last baby was a mistake and a step too far. Sonia says that since the little one has been born things have gone downhill and she just can't seem to get on top of things like she used to. She loves her children and would not be without any of them but she does find meeting all the demands very tiring at the moment. She likes to think of the times when the older children were small and she used to help out at the local school as a midday supervisor which gave her an interest and some extra money. She worries about the area they live in and whether the older children are getting in with bad crowd. She doesn't know what they will do if they are evicted, it doesn't bear thinking about.

Sonia says she does have wonderful neighbours and Mrs D always helps her out when she is feeling low and will look after the children for a few hours. Mrs D has also taken away some of her washing and done it while the machine has been broken. Her friend Janet will always listen to her but she has breast cancer and is not well.

The baby (nine months) suffers from ongoing ear and chest infections and one of the two other children under five appears to have some speech and language delay. Sonia says she has to sit them in front of the television to keep them quiet so she can get on with household chores. There isn't time to play and she can't get them out of the door to the children's centre. It is just too much with all of them.

The two teenagers' school attendance has dropped recently in Year 9 and they have been involved in anti-social behaviour in the area including vandalism and petty theft. A recent incident culminated in a fight and both young people being treated in accident and emergency for minor injuries. They have also been incidents of fighting and aggression in the playground at school. They have both had several temporary exclusions.

Geoff always rings home when he is away to say goodnight to the children. Geoff was adopted and his parents live some distance away but they always take an interest and are good with the grandchildren when they see them. Geoff likes having a big family.

The children spend a lot of their time out of school at a park about a quarter of a mile away. The older ones look after the young ones. Many of the Robbins children are athletic and three of them play football for the local community club, girls included.

The school has reported that in the last few months the twins often take and collect the younger children from school

The primary school says that the two Robbins children are enthusiastic in school and are making good progress. The older one in particular is very good at maths and has recently won a prize for mental arithmetic. They have been concerns about their school uniform presentation and lunch box content recently.

The secondary school says when the teenagers are in school they are capable of making good progress. One of the boys is a talented sportsman and the other is particularly creative in design and technology. They both have problems with their tempers and lose it easily when reprimanded or with other young people who challenge them. They are concerned about their growing levels of aggressive behaviour

Case study note table

Protective factors and strengths	Risk factors: areas for development and change

Recognising resilience[72] and developing resilience[73]

Resilience refers to the capacity to survive and even thrive in the face of adversity. It can be defined in some of the following ways:

- The capacity to adapt successfully despite exposure to severe stressors.
- The capacity to face, overcome, and even be strengthened by the adversities of life.
- The process of, capacity for, or outcome of successful adaptation despite challenging or threatening circumstances.

The term resilience may be applied in three ways depending on the timing of exposure to adversity:

- Prospectively: developing capacities likely to help manage future adversities.
- Concurrently: coping well during adversity.
- Retrospectively: recovering well from adversity.

People with resilience often seem to have built some key strategies in early childhood and adolescence to sustain them through life. However, these strategies can also be developed and learnt later on in life to promote appropriate self-reliance and independence.

A key worker can model these strategies and encourage families through verbal praise, helping them to recognise when they are exhibiting them. Some of the strategies can be developed through the process of a family being helped. For example, as a family experiences success in achieving the goals in the family Support Plan, they will be encouraged to be more optimistic about the future.

Key skills and qualities which boost resilience:
Social competence: Being responsive to other people, socially skilled, capable of initiating and sustaining close relationships with others and able to show appropriate empathy. Using good communication and conflict resolution skills, and having a healthy sense of humour.

Problem-solving skills: Being able to think creatively and flexibly about problems, to make plans and take action on them. Being able to ask others for help when needed, and show resourcefulness in dealing with problems.

Autonomy: Being self-reliant and independent. Being able to think and act autonomously and to reflect critically on their environment ie analysing the different factors in their environment which have had or are having an impact on them as a family; having a well developed sense of their identity and ability to effect changes in their environment.

Optimism: Being able to see challenging situations in positive terms and a belief in one's ability to deal with whatever life brings.

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[72] "The International Resilience Project: Findings from the Research and the Effectiveness of Interventions", Psychology and Education in the 21st Century: Proceedings of the 54th Annual Convention of the International Council of Psychologists. Edmonton: IC Press, 1997. 118-128.

[73] Grotberg, Edith H. Ph.D. A Guide to Promoting Resilience in Children: Strengthening the Human Spirit the International Resilience project from the Early Childhood Development: Practice and Reflections series Bernard Van Leer Foundation.

The skills and qualities of problem solving, autonomy and optimism are all protective factors. Resilience can be boosted by recognising all the protective factors and family strengths and building on them.

Protective factors increase the chances of positive life outcomes, which in turn can boost resilience. A review carried out for the 2007 Spending Review concluded that high attainment, good social and emotional skills, and positive parenting were three particularly important protective factors and that they could be mutually reinforcing. Good parenting and good social and emotional skills, for example, both contribute to high attainment.[74]

Exercise:
Consider a family you are working with where the resilience of individuals is an issue in relation to making sustained progress. Outline how the lack of resilience presents and how it impacts on positive progress. Consider strategies and approaches you might use in helping to address these issues in this particular case. Reflect on why these particular strategies might be appropriate in this case, and summarise the main points.

Exercise:
In pairs, discuss signs of resilience have you seen in some of the families with multiple and complex needs that you have worked with. Consider why it might be difficult for these families to be resilient.

6.5 Evidence-based practice and theory

400.1.2 Summarise what is meant by evidence-based practice, reviewing implementation in your own practice.

One definition of evidence-based practice is:
"Finding out what works, and ensuring that the interventions we and others make in children's lives are as good as they possibly can be".[75]

Evidence-based practice involves a key worker bringing their own knowledge and skills together with best quality evaluation research to make a decision about selecting what programme/intervention is most appropriate to the families they are working with.

There are five aspects that a key worker needs to think about when they are engaging in evidence-based practice:

- Evidence-based theory.
- Key worker skills, qualities and knowledge.
- Programme and key worker fidelity.
- Eligibility criteria.
- The most up to date evidence from research.

[74] Drawn from DfES, (2007), Aiming High for Children: Supporting Families
[75] Lloyd, E. (1999). What works in Parenting Education**.** Barnardo's. Summary available at: www.barnardos.org.uk/what_works_in_parenting_education__1999_-_summary.pdf

It is important that every key worker understands the theories which underpin interventions and makes them effective.

"It is one thing to know what methods work, quite another to understand why. Without understanding why they work we are most unlikely to use them effectively."[76]

Each theory has a theory of change which is then built into a parenting or relationship programme or intervention, to enable individuals and families to become more effective and nurturing.

All evidence-based parenting programmes and interventions are underpinned by sound theoretical principles that have been supported by a substantial amount of research in the field of child development. Whilst a variety of models have informed the development of parenting programmes and interventions, four core theories underpin the majority of them: social learning theory, attachment theory, parenting styles theory and the model of human ecology.

Social learning theory is based on research which shows that children's behaviour will improve if it is appropriately reinforced. In this respect, good behaviour will increase if it is rewarded and bad behaviour will decrease if it is either ignored or appropriately sanctioned. Social learning theory based programmes teaches parents strategies for dealing with child misconduct (via 'time outs' and withholding privileges) and encouraging positive behaviour through pro-active reward systems, such as sticker charts and point systems.

Social learning theory also builds on the knowledge that modelling is an effective way of encouraging new behaviours. Children and parents will copy the behaviours which are modelled to them.

Attachment theory is based on research which shows that an infant's ability to form a strong emotional bond with their primary caregiver is a natural part of its development. The security of this bond, also known as attachment security, is largely determined by the parent's ability to sensitively and appropriately respond to their infant's bids for attention. Programmes based upon attachment theory aim to improve parental sensitivity by increasing parents' understanding of their children's needs and attachment-related behaviours.

Parenting styles theory is based on research which shows that children's behaviour is directly related to their parent's child-rearing practices. Parents who combine high levels of parental warmth with high levels of supervision are more likely to have children who are confident, autonomous and socially responsible. This parenting style is often referred to as an assertive or authoritative style of parenting, as it recognises the child as an individual in his or her own right and promotes personal responsibility. For this reason, many parenting programmes include elements which encourage parents to allow their children to take risks within a family environment that is characterised by high levels of supervision.

The model of human ecology assumes that children's development is determined by his or her interaction within the nested environments of the individual, family, school, community and culture. Each environment contains elements (also known as

[76] Petty, G. (2006) Evidence Based Teaching, A practical approach, Nelson Thornes Cheltenham.

protective and risk factors) which can either improve children's life outcomes or place them at risk of adversity. Every family is unique in terms of the risk and protective factors influencing it. Programmes based upon the ecological model consider ways in which to strengthen protective factors in order to reduce or remove any ongoing risks.

Key worker skills, qualities and knowledge

If a key worker does not have the right skills, qualities and knowledge, even the most widely researched and evidenced programmes or interventions will be ineffective.

The knowledge and expertise required to be an evidence-based key worker goes beyond evidence theory and will be determined by the context and role in which a key worker is delivering intense support. The range of evidence-based interventions will all have slightly different language and terminology for the qualities and associated skills which they require. Carl Rogers[77] proposed an "If…, then…." Model. He argued that if certain conditions are met, including the helper being congruent (or genuine), showing unconditional positive regard and empathy, and the person seeking help is aware of them, then the person will change beneficially.

Unconditional positive regard[78]

Rogers uses the term unconditional positive regard to describe an inner attitude based on caring, acceptance and what he calls 'prizing' or valuing. It is a complex concept closely related to the core helper quality of respect. When a key worker relates to a family with unconditional positive regard, they are able to:

- Suspend judgemental thinking.
- Value and accept family members as individuals.
- Think positively about them without imposing conditions and regardless of their problems, background, values or other personal characteristics.

Above all, unconditional positive regard reflects a very positive belief in a family's capacity to adapt and change. This belief means that the key worker does not have to take over or make up for a parent's shortcomings, but can work alongside them. It also means that value is given to their differences, thus enhancing equality and inclusive practice.

The potential tensions of unconditional positive regard
In some circumstances, for instance where a parent is physically, sexually or emotionally hurting their child, unconditional positive regard may seem an impossible concept. In these circumstances the key worker may make a judgement. Unconditional positive regard does not mean accepting aspects of an individual's behaviour that are damaging themselves or others.

However, even in a situation in which a parent's actions cannot be accepted, (for instance when working with a parent as part of a safeguarding plan,) it is still possible to relate to the parent with the qualities of unconditional positive regard, treating them with respect, openness and continuing to believe in their capacity to change.

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[77] Eg Rogers. C. (1959) A theory of therapy, personality and interpersonal relationships as developed in the client centred framework. In S Koch (Ed.). Psychology: A Study of a science. Vol 3 New York, McGraw-Hill

[78] Rogers, C. R. (1980) *A* Way of Being. Houghton Mifflin.

Unconditional positive regard in practice

A key worker can demonstrate unconditional positive regard in the following ways:

- Treating individuals with respect.
- Being non-judgmental and impartial.
- Valuing family members and accepting them as unique individuals with both strengths and needs.
- Having acceptance of families, their views, opinions and beliefs.
- Caring about families and being conscious of their needs.
- Being compassionate and understanding of an individual's personal struggle, recognising that they are doing the best they can with the experiences and difficulties they have had in their life.

One Rogerian influenced, evidence-based model that transcends specific programmes and interventions and can be applied in any context where families are being assisted to change is the Parent Adviser Model.[79] This model identifies six inter-related general qualities which are "central to supportive work… and may have significant effects in themselves, regardless of the specific advice or techniques that might also be used when helping."[80]

Six qualities[81]

1: Respect: Caring for the person, valuing them as individuals and offering unconditional positive regard. This should stem from a fundamental belief in the ability of the person being helped to change, being able to manage, cope or make a difference in their lives. The key worker does not have to take over or make up for their shortcomings, but can work alongside them. It also means that value is given to their differences, thus ensuring or enhancing equality and inclusive practice.

2: Empathy: An attempt to view the family's situation from their point of view, as opposed to imposing key workers' own understanding. This is not to assume that families are correct or that there is only one view, but it is essential to understand what sense parents make of situations (what they think, feel and do) as the basis for helping them.

3: Genuineness: Rogers related this to being able to be open to all experiences, not to distort them, and to be as accurate as possible in viewing one's own and the other person's world. Related to this is the notion of being honest, un-defensive and not pretending. This enables the key worker to build trust so they can carefully explore the family's situation and the development of a more effective or clearer understanding of what confronts them.

4: Humility: This is related to genuineness, but is emphasised in its own right, because of the role that it gives to the person with whom the key worker is working. By seeing themselves realistically, with an acceptance of their own difficulties as well as strengths, a key worker is enabled to identify and use family's strengths, resources and

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[79] Davis, H., Day, C., Bidmead C., (2002) Working in Partnership with parents: The family advisor model, Harcourt, London. How helping works : Towards a shared model of process (2006) Parentline plus available at [insert link – can't find it at "family lives"]

[80] Davis, H, Day. C., Bidmead C (2002) p 58.

[81] Taken from How helping works : Towards a shared model of process (2006) Parentline plus available at [insert link – can't find it at "family lives"] p. 9&10

expertise alongside their own at every stage in the process. This quality also goes a long way to ensure equality and practice that includes all groups.

5: Quiet enthusiasm: This is what drives an individual to help another and fuels the great effort needed to engage in the often distressing circumstances of listening to problems and thinking about how they might be managed. With this, it is assumed that key workers must be warm and positive in interacting with others as a fundamental ingredient for building the relationship on which the helping processes are dependent. Quiet enthusiasm means having a contained and unshaken belief in the helping processes, drawing on an inner reserve of positive energy that produces a calm, steady and consistently warm approach.

6: Personal integrity: This refers to the emotional strength of the key worker and is a vital ingredient in being effective. To be trusted to help, the key worker needs to have sufficient emotional strength and self-awareness to stay whole and not be pulled out of shape by the vulnerability of others. This also relates to the notion that although key workers must be able to empathise, at the same time they must be able to think differently, to entertain alternative views to those held by the family and to offer these if appropriate.

These six qualities of an evidence-based key worker underpin the qualities of effective key workers outlined above.

Exercise:
Compare the six qualities of an evidence-based key worker which are central to the Parent Adviser Model with the qualities of a key worker in (section 4.2). What are the differences and similarities?

Adherence to programme and key worker fidelity

Fidelity, at its most abstract level, implies a truthful connection to a source or sources; therefore it denotes how accurate a copy is to its source. Fidelity is important in both individual and group approaches, because without fidelity, the good outcomes achieved in the research literature cannot be achieved. Delivering an intervention with a high level of treatment fidelity not only preserves the behaviour change mechanisms (theory of change) of the intervention, but can also predict parental behaviour change, which itself predicts child behaviour change as a result of treatment.[82]

The fidelity with which any programme or intervention is implemented is crucial to evidence-based practice. Most evidence-based parenting programmes and interventions have a set of key ingredients that are essential for ensuring that they remain effective. Research repeatedly suggests that parenting programmes are only effective when key workers work in a way which ensures that these key ingredients are not lost.

It is possible for a key worker to adapt a programme or approach but still maintain the fidelity of the programme… but the key worker will need to understand the theory of

[82] Eames C, Daley D, Hutchings J, Whitaker C J , Jones K, Hughes J C, Bywater T (2009) Treatment fidelity as a predictor of behaviour change in parents attending group-based parent training. Child Care, Health and Development

change which the programme uses, and know which of the active ingredients should not be left out.

Eligibility criteria

Eligibility criteria refer to the characteristics of the intervention's target parents and/or children. An intervention will be developed to work with a particular group such as parents of teenagers, parents of children with learning disabilities or vulnerable and socially excluded families.

Key workers need to choose a programme or approach which matches the parents they are working with. The better the match between the eligibility criteria of the intervention and the needs of the target parents/children, the more likely the intervention will have measurable effects.

Key workers should be clear about the outcomes they are trying to achieve for parents and children, so that they can chose a parenting programme which has the same outcomes. If a programme or approach has outcomes which are not compatible with the parents and/or children's needs, there is unlikely to be a satisfactory result.

Access to and ability to apply the best research evidence base

Randomised control trials (RCTs) are considered by many to be the most robust way of determining whether an intervention is effective. As the name implies, RCTs are conducted by randomly assigning participants to a treatment and a control or comparison group. One group receives the treatment under investigation and the other receives no additional support other than what they would normally be given. This random assignment is done to ensure that any potential biases are evenly distributed across both groups.

Participants from both groups are then asked to complete assessments that are given to them prior to the intervention and then once again afterwards. Change is then measured for both groups. If the treatment group demonstrates a measurable improvement and this is substantially greater than the comparison group, it is assumed that the treatment has had a significant effect.

Other methods of establishing an evidence base include: well designed cross sectional studies (where the treatment and control group are only measured at one point in time, not via pre and post-treatment measures) and the use of norm-referenced instruments, which compare pre and post intervention change to 'normed' scores based upon population averages. Qualitative methods are useful for understanding why or how a programme works.

Key workers can visit the commissioning toolkit to view a list of parenting programmes and their evidence base.

Other examples of sourcing evidence can be viewed on the following websites:

- Centre for Excellence and Outcomes (C4EO)
- Family and Parenting Institute
- Research in Practice (RIP)
- National Children's Bureau (NCB)
- Social Care Institute for Excellence (SCIE)

Further reading:
Roberts, A.R. (ed); Yeager, Kenneth R (Ed). (2006) Foundations of evidence based social work practice. Oxford University Press.

Exercise:
Review how your practice could become more evidence-based by using the five aspects (section 6.5) that a key worker needs to consider when they are engaging in evidence-based practice.

6.6 Reflective practice

400.7.1 Explain and justify why key workers working with parents should reflect on their practice.

400.7.2 Review own practice in building and maintaining relationships with parents, making modifications as required.

401.8.1 Reflect on own practice in use of pro-active intervention methods when working with families with complex or high levels of need.

402.3.1 Reflect on own practice when working with families to reduce and prevent anti-social behaviour and increase positive behaviour.

402.3.2 Evaluate own values, attitudes and beliefs when working with families who behave anti-socially.

Reflective practice has three basic components (ERA):

- **E**xperiences are things that happen to a person, the doing or feeling of something, rather than any thoughts about it.
- **R**eflective processes that enable the person to learn from those experiences which are stages of thoughtful activity that enable conscious exploration of an experience.
- **A**ction resulting from the new perspectives which are adopted.

Experiences may be anything that has happened in the past or is happening in the present. It may be professional experience, but it should be an experience which can be consciously and knowingly considered. Everything that happens can be seen as an experience that can be reflected on and learned from. Learning can be transferred from one experience to another. However, some experiences can be painful which may make reflection a very difficult and complex process. Eg a key worker who has experienced domestic abuse may find it difficult to be reflective if they are working with a family that is going through a similar experience.

The reflective process enables a key worker to see the world in an alternative way by focusing on different aspects of experience.

The action is the result of the reflective process. Whilst reflecting, it may become apparent that the way the experience was managed could have been done differently. Through reflection, a new path of action can be considered and implemented, based on the experience of the past. Experiences can be consciously used as the starting point of new learning.

The steps of the reflective process[83]

Individuals reflect in different ways and there are many different models of reflective practice. Some people prefer one model, although each one follows the same basic principles of evaluating experience, making decisions based on what has happened and learning from experience. The stages are:

Selecting a critical incident to reflect on: A critical incident is an event which has significance for learning (Flanagan 1954). As a key worker, a critical incident is usually something which creates good feelings (because it has gone well) or bad feelings (because it has not gone well). In both cases, is it vital to go through the next six stages in order to learn what happened, either to be able to do the same again, or to do it differently.

Observing and describing the experience: This stage of reflection is best done close to the event as it will enable the emotional reactions to be recorded. Observing and describing the event only needs to be brief.

Analysing the experience means asking the question why. Analysis means breaking experiences down into their constituent parts.

Helpful questions to ask are:

- How effective was I in achieving my goal?
- Who/what made me feel this way?
- Why did I do that?
- When did I realise that?
- How did it feel to…?
- What lead me to...?

Using a list such as who, what, when, why, and how can be helpful. At this stage the experience may start to be viewed in a different way:

1. Interpreting the experience involves considering it in the light of other knowledge which may not have been thought of at the time the incident occurred.

During the analysis and the interpreting stages, key workers should be involved in seeking, identifying and resolving problems. This will begin to provide an explanation of the experience.

2. Exploring alternatives is a challenging process as it requires an open mind by:

- Exploring different perspectives on the incident. Giving the matter lots of thought and/or talking to other people.
- Thinking creatively and 'outside the box'.
- Asking questions such as 'what if...?'
- Thinking about the consequences of different alternatives in order to decide on their suitability.
- Testing alternatives and ideas through comparing and contrasting them.

3. Framing action happens when decisions are made and future actions planned after analysis of the incident.

[83] Based on Jasper M (2003). Beginning reflective practice. Cheltenham: Nelson thorn

Framing action takes place when all the ideas produced from previous stages are synthesised into a plan for action. The reflective process in some ways end at this stage.

4. Taking action is the final part of reflective practice, closing the gap between theory and practice, when action that has been decided on is carried out.

Evaluation as part of reflective practice

The process of reflective practice will, if done effectively, always incorporate an element of evaluation.

In the analysis stage, key workers need to ask themselves "how effective was I in achieving my goal?"

Evaluation and feedback needs to be undertaken and presented using the following guidelines. Feedback should be:

- Clear, direct and specific.
- Constructive.
- Descriptive of what has been experienced/observed/thought rather than judgemental.
- Helpful and supportive.
- Timely, giving feedback as soon as is practical or as soon as the person is receptive.

There are a number of examples of models of reflective practice. Two are outlined over the page.

Figure 11: John's model of structured reflection (1994)

Core question: What information do I need to access in order to learn through this experience?

The following cues are offered to help key workers assess, make sense of and learn from their experience:

1. Description of the experience:
- What essential factors contributed to this experience?
- What are the significant background factors to this experience?
- What are the key processes for reflection in this experience?

2. Reflection
- Did I work within a framework of good practice?
- What was I trying to achieve?
- Why did I act or intervene as I did?
- What were the consequences of my actions for:
  - Myself?
  - The parent/ family?
  - The people I work with?
- How did I feel about this experience as it was happening?
- How did the family feel about it?
- How did I know how the family felt about it?
- What does this mean for the organisation and people I work with?
- How does this fit within an integrated working setting?

3. Influencing factors
- What internal factors influenced my decision making?
- What external factors influenced my decision making?
- What source of knowledge influenced or could have influenced my decision making?

4. Alternative strategies
- Could I have dealt with the situation better?
- What other choices did I have?
- What might be the outcomes of these choices?

5. Learning
- How do I feel about this experience?
- How can I make sense of this experience in the light of past experiences and future practice?
- Have I taken effective action to support myself and others as a result of this experience?
- How has this experience changed my ways of knowing:
  - Empirics: Scientific.
  - Ethics: Moral knowledge.
  - Personal: Self-awareness.
  - Aesthetics: The art of what we do, our own experiences.

Figure 12: Gibbs' reflective cycle (1988) [84]

Gibbs' model of refection involves going through a series of questions that the reflective key worker needs to answer to enable them to learn from the experience they have had.

Exercise:
In pairs describe an experience you have had (that specifically relates to providing an inclusive, anti-discriminatory service with a family,) using Gibbs' or Johns' model. Be as honest as you can in identifying some of the thoughts and feelings you had around working with the family and where there might have been a value clash. How helpful was this in allowing you to clarify the experience and learn from it for future practice? Please use the tables on the previous pages.

Further reading:
Jasper, M., (2003) Beginning reflective practice Nelson Thornes Cheltenham.

Exercise:
Consider the benefits of reflective practice and how it has helped you to review your work, values, attitudes and beliefs.

- Describe examples of how your work has developed as a result of using reflective practice.
- Consider the impact of different reflective techniques on your practice development.
- Outline the importance of reflective practice for key workers, using examples from your own experience.

[84] Gibbs G (1988) Learning by Doing: A guide to teaching and learning methods. Further Education Unit. Oxford Polytechnic: Oxford

Section seven: Engaging with families with multiple and complex needs

This section explores the reasons why families struggle to engage with services and how the intense family intervention approach supports families to overcome barriers to engagement.

400.3.1 Review key barriers to participation for parents and ways in which they can be overcome.

400.3.2 Review and demonstrate strategies to support parents to overcome barriers they encounter.

7.1 Engaging families

Effective engagement is crucial to work with families with multiple and complex needs, particularly since these families usually have a history of non-engagement and often have actively disengaged (dropped out) or rejected previous support for a range of reasons:

- Families may have experienced services where their problems have been treated in isolation, so they disengaged because they were overwhelmed by the other needs they face.
- Families may have very low aspirations or may be daunted by how services present themselves.
- The breadth and depth of need that families have, may mean that there are some unidentified needs which have previously stopped the family from engaging in support or making progress. For example, there may have been mental health or learning disabilities which have not been recognised.
- Families may struggle to engage with services because the wider problems they face are not taken into account. For example, appointments might not be kept due to ongoing circumstances which service providers are unaware of.
- Individuals may not be motivated to engage because they fail to acknowledge their needs (for example, mental health needs) or to acknowledge the impact that their needs and/or behaviour are having on others. For example, a parent with mental health needs may fail to recognise the impact that his/her behaviour is having on his/her child's needs being met.
- A Family may have engaged with services and received support in the past, but the support may not have been sustained for a long enough period of time causing the family to regress once the support ceased. This may mean the family is now de-motivated to re-engage.
- A chaotic lifestyle (for example, substance misuse, mental health, lack of time management skills) may have previously led to missed appointments and being discharged prematurely from a service, leaving the family member feeling de-motivated to try again.

Exercise:
Construct an anonymised case study of a family with a history of disengagement from service provision (including support services as well as mainstream services such as education and health). Include an analysis of the underlying reasons for non-engagement, how these reasons act as barriers to engagement and accessing support, and an outline strategy to address them.

7.2 Initial relationship building

A key worker needs to introduce themselves and their service to the family showing respect, integrity and empathy with an intention to build rapport and trust. All the qualities of effective key workers listed in (section four) will be crucial to initial relationship building, and the relationship will need to utilise a partnership working approach and have all the characteristics of an effective partnership as described in section 6.3. A strength-based approach (see section 6.4) needs to be used right from the start with a family.

400.2.3 Analyse the importance of trust when developing relationships with parents (observation, reflective account, professional discussion).

400.4.2 Review and demonstrate strategies for developing trust in relationships with parents (observation, professional discussion, questions).

It is vital for a connection between the key worker and the family to be in place for the work to be effective. This connection includes all individual members of the family within the home. It may also include the extended family and other people who are within the family circle. This initial connection will provide the basis of a contractual agreement between the family and the service. Without this sound relationship building, lasting agreement, engagement and the possibilities of effective partnership working may be compromised.

The importance of key worker consistency

Building a positive attachment

The relationship between the key worker and the family is an important new attachment.[85] Families may have had generational patterns of disorganised, ambivalent or avoidant relationships within their extended family. It is essential that the key worker models reliability, consistency, warmth and responsiveness right from the beginning of the engagement, so offering an alternative model of secure attachment. The key worker relationship, by its very nature and role, should be able to meet some of the family's missing attachment needs such as positive social interaction, comfort, reassurance and healthy dependence and independence boundaries. This can be a springboard for relationship repair within the family system.

Recent research into family interventions suggested that retaining the same key worker over time was vital for families.[86]

"Where a key worker had established a good relationship with the family and then left, this was reported as being detrimental to the family's progress, as well as inspiring a range of negative effects such as loss of trust' loss of confidence; and feelings of self-doubt and abandonment. It could take weeks to restore the good relationship

[85] Attachment theory was first identified by John Bowlby in 1951. Bowlby, J., (1951) Maternal Care and Mental Health, Geneva, WHO, London HMSO. More recent publications are Bowlby J., (1988) A secure Base: Parent-Child attachement and healthy human development, NY, Basic books and Bowlby, J., (1998) The making and Breaking of Affectional Bonds. London, Routledge. Attachment theory is one of the evidence based theories listed in section six.

[86] Monitoring and evaluation of family interventions (information on families supported to March 2010), DfE 2010 p36

between the family intervention and the family, and get them back into a state of mind where they could trust another key worker and begin to move forward again."

Planning first meetings

It is important that key workers plan and prepare for first meetings with families. Key workers need to think about how they talk on the telephone or write letters in a way that connects rather than disconnects with the family

Most key workers will start by introducing themselves and their service and using light social conversation to encourage families to connect. The majority of people respond to positive comments about themselves, their home, their children or pets. The key worker needs to notice and affirm visible positives, therefore starting with a strength-based approach. The key worker needs to briefly explain the purpose of the visit and introduce the agency's services and ways of working.

During this process, a risk assessment may be completed by the key worker or another agency. It should focus on risks that the family and key worker may face and provides the key worker and the family intervention service with a clear summary of factors to be monitored in the developing relationship.

Exercise:
In small groups, share how you make initial contact with a family and how you might prepare and plan for this meeting. Share some of the ways you try to make families feel comfortable on first meetings. How do you do this in the context of a risk assessment?

7.3 The foundations of relationship building[87]

Three of the main dimensions that provide the foundation of relationships are unconditional positive regard, emotional literacy and good communication skills.

Unconditional positive regard
Unconditional positive regard is explained in section 6.5 as it is part of the skills, qualities and knowledge that an evidence-based key worker needs to utilise.

Unconditional positive regard requires the key worker to come to the process with a genuine desire to come alongside the family with humility and integrity of purpose. It requires an individual to keep an open mind towards other human beings and empathise with their condition even if it is very unfamiliar.

Exercise:
In pairs, consider a time when you were on the receiving end of unconditional positive regard. How did it feel? What did the person say, do or communicate that made you know that this was unconditional positive regard? Was it a platform for growth and development?

Reflect on an occasion when you have found it difficult to give unconditional positive regard to others. Is unconditional positive regard a vision or an idea we can work towards? Or is it a reality?

Emotional literacy

Emotional literacy is a term that was used first by Steiner (1997). Emotional literacy is "the ability to understand your emotions, the ability to listen to others and empathise with their emotions, and the ability to express emotions productively. To be emotionally literate is to be able to handle emotions in a way that improves your personal power and improves the quality of life around you. Emotional literacy improves relationships, creates loving possibilities between people, makes co-operative work possible, and facilitates the feeling of community." [88]

Key workers who are working with families need to develop their emotional literacy by:

- Being self-aware.
- Understanding the relationship between thoughts, feelings and physical and emotional responses.
- Having knowledge of a range of words to be able to name the feeling to self or others.
- Recognising emotions as messages to be listened to and understood.
- Managing your emotions requires:
  - Using positive strategies for managing feelings.
  - Staying with emotions and their message rather than becoming overwhelmed and then letting them go.
- Being able to recognise the transitory nature of feelings – what we feel in the here and now will pass even if it seems overwhelming in the moment.
- Weighing up actions rather than responding to emotions.
- Using family, friends and networks of support to express and share feelings.
- Recognising emotions in others requires:
  - The use of facial expressions, body language and active listening to recognise the emotions of others.
  - Using reflective listening and clarifying understanding to make sure you have got it right.
  - Imagining oneself in a similar situation and empathising with the emotional response of other people.

To be able to support families to develop their emotional literacy key workers will also need to be able to:

- Understand and empathise with other people's emotional responses.
- Cope with the physical and verbal demonstration of these emotions.
- Stay alongside people in high emotional states but keep themselves separate.
- Help others to express their emotions in positive ways.

Exercise:
In pairs, share your perceived personal level of emotional literacy. What areas would you like to develop? Share examples of when you have had to call upon your emotional literacy to manage an emotionally charged situation within a family.

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[87] Adapted from BM8 – Understanding unconditional positive regard in the helping process unit 301 NAPP training resources available at [link]

[88] Steiner, C. with Perry, P. (1997) Achieving Emotional Literacy. London: Bloomsbury.pp11

Good communication skills

In order to build relationships, key workers will need a range of effective communication skills. Good communications skills are part of the basic helper qualities.

These include:

- Active listening.
- Prompting and exploration.
- Empathetic responding and summarising.
- Assessing the limits of competence and involvement.
- Purpose stating.
- Identifying the main message.
- Enabling change.
- Negotiating.
- Problem solving.

Professional boundaries

400.2.4 Summarise the importance and role of ground rules for service delivery.

400.5.2 Explain and demonstrate how ground rules are clarified.

400.4.1 Analyse how roles and responsibilities and the purpose of the relationship are clarified.

400.5.1 Review and demonstrate how to clarify the boundaries of the relationship.

Boundaries and ground rules are the framework within which effective family intervention work happens. They define the scope and limitations of support work. The effective establishment, communication and implementation of boundaries and ground rules enable mutual trust to be built. It also provides safety for support to take place and offers protection to the key worker and the family. For boundaries and ground rules to be implemented effectively, it is important for services, key workers and families to be explicit and completely open about what they are.

Some boundaries will need to be regularly redefined. For example, when the key worker is or is not available to respond to family needs. This is likely to change as the intervention progresses, particularly when capacity and resilience within the family and its members grows. In the early stages, the contact and level of responsiveness will be greater than during less critical periods, or as the support relationship approaches closure. The aim of the intervention is to enable the family to function effectively as a unit in the community without intense support, so they will be receiving far less support at the end of the intervention than at the beginning.

Key workers face the challenge of holding boundaries and keeping within appropriate roles and responsibilities, despite working intensively with families over a sustained period of time. They often spend a lot of time with the family every week and become very familiar with every aspect of a family's life.

Maintaining boundaries is central to effective practice. Many aspects of the family intervention methodology and approach will support a key worker in being able to

establish and maintain appropriate boundaries. Without remaining in a professional role and keeping boundaries, it is not possible for a key worker to be effective.

The qualities of a key worker (section 4.2) describe how a key workers need to stay within boundaries and focussed on the purpose and the context of the relationship. The role of the key worker (section 4.6) highlights that a key worker is in role, and needs to stay in role to be effective. The key outcomes of helping (section six) require a key worker to stay in role and be focussed on what they are seeking to achieve. The key worker skills, qualities and knowledge required for evidence-based practice (section 6.5) have boundaries implicit within them. Unconditional positive regard requires a key worker to work alongside a family and not take over or attempt to make up for their shortcomings.

When establishing the ground rules of the intervention and reviewing progress, it is important to be clear that at some stage the support relationship will end. Working towards closure with clear timelines and expectations of the exit should be managed through overt consideration of it in progress reviews and support activity.

Ground rules and boundaries are needed throughout the stages of the family intervention approach:

Stage	Ground rules, boundaries, roles and responsibilities.
1. Referral	The family will be visited and a risk assessment completed. The risk assessment will set certain ground rules for how the key worker is going to work with the family.
2. Multi-agency referral meeting	At the referral meeting, the agreement of the family is required for an assessment to be undertaken.
3. Assessment	During assessment the key worker and the family will need to have a clear understanding of the role that the key worker is taking.
5. Ongoing support with the family	When support is being provided, the family is made aware of their short, medium and long term goals and how the work they are doing with the key worker will achieve these goals. Families will need to understand their own responsibilities. It is the responsibility of the key worker to ensure that all agencies involved do their part.
7. Closure	The key worker has to explain to and agree with the family what they will be able to provide after the work has finished.

The family intervention approach is one where ground rules have to be explicit throughout the duration of the intervention. They need to be agreed between key workers other agencies and families, and between the family intervention service and other agencies.

Ground rules for family intervention service delivery are likely to include clear statements and descriptions around what:

- The family's responsibilities are.
- The key worker can offer.
- Other agencies offer.

- The intervention is aiming to achieve.
- Constitutes non-engagement by the family, and what are the consequences of that non-engagement.

The roles, responsibilities and purpose of the relationship between the key worker and the family will require a range of boundaries to be clarified.

Practical boundaries

Some boundaries will be very practical. These types of boundaries may be defined in the Support Plan and will need to be guided and influenced by the risk assessment and lone worker policies held by the intervention service or local authority. Practical boundaries will be used to define the limits of what a key worker can offer, as well as enabling an effective relationship to develop. For example:

- Time, place and duration of visits.
- Duration of the work.
- Whether visits need to be booked.
- How the key worker will contact the family.
- How the family will contact the key worker.
- What hours of the day and days of the week the key worker will be available to the family.

Key workers will need to manage the demands made upon them by making it very clear what the limits are to the support they can provide, and then not exceeding those limits. If demands become excessive and key workers comply with those demands, the intervention is unlikely to be successful. Families will not learn to function effectively as a unit in the community without intense support, and key workers are likely to suffer from burn out and excessive fatigue.

7. 4 Relationship and role boundaries

Some boundaries focus on defining the role of the key worker and the nature of the professional relationship between the key worker and the family. These boundaries enable the key worker and the family to work together in an effective partnership. Some practical boundaries are also role boundaries, for example, a key worker not sharing any personal contact details will contribute towards defining the boundaries of the key workers role.

Relationship boundaries will also be maintained by the level of personal disclosure a key worker engages in, for example not disclosing inappropriate personal information about their own family or sharing their own needs and feelings inappropriately. Although, in some cases self-disclosure may be appropriate (eg sharing that when seeking to change in a certain instance, they may have relapsed but then progressed), key workers need to be careful that the purpose of the self-disclosure is for the family's benefit. A number of dangers may exist in self-disclosure, including shifting the focus from the needs of the client to the needs of the key worker or moving the professional relationship towards one of friendship. The blurring of boundaries can confuse the client in respect of roles and expectations. To check when a disclosure is appropriate or not, the primary question to be asked is, "does the self-disclosure aid the goal of the intervention?"

The role of the key worker is intellectually, physically and emotionally demanding. It can be a challenging task to maintain boundaries. Intense family intervention work can lead to close relationship building between the key worker and family members. Such closeness, supported by an understanding, caring and supportive approach from the key worker, over a long period of time, has the danger of developing into a relationship where role boundaries are not maintained.

Many problems with maintaining boundaries come about because a key worker has slipped into either an 'expert' or 'befriending' relationship with a family, rather than maintaining a partnership approach (see section six for a definition of each of the models).

If a key worker slips into a befriending model, practical and relationship boundaries will be very difficult to maintain. As a 'friend' of the family, there will be no clear expectations, boundaries, model or framework for working through the family's issues, and potentially no start and finish to the intervention. In the course of an intervention, some key workers may engage in activities that resemble friendship activities (eg going shopping together), and the key worker will always need to be friendly to the family, but it is their responsibility to ensure that the relationship remains professional.

If a key worker slips into an expert model, practical and relationship boundaries may become skewed and roles may be ill-defined. As a 'fixer' of the family, key workers may start to take over, create dependency, and fail to build on family strengths.

In the expert and befriending models a range of unhelpful dynamics can occur:

Fostering dependency

Instead of working within role with the family to identify the family's strengths and develop their ability to manage their own problems, the key worker may subconsciously (or in extreme cases, consciously) foster dependence. It may be that having the family being dependent on them fulfils an emotional need that the key worker has. It can be flattering and bolster self-esteem for a key worker to be told that they are the only person whom a family trust.

Dependence is counterproductive to the family intervention process, as the family will be unlikely to achieve their goals, be prevented from being completely responsible for their own decisions and actions and will be unable to experience the consequences fully. Dependence may also cause the key worker to become exhausted.

Colluding with a family

If a key worker does not stay in their professional role but instead slips into becoming a friend of the family, they may find themselves taking sides with them (colluding) and inappropriately sympathising. They may form an alliance with the family against other professionals or agencies in a way which is not ultimately helpful. Key workers may start by being empathetic to a family's situation, but may move into overly identifying with a family so that objectivity is lost, and the family is not supported to function effectively in the community without intense support.

For example, a family may have experienced a substandard level of support from an agency or been on the receiving end of careless comments from professionals or members of the community. The key worker needs to be empathetic, but also maintain objectivity and neutrality so that they can work with the family effectively. If

they take sides with the family, the family could become even less engaged with the services that they need.

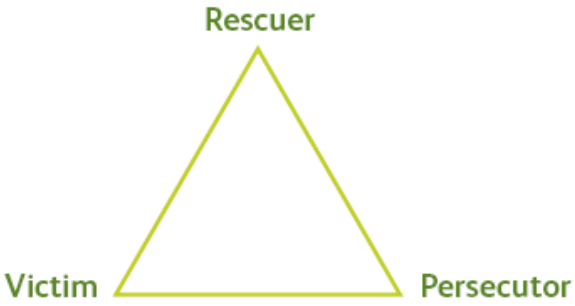
There is a fine line between collusion and empathy or advocacy. Key workers may find collusion a particular challenge when they identify with a family's experiences as being, in some way, similar to their own.

Attempting to rescue a family

It is important for the key worker to be constantly aware and reflect on any indications that they may be developing a relationship with the family or a family member which is less about working in partnership and more about rescuing. Rescuing will have negative consequences. Stephen Karpman, www.karpmandramatriangle.com , develops this further.

If boundaries and roles are not maintained effectively and a key worker attempts to rescue instead of empower, a key worker may become either a victim or a persecutor of the family. The Drama Triangle is a psychological and social model of human interaction in transactional analysis (TA) first described by Stephen Karpman, which has become widely used in psychology and psychotherapy. The model suggests three habitual psychological roles which occur when a key worker is intent on rescuing someone they intend to help.

Figure 13: The Drama Triangle[89]



If a key worker is intent on rescuing, one or both of the following scenarios is likely to develop. In each one, the key worker and family are forced into the persecutor and victim roles:

- The rescuer may put pressure a family member to be helped, but they fail to engage, so the rescuer becomes angry, then starts to persecute the family member, who becomes a victim.
- The rescuer promises to rescue the family member but fails, so the family member becomes angry with the rescuer and starts to persecute the rescuer, who then becomes a victim.

Strategies for key workers to prevent or deal with problems relating to boundaries:

- Use models of reflective practice to ensure that self-awareness is constantly developing and potential problems are identified.
- Access regular supervision, with a supervisor who understands the risks and challenges facing a key worker in maintaining professional boundaries. Supervisors

[89] www.karpmandramatriangle.com

will need to create an environment of trust and safety so that key workers can be honest about any problems and seek solutions.
- Access peer supervision where cases can be shared and discussed confidentially, with trust and safety so that key workers can be honest about any problems and seek solutions.
- Use reflective practice to review whether key aspects of the family intervention approach (eg qualities of a key worker, outcomes of helping, evidence based practice, partnership model of helping) are being adhered to in day to day interactions.

The following questions might be useful for a key worker if they are in the early stages of thinking whether their thoughts, feelings or behaviour are appropriate:
- Are these thoughts, feelings or actions in the individual or family's best interest?
- Whose needs are being served?
- Will this have an impact on the service I am delivering?
- Should I make a note of my concerns or consult with a colleague?
- How would I feel telling a colleague about this?
- Am I treating this family or individual differently (eg, length of appointment, time of appointments or extent of personal disclosures)?
- Does this family or individual mean something special to me?
- Am I taking advantage of the individual or family?
- Does this action benefit me rather than the individual or family?
- Am I comfortable in documenting this decision/behaviour in the family's file?

Exercise:
Consider how expectations, roles and ground rules are established when setting up a family intervention relationship. What strategies might be used to maintain them throughout the relationship?

Exercise:
Reflect on how a key worker might know what is appropriate and what is inappropriate personal information for them to disclose to a family. Draw up a list of do's and don'ts around personal disclosure.

7.5 Initial partnership agreement with families

400.4.1 Analyse how the roles, responsibilities and the purpose of the relationship are clarified (observation of practice, reflective account and professional discussion).

Once initial connection and engagement has been made, the key worker needs to negotiate a partnership agreement to work with a family that is specifically between them and the family members. This is not the multi-agency Support/ Action Plan but a key worker/client relationship contract.

Creating a partnership agreement involves five elements:
- Defining a purpose.
- Creating expectations and boundaries.
- Clarifying contact.
- Explaining confidentiality issues.
- Gaining consent for information-sharing when and if appropriate.

Defining a purpose

Purpose can be as simple as supporting a family towards creating an action plan including some key areas of support that have already been identified. Realistically, key workers contract to work with a family when they do not yet know the full story of family strengths, concerns and goals, so the purpose has to be kept as simple as possible. Later on in the process, goals will be constructed and Support Plan put together in collaboration with a multi-agency Team Around the Family (TAF).

Creating expectations and boundaries

400.2.4 Summarise the importance and role of ground rules for service delivery (observation of practice, reflective account and professional discussion).

400.5.1 Review and demonstrate how to clarify the boundaries of the relationship (observation of practice, reflective account and professional discussion).

400.5.2 Explain, justify and demonstrate how ground rules are clarified (observation of practice, reflective account and professional discussion).

Clarifying expectations and negotiating boundaries allows key workers and family members to feel safe and be able to grow in trust. Expectations and boundaries may be around practical, cultural, emotional or relational needs.

- What is acceptable or unacceptable behaviour?
- What would get in the way of partnership working?
- What is important to know about cultural communication?
- When it is OK to ring you and when not?
- How often will there be contact between the family and the key worker?
- What do we mean by confidentiality?

Exercise:
In groups, consider:
- What families need/want from the partnership with their key worker eg “I want someone who can listen and hear me”.
- What key workers need/want from the partnership with a family eg “I need the family to commit to the work”.

Note the similarities and differences.

Partnership agreements should start with the client (the family) outlining what they need and want from the partnership. The key worker should explain the similarities to the things they want and identify where there might have to be adaptation for difference eg around confidentiality.

Key workers can ask families how they would like them to behave towards them and what might get in the way of relationship. Once the family has agreed a list, the key worker can then confirm that these things are also important to them, perhaps adding one or two that need expanding or that are particularly relevant to the family situation (eg the dog is kept in the kitchen).

What the family might like from the key worker:

- Respect: Taking turns, listening, respecting opinions and values, respecting culture, being on time, making decisions together, working hard on the family's behalf, challenging respectively, respecting the family's home.
- Confidentiality: Only sharing information with permission.

What might get in the way of working together?
Judging the family, not listening, sharing personal information with others without telling the family, key workers not doing what they say they are going to do, suggesting things that are not what is acceptable in a particular faith or culture.

Exercise:
In pairs, discuss the kind of direct contact you have with a family you are working with. Why might this vary?

What the key worker might like from the family:

- Respect: taking turns, listening, respecting opinions and values, respecting culture, being on time, keeping appointments, making decisions together, working together towards change and improvement and challenging respectively.
- Confidentiality: consenting to share information with permission unless there is reason to believe that a person has been harmed, is at risk of harm or a criminal offence has been or is in danger of being committed.

What might get in the way of working together?
Shouting or abusive behaviours, not turning up for appointments without letting key worker know, lack of communication and over-familiarity.

7.6 Clarification of arrangements

400.6.1 Explain, justify and demonstrate ways of maintaining contact with parents, identifying any limits of contact (observation of practice, written report covering assessment criteria, professional discussion).

The key worker needs to give the family an indication of how long they will be working together and the amount of direct contact time the family will receive from them.

"The longer families work with a family intervention the greater the chance that they will achieve successful outcomes. Surprisingly the number of contact hours that a family intervention has with a family did not appear to be significant"[90]

"The average duration of a complete family intervention was about 13 months. The average number of hours family intervention staff spent in direct contact with a family was nine hours a week in the early part of the intervention (during assessment, Support Plan and first review). This decreased to an average of 6.8 hours during the later stages of an intervention (last formal review and family exit)."[91]

[90] Monitoring and evaluation of family interventions (information on families supported to March 2010), DfE 2010

[91] Monitoring and evaluation of family interventions (information on families supported to March 2010), DfE 2010

The key worker will need to discuss when they are available and unavailable, how they will contact the family and keep in touch between visits and when the main focus of the work will take place.

This may need to be revised in light of the TAF Support Plan.

Exercise:
In pairs, discuss the kind of direct contact you have with a family you are working with. Why might this vary?

7.7 Recording information, confidentiality and data protection

400.4.5 Review factors to be considered when recording information.

400.4.3 Explain, justify and apply rules governing confidentiality and data protection and the limits of confidentiality.

Keeping records[92]

Good record keeping is essential from the outset when working with families. Key workers should follow the rules of information sharing and data collection as set out in Information sharing: Guidance for managers and key workers 2008[93]. Record keeping includes assessment information, Support Plans, records of contact, referral and related activities.

Record keeping is also vital in protecting families, individuals, the key worker and other professionals involved. As such, records should be factual, free from judgement and consistent with confidentiality and data protection policies.

The rationale for good record keeping is to:

- Ensure that family needs are met.
- Provide a clear history of the work done.
- Protect the family and help to ensure that they receive a consistent level of service and support.
- Provide continuity of service to the family in the event of the key worker being unavailable, ill or changing role.
- Support key workers in providing evidence of their work with families and the basis upon which key decisions have been made, particularly in the event of a challenge or an enquiry.
- Provide information that key workers can use to monitor and review their work.
- Provide key information to managers and involved agencies so that the quality and performance of the service to families can be monitored and evaluated.
- Provide an audit trail for inspection.
- Contribute to the ongoing improvement of the family intervention service.

[92] Adapted from "Induction Training Programme For level three/four children's workforce practitioners, Additional reading for PSA modules" TDA, 2009
[93] http://education.gov.uk/publications/standard/publicationDetail/Page1/DCSF-00807-2008

In addition, services need to be accountable and able to demonstrate their effectiveness. When establishing an evidence base for professional practice, it is important that all interventions and underpinning processes are recorded.

Confidentiality

Adapted from The Common Assessment Framework Guide for Managers, CWDC, 2009.[94] Confidential information is:

- Personal information of a private and sensitive nature.
- Information that is not already in the public domain or readily available from another public source.
- Information that has been shared in circumstances where the person giving the information could reasonably expect that it would not be shared with others.

During the course of the family intervention process, the key worker may gather information that they believe they need to share without consent because consent has been refused or it is inappropriate to seek consent to share it. In these cases, the key worker will need to consider whether the information is confidential. If the information is not confidential and the key worker judges that sharing is necessary for them to fulfil a legitimate purpose, they may share the information.

This should not be done routinely as a substitute for consent.

Even when the key worker does not have consent to share confidential information, they may lawfully share it, if it can be justified in the public interest.

It is not possible to provide guidance to cover every circumstance in which the sharing of confidential information without consent could be justified. Key workers must make a judgement on the facts of the individual case. Where there is a clear risk of significant harm to a child or young person or serious harm to adults, the public interest test will almost certainly be satisfied.

Such circumstances include:

- Where there is evidence that the child, young person or vulnerable adult is suffering, or is at risk of suffering significant harm.
- Where there is reasonable cause to believe that a child, young person or vulnerable adult may be suffering, or is at risk of suffering, significant harm.
- To prevent significant harm arising to children and young people, or serious harm to adults, including through the prevention, detection and prosecution of serious crime.

There will, however, be other cases where key workers will be justified in sharing some confidential information in order to make decisions on sharing further information or taking action. This could include seeking advice and support from senior staff and during supervision support sessions, when existing confidentially protocols will be applied. In these instances, the information shared should be proportionate.

[94] www.cwdcouncil.org.uk/assets/0000/9080/CAF_Managers_Guide.pdf

Confidentiality and information sharing

400.4.3 Explain, justify and apply rules governing confidentiality and data protection and the limits of confidentiality (observation of practice, reflective account and/or professional discussion).

400.4.5 Review factors to be considered when recording information (observation of practice, reflective account and/or professional discussion).

The key worker needs to clarify when confidentiality is negotiable or non-negotiable with the family, and discuss with them why and when they might share information with other agencies. This requires a sensitive and gentle approach as some families may be alarmed by even talking about the idea of information sharing.

A good way to describe it is in the context of a health concern. If an individual has a problem with their ears, the GP may refer that person to a hearing specialist. The GP will have to share information to get the help the person needs from the hearing specialist.

The key worker needs to reassure the family that consent will always be asked around information sharing unless there are clear concerns around harm risk of harm or offending behaviour. Key workers need to ensure that they stay within information sharing legislation. Key workers need to share information as a matter of urgency if they are concerned a child is being or is in danger of being abused. The key worker would need to follow the procedures in the leaflet 'What to do if you are worried a child is being abused'.[95]

The key worker needs to explain to the family where information will be kept confidentially and how they or other agencies might access this information.

[95] HSC 2003/007 What To Do If You're Worried A Child Is Being Abused. This booklet has been developed to assist practitioners to comply with legislative guidance on safeguarding and promoting the welfare of children, the Framework for the Assessment of Children in Need and their Families (2000) and Working Together to Safeguard Children (1999). It also contains an appendix to help practitioners deal with the legal issues affecting exchange of information. It was prepared and issued jointly by the Department of Health, the Home Office, the Department for Education and Skills, the Lord Chancellor's Department, the Office of the Deputy Prime Minister and the Department for Culture, Media and Sport in May 2003. There may be some changes to reflect current government thinking in the future. This booklet is directed primarily towards children's services social workers, police, pediatricians', senior

Three part exercise:

1. Communicating service purpose and values.
2. Agreeing expectations, boundaries and contact time.
3. Negotiating confidentiality and information sharing.

Role-play in groups of two or three. One or two people will role-play the family member(s) and one person the key worker. This is the second meeting between the key worker and the family. The key worker has already introduced themselves and some of the parental concerns have been discussed in a previous meeting. The family wants to work with the key worker.

The key worker and family are going to work towards a partnership agreement. This forms the basic working agreement as to how both parties will behave and communicate to ensure positive outcomes during the time span of the intervention. It is not the Support Plan that will be formulated within a multi-agency context at a later stage.

1. Communicating service purpose and values.

The key worker introduces the services and service values. The person role-playing a key worker simulates this introductory process. The family member gives feedback as to what this was like from their point-of-view. Reflect on what the experience was like for the key worker and family member.

2. Agreeing expectations, boundaries and contact time.

The parent or family member can lead in being encouraged to reflect on ways that would work for them in a working partnership and ways that might get in the way or damage the relationship. The agreement can then be formalised in written form. Reflect on what the experience was like for the key worker and the family.

3. Negotiating confidentiality and information sharing.

The key worker explains service requirements around confidentiality and information sharing. Their explanation needs to avoid jargon and ensure that the family are quite clear in their understanding around both.

The Data Protection Act 1998

The Data Protection Act (DPA) regulates how personal information is used and seeks to protect individuals from misuse of their personal details. It provides a common sense set of rules which prohibit the misuse of personal information without stopping it being used for legitimate or beneficial purposes. The details of the Data Protection Act are quite complex, but at the heart of it are eight common sense rules known as the Data Protection Principles.

These require personal information to be:

- Fairly and lawfully processed.
- Processed for limited purposes.
- Adequate, relevant and not excessive.
- Accurate.
- Not kept longer than necessary.
- Processed in accordance with individual rights.
- Kept secure.
- Not transferred abroad without adequate protection.

Organisations using personal information (data controllers) must comply with these Principles. The Act provides stronger protection for sensitive information about an individual's ethnic origins, political opinions, religious beliefs, trade union membership, health, sexual life and any criminal history.

The DPA, with some exceptions, provides individuals with the right to find out what information is held about them by organisations. This is known as the right of subject access. On written request, individuals are entitled to be given a copy of all the information organisation hold about them.

Exercise:
Construct a checklist of good practice when recording information.

Section eight: Assessment of families with multiple and complex needs

Introduction

This section explains the rationale for and importance of whole family assessment in family intervention work.

401.4.1 Explain the processes used to secure multi-agency collective agreements on changes expected from families.

401.4.3 Enable the sequencing, co-ordination of support and establishment of time-limited goals within the multi-agency collective agreement.

400.4.4 Explain, justify and demonstrate how the aims, outcomes procedures of the relationship are negotiated and/or agreed.

400.6.1 Explain, justify and demonstrate ways of maintaining contact with parents, identifying any limits of contact.

8.1 Developing collective agreement on change

Families may have internalised a deficit view of themselves, where they see themselves primarily in terms of their problems and deficiencies and lack a sense of self-reliance and independence. Helping families to see their own strengths is a critical part of the work of the key worker. Every interaction a key worker has with a family provides an opportunity to build self-esteem, confidence and notions of competence. Working from a strengths perspective doesn't mean the key worker ignores real problems or suspends judgement. It means that they deeply believe that all families have strengths and they can use these strengths to solve their problems and meet their goals with support and intervention.

Self-efficacy theory[96] is an important part of social learning theory (social learning theory is explained in section 6.5). Applied to intense family intervention work, self-efficacy theory suggests that families expectations of themselves and the extent to which they think they can achieve, will determine how motivated they are to change their behaviour.

Families may be given all the support strategies available but if they do not have the self belief that they can do it, they are unlikely to be successful in changing.

A key worker can help by:

- Helping families increase their sense of control.
- Breaking down goals into realistic and achievable steps and helping families to contribute to plans for monitoring their progress towards their goals.

Key workers need to reflect on their thoughts and ideas about the family, using their own professional expertise to inform the assessment process. They will also be using other information, views and opinions from the wider multi-agency environment.

[96] Bandura, A. (1977) Self-Efficacy: Toward a unifying theory of behavioural change. In the Psychological Review Vol 84 No 2 pp191-215.

Securing collective agreement on changes expected from families requires careful assessment of the whole family and taking a SMART, staged approach to change in a Support Plan.

Support planning can also allow a family to become aware of the impact that their behaviour is having on others in the family and beyond. Families who have been presenting anti-social behaviour over a long period of time, for example, need to be supported and challenged to take responsibility for their own outcomes. By collecting all the relevant information from different agencies, the assessment process builds up a picture of the full range of anti-social behaviour which is being presented. The key worker can work through these behaviours with the family or family member to identify the impact that the behaviour is having, for example:

- Relationship difficulties.
- Negative consequences on children's outcomes.
- Social and community responses.
- Reduced personal well-being.
- Prevention of needs being met.
- Physical and mental health impairments.

Effective assessment of the whole family is central to successful intervention and support. The goal of assessment is to develop a sophisticated and holistic understanding of the nature and level of a family's functioning, gain an understanding of factors affecting the family and their needs, develop partnerships, and prepare for intervention if necessary. Assessment and referral are crucial elements in the success of family interventions. In particular, the evidence shows that the existence of clear and rigorous protocols, which are understood by all agencies involved in the assessment and referral process, constitute a key element for the success of family interventions. All family agencies involved should have a stake in producing, communicating and updating assessment and referral systems.[97]

Because the process of assessment will enable the family to identify and analyse their experience, assessment is often itself an intervention. The development of self-awareness and taking a family through the process of critical reflection on their environment will be the first steps to building resilience and enabling change.

There are a range of different templates and specific approaches which can be used but most will embody the Common Assessment Framework (CAF) approach of identification, assessment, support and review. The approach is encapsulated in understanding assessment to become part of a cycle.

[97] Ghate D and Ramella M (2002) Positive Parenting: The National Evaluation of the Youth Justice Board's Parenting Programme. London: Youth Justice Board for England and Wales

8.2 Whole family assessment

Figure 14: Assessment as part of a cycle

Principles of whole family assessment:

- Be sound and grounded in evidence-based knowledge, current research and an understanding of human growth and development.
- Examine the interrelationships between family members and how these impact on individuals within the family. Sometimes an assessment tool such as a genogram might be used to assist in gathering information. Where families have very complex structures (for example, with extended family members, multiple partners and children, and members of the family being cared for within the family), a visual representation can sometimes help families and key workers feel less confused and overwhelmed. Sharing this with the family can support their understanding of how the family is constructed and operates.
- Explore the history of the family so the family are able to tell their story. By tracing the impact of events (traumatic or joyful) and circumstances (challenging or advantaged) faced by previous generations, an important picture can be built up regarding the roots and context of the present situation. Sometimes an assessment tool such a timeline can help facilitate the understanding of how the family has developed and changed. As with the genogram, through sharing this visual representation, families can start to see connections and causal relationships for themselves, which is itself a strategy of resilience (critical reflection on environment).
- Bring together individual assessments to provide an overview of family strengths, risks, relationships and needs. Individuals in the family might have been assessed in isolation but problems in the wider family which were affecting the individual were not picked up.
- Involve the whole family: This is crucial. Not only does it ensure that more personalised and detailed information is identified, discussed and recorded, but it is also a key part of the process in helping families move towards a position to

understanding why change is necessary. Without the family understanding why things are problematic and how their actions are contributing to the difficulties (awareness), commitment to change is compromised and progress is less likely to be sustained.

- Be transparent: Work with families should be honest and open. The purpose should be clear to all. Children, young people and their parents/carers should have the opportunity to gain access to information held about them. It is important to be clear from the beginning with family members about how the information will be used in issues related to protecting children and how confidentiality will be addressed.
- Be non-discriminatory. Assessment needs to be based on equality of opportunity and should take account of disability, communication, gender, sexuality and cultural needs. Personal information should always be dealt with in a sensitive and non-discriminatory manner.
- Involve or consult all agencies who work with the family: This is also crucial, in relation to information needs, their continued engagement and involvement in the intervention process and their role in supporting families once the intervention ends. There should be provision for active, collaborative reflection by all parties.
- Use a strength-based approach so that strengths and protective factors are identified as well as risks and stresses.

8.3 Assessment tools

In reviewing 15 funded Family Intervention Projects in 2010, it was found that local authorities had taken one of three approaches to whole family assessment tools[98]:

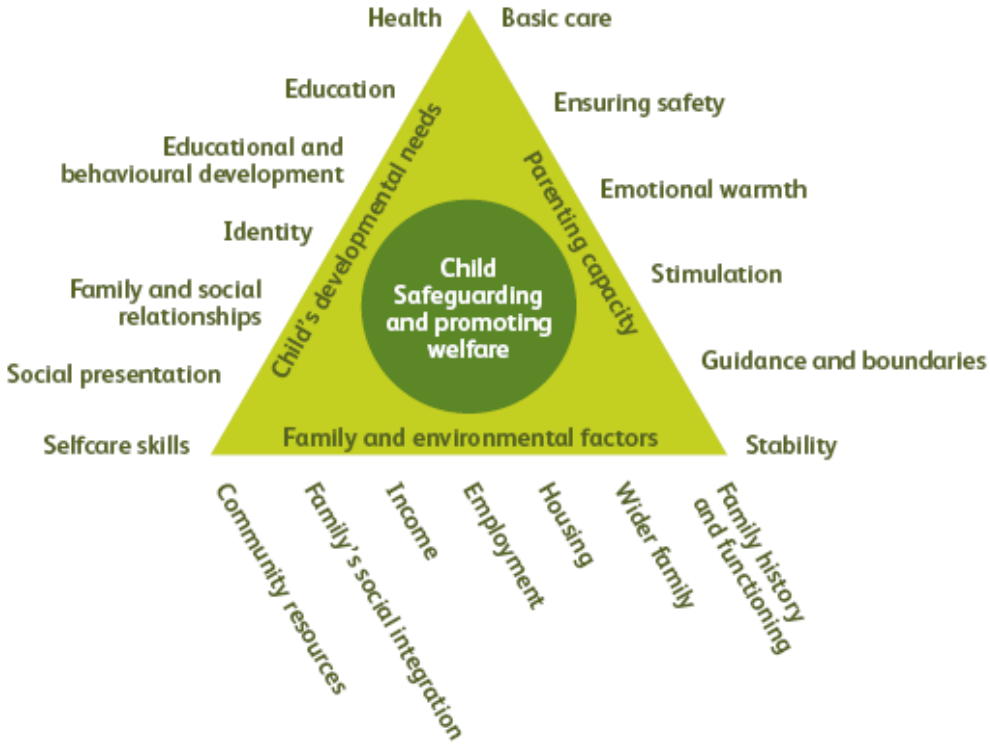
- The Hybrid Model and the CAF+ Model based on the CAF form and drawing from the Blackpool approach; this approach uses a CAF but builds a wider family assessment around it. Copies of the forms used for this model are included in the appendix of the review.
- The Service-led Assessment Model using existing assessment tools developed or used by their services.
- The Information Model using existing family data and information to make an assessment of family need but not developing a new family assessment tool.

One example of an assessment tool used by the practice community, is the Signs of Safety approach. This approach focuses on the question, "How can the worker actually build partnerships with parents and children in situations of suspected or substantiated child abuse and still deal rigorously with the maltreatment issues?" This is a partnership and collaboration grounded, strengths-based, safety-organised approach to child protection work, expanding the investigation of risk to encompass strengths and Signs of Safety that can be built upon to stabilise and strengthen the child's and family's situation. A format for undertaking comprehensive risk assessment (assessing for both danger and strengths/safety) is incorporated within the one-page Signs of Safety assessment tool (this one page form is the only formal tool used in the model). The approach is designed to be used from referral through to case closure and to assist professionals at all stages of the child protection process, whether they are in statutory, hospital, residential or treatment settings[99]

[98] Kendall, S., Rodger, J., Palmer, H., (2010)a, The use of whole family assessment to identify the needs of families with multiple problems, Research Report DFE-RR045**,** DfE publications
[99] www.signsofsafety.com

Usually one person carries out the initial family assessment, building on information gathered as part of the referral process. On average, it takes between 20 and 36 days to gather the information required because so many areas of individual and family life, past and present need to be taken into account. The Assessment Framework (figure 15) gives a conceptual map of the areas of assessment around one child.

Figure 15: Framework for the Assessment of Children in Need and their Families (DOH 2000)[100]



When completing a whole family assessment, there may be more than one child's developmental needs to gather information on and more than one person in a parenting role to assess. The adults will also need to be assessed in respect to their developmental needs eg their self-care skills, social presentation, family and social relationships.

No tool is completely comprehensive in listing every aspect of individual and family life which is relevant for every family. There are a range of tools which can be used, all of which rely upon the skills, knowledge and understanding of the key worker to know how extensive and how thorough a good enough assessment is. The tools used when making an assessment can only be as good as the key worker who is using them. The whole family approach needs a key worker to be aware of and able to recognise the vast range of influences and factors which may exist and to know what conversations and questions to use to uncover them.

[100] Department of Health "Framework for the Assessment of Children in Need and their Families", 2000, Appendix A

The conceptual map offered in The Assessment Framework (DH 2000)[101] might not be sufficient to act as a structure to organise complete whole family information gathered during assessment, so expanded models might be used. For example:

1. Family History

2. Family Organisation

Family adaptability:
- Roles and responsibilities.
- Adapting to family lifecycle.
- Making decisions.
- Problem-solving.
- Conflict management.
- Wider family and community.

Parenting:
- Promoting development.
- Nature of attachments.
- Guidance and care management.

3. Family character

Family identity:
- Individual autonomy.
- Family togetherness.
- Intergenerational boundaries.

Family alliances:
- Couple.
- Parent.
- Parent-child.
- Siblings.

Emotional life:
- Atmosphere.
- Involvement.
- Nature of relationships.
- Expression and reception of feelings.

Family communication:
- Continuity.
- Involvement.
- Expression and reception of messages.

The sub-sections in the model above are likely to overlap considerably, but they are a set of prompts which a key worker might use to remind themselves of some of the areas they may need to explore with the family.

Whatever assessment tools are used, it is important that they should be flexible enough to be able to record all the information about each family member, and other

[101] Department of Health (2000) "Framework for the Assessment of Children in Need and their Families",, Appendix A

influential and significant people who are part of the life of the family. Sometimes families have a range of people who frequent the family home. They may be current partners, in-laws, friends or distant relatives, but if they are spending a significant amount of time in the home, they will need to be included in the assessment to explore the potential risks and strengths that they pose to the family. For example, they may be known offenders or they may be positive role models.

A range of tools are included in the Assessment Framework (DOH 2000) Family Pack of Questionnaires and Scales.[102] A key worker might decide to use one or more of these when they feel it would be beneficial, alongside tools such as the genogram and lifeline, and others. Any tools need to be used as part of a discussion, rather than as a rapid fire question session. Tools which enable a focus on positives can contribute to a strength-based approach.

Self-assessment tools can also be very useful. A parent may need to be reminded of their original perceptions, experience, behaviours and aspirations at the beginning of the intervention, so that they can be reminded of how far they have travelled (especially if they lapse at any point and feel like giving up) or because they have failed to sustain a committed attitude to change.

Sometimes support or intervention activity begins during the assessment process, especially if there are urgent and pressing needs or difficulties being faced by the family. Where this occurs, it is important to take this action into account and to record it during the assessment process.

The assessment is not fixed in time but is reviewed regularly, this being a key feature of the assessment process.

When the initial assessment is complete, the family at the centre of the assessment and agencies involved will meet to agree that it is fit for purpose as a basis for moving forward with agreed understanding about the challenges facing the family.

[102] Department of Health (2000) "Framework for the Assessment of Children in Need and their Families"

Section nine: Setting and achieving goals with families

Introduction

This section describes the process of goal setting, how and why it is used. The role of the key worker in supporting families to access resources to achieve their goals is explored, as well as identifying the needs of families creating long terms and small step goals and bringing it all together in family support or action plans.

9.1 Goal setting

Introducing goal setting to families is an important part of the key worker's remit. Within a family intervention process, goal setting may be imposed and presented as compulsory. There may be consequences or sanctions if goals fail to be met. This is a difficult arena to introduce goal setting as a positive, life enhancing skill that can promote change and development. However it is important that the key worker is able to empower families to be part of the goal setting process and also to help and enable them to take ownership of the goals agreed within the multi-agency Support Plan as far as is possible.

Aristotle, the Ancient Greek philosopher, believed that it was the defining of our purpose that in turn created our actions. Edwin A Locke[103] took Aristotle's theory further in understanding that having motivational goals allows us to prioritise and resource ourselves to achieve them. New understanding of the brain recognises that in setting a goal, the mind actively seeks out solutions to reach that goal.

Once strengths and areas for change have been expressed, the key worker can work with the family in the process of goal setting. The ability to goal set and to problem solve are essential skills for self-reliance and independence. Vulnerable families experiencing difficulties and challenges have often not had early experiences of setting goals and developing approaches to meet them. This means it may be difficult for them to plan pathways to meet their hopes and aspirations in the same way as other families.

Sometimes families asking for support have very clear cut priority goals, for example, money for basic needs, help paying for child care, services for a family member with a disability or to change their teenager's behaviour. Making clear progress towards identifying these goals and creating an action plan soon afterwards, can help establish mutual respect and verify the key worker's role as a helper. Other families will struggle with the idea of goal setting. Sometimes it may be beneficial to have some small goals to that provide quick wins for both the key worker and parent, for example reading a leaflet.

Why should families set goals?

- Goals prioritise what is important to families and why.
- Goals give families targets to aim for.
- Goals provide a focus on changes that will make a significant positive impact.
- Goals can provide motivation to continue and overcome obstacles and challenges.
- Goals help families work towards their long-term vision for themselves and their children.

[103] Locke, Edwin A (2001) Motivation by Goal Setting Handbook of Organizational Behaviour

Why do families find it difficult to set goals?

- Families may be unfamiliar with the concept of goal setting.
- Families are not clear of what they want.
- Families don't know how to set or use goals.
- Families sometimes mistake wishes for goals. Wishes are vague things like "I hope my son does well in school." Goals are things like "I want to read to my son everyday so he enjoys books and reading."
- Families are fearful of making mistakes or failing.
- Families feel they are too busy to take time to goal set. Goal setting takes time.
- Families set multiple goals and then give up because they become overwhelmed.

Families with multiple and complex needs may have never experienced the process of setting goals and find it difficult to envisage their own goals. The goals introduced and imposed by the Team Around the Family (TAF) may provide a stepping stone to developing new skills around goal setting. Key workers may wish to focus firstly on TAF goals that seek to solve problems or challenges that are causing a range of negative feelings and stress, either to the family or the local community. These are problem solving goals. However it is important long term to encourage the family to have goals that are wider and broader and more about life's dreams and visions for themselves.

Goals can be about:

- Health and fitness.
- Relationships.
- Work and career.
- Finance.
- Home.
- Education and learning.
- Travel.
- Community work.
- Spiritual development.
- Having fun and relaxing.
- Reducing stress.
- Improving well-being.

Problem solving goals can also be seen within the context of vision goals. For example, paying off debts and building financial security. In fact, it is helpful if they are.

While the goals of the Support Plan will hopefully have been met during the family intervention process, the key worker will need to work towards the exit stage with families having developed the skills of goal setting to take with them into the future.

Families need to start with the priority goals within the Support Plan. There are four main questioning techniques (that are part of the Solution Focused Brief Therapy approach described in section 11.6) to support parents to clarify problem-solving goals:

The miracle question

The miracle question can help families who may be stuck in their problem and cannot believe there is anything beyond the obstacles they see in front of them. For some, it can feel like it would take a miracle for their situation to improve. The key worker can start by asking, "Suppose while you are sleeping tonight, a miracle happens. The

miracle means your problem is somehow solved. What would be different tomorrow morning that would tell you a miracle has happened?" They can follow this up with a series of questions encouraging the family member to envision this reality as clearly as possible. As they describe these differences, they may begin to develop the glimmer of hope that things could change. With the promise of this potential hope, identifying goals becomes an easier next step.

Scaling questions

Scaling questions are tools that are used to identify useful differences for the family member and may help to establish goals as well. The poles of a scale can be defined in an appropriate way each time the question is asked, but typically range from the worst the problem has ever been (zero or one) to the best things could ever possibly be (ten).

The family member is asked to rate their current position on the scale and questions are then used to help them identify:

- Resources: What stopped you from slipping one point lower down the scale?
- Exceptions: On a day when you were one point higher on the scale, what told you that it was a 'one point higher day'?
- A preferred future: Where on the scale would be good enough? What would a day at that point on the scale look like?

The preferred future question can form the basis for goal setting.

Exception seeking questions

Exception seeing questions presume that there are always times when the problem is less severe or absent for an individual. The key worker can seek to encourage the family member to describe what different circumstances existed in that case or what they did differently.

The recognition of the difference may help the individual to repeat what has worked in the past and to help them gain confidence in making improvements for the future.

Coping questions

Coping questions are designed to bring out family resources that may have gone unnoticed by them. Even the most hopeless story has within it examples of coping that can be drawn out.

Eg "I can see that things have been really difficult for you, yet I am struck by the fact that, even so, you managed to get up each morning and do everything necessary to get the kids off to school. How did you do that?"

Genuine curiosity and admiration can help to highlight strengths without appearing to contradict the family's view of reality. The initial summary "I can see that things have been really difficult for you" is true for them and confirms their story. The second part "you managed to get up each morning etc." is also true but challenges their perception of everything being negative. Undeniably, they do cope and coping questions start to gently and supportively challenge the problem focused story. This also allows the family to re-frame things in their mind.
The key worker may also wish to offer affirmation:

"If what had happened to you, happened to me, I don't think I would be in such a good place either".

Exercise:
Reflect on occasions when you have used these kinds of questioning techniques. How effective where they in helping families to set goals?

9.2 Supporting families to access resources and achieve goals

A key task for key workers is to help families to identify the resources (or strengths) that families have to enable them to achieve their goals. Families need to be able to utilise their skills, abilities, and external resources e.g. social networks to succeed. This process of identifying and utilising resources not only helps to construct a new story of the family as being self-reliant and competent; it also aims to help them to identify new ways of using resources. Where resources beyond the family's resource capacity are needed, key workers can assist or refer appropriately.

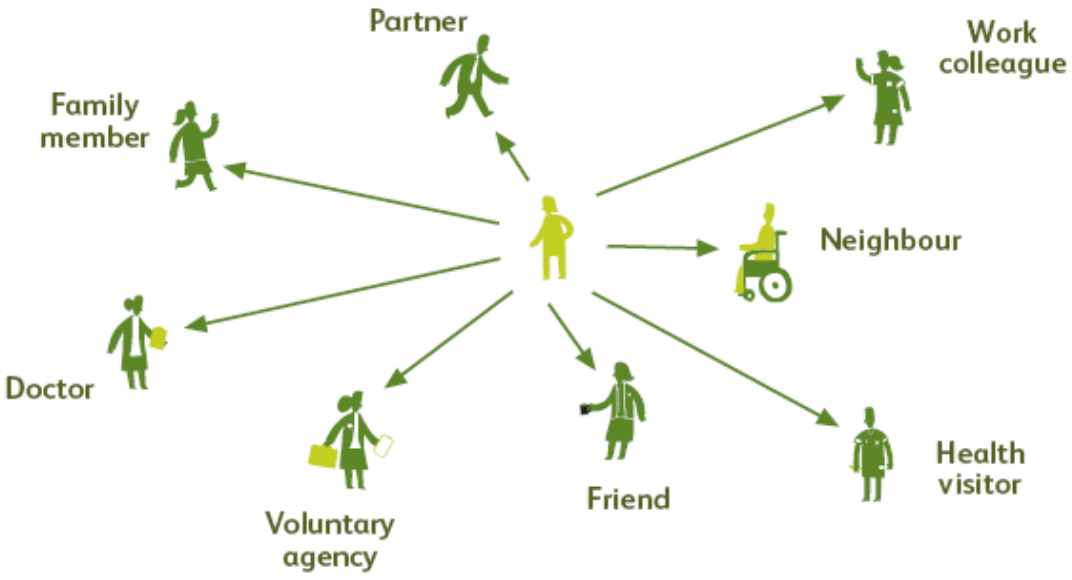
Resources may be internal such as the skills, strengths, qualities and beliefs that families have. Resources may be external but within family and community social networks or they may be accessed from universal or specialist statutory or voluntary agencies.

Identifying families' needs

A key worker may have to work hard at finding out what the resources of a family are, but sometimes a family's needs can be met within the families' own existing network of family or social support avoiding dependency on external support.

Figure 16 is a visual representation of a network of resources one person may have.

Figure 16: Networks of support



Exercise:
Draw your own network support map. Discuss it with a partner or group. What does this tell you about the sources of support that most people seek out?

How difficult would it be for you to seek support outside your network? Why?

Reflect on the network of a family with multiple and complex needs that you are working with. Why is it important to introduce and build on family networks of support during the family intervention process?

Key workers must be aware that for families to reach out in time of need to people beyond their network of family, friends and universal services, is in itself a step outside of their comfort zone.

One of the critical parts of goal-setting is thinking about what kind of support the family needs and wants and who might provide it. Within the family intervention process, the multi-agency team makes decisions about this in consultation with the family and key worker. As the family moves through the intervention processes, it will become increasingly important for the family to be able to identify what kind of support they need and where they might find it. Using the table included below can be an aid to identifying the gaps in families' first network (layer) of support and where the key worker and other agency expertise can provide additional resources.

What kind of support does the family need to meet their goal?

The following tables could be used to explore with a family what type of support they might need, which resources can be utilised and which agencies might need to be involved.

Type of support	What might this involve for key workers?	Internal or external family or community resources that could be utilised	TAF support – which agency is best placed to provide this support?
Practical support	Assisting and training families to carry out household tasks to create an environment suitable for safe family living.		
Emotional	Listening to emotional stories. Giving reassurance to allay anxiety or comfort when in distress.		
Social networking	Providing opportunities for family members to meet others and build appropriate community social networks.		
Professional	Directing families towards specific, targeted support from highly trained professionals, eg help with health, legal issues or financial matters.		

Type of support	What might this mean?	Who might be able to give this support at the moment?	What kind of additional support does the family need?
Knowledge, information or useful strategies	Providing knowledge, information or useful strategies that support problem solving.		
Signposting	Providing appropriate referral to targeted and specialist organisations.		
Financial support	Providing support with financial matters, training in how to budget, paying off debt or saving. Helping the family to claim full benefit entitlements.		
Advocacy	Speaking and negotiating with other agencies and organisations on behalf of the family, representing their views.		
Training and learning	Supporting families by signposting to appropriate training and learning opportunities to help them grow and develop. Supporting young people to stay in education.		
Challenge	Being prepared to challenge family members and remind them of their priority goals and the pathways for achieving them.		

Exercise:
Consider your own network of support. Who would you ask for these different kinds of support? Share with a partner or group. What have you noticed?

Exercise:
In pairs, work together and create a professional or personal goal.

Goals may be short term (small step) or long term. The following is a sample template for creating family goals. It is important that families can identify their long term vision and then break this down into smaller, step-by-step attainable milestones. For example, the long term vision might be to have their finances in order and be putting a small amount aside in savings. The smaller step-by-step goals might be to create a budget, identify creditors, pay off existing debts and have a bank account.

9.3 Creating long term goals and small step goals

Name:

long term goal	
Small step goals	

	Steps I will take and by when	Support needed and from whom	Possible challenges and obstacles	Possible solutions
1				
2				
3				
4				

9.4 Family Support/Action Plans

Plans where goals are recorded may be referred to as Support Plans, Action Plans or various other names. The plans all utilise recommendations from assessment to develop SMART[104] outcomes in partnership with and agreed by the family. Consent is a crucial element contributing to potential success of the plan.

Once the assessment information is gathered, the key worker and colleagues need to take time to carefully analyse the information. Links between risks, stress factors, events and issues will need to be reviewed so that planned actions will continue to be effective.

The assessment information provides the clues to what outcomes, goals or actions the family need to achieve.

When the required outcomes of the intervention have been identified, a strategy to achieve them needs to be agreed. The key worker or multi-agency team need to identify which approaches or programmes have an evidence-base for achieving these outcomes, so that there is the best chance of success. For example, if a child is identified as having a conduct disorder, then the programme available with the best evidence base for treating it, needs to be identified.

The Support Plan should identify the support which a family should receive, and related actions, tasks or goals which need to be achieved, with clear indications of responsibilities and timescales. It should have a multi-agency and family focus, with clear review timescales. It is vital that the outcomes included in the Support Plans have identified measures which will indicate whether the intervention has been successful.

The plan provides a comprehensive overview of needs, actions and support and clearly outlines the consequences of non-compliance or lack of progress. The plan should be mutually monitored, reviewed and adjusted by the multi-agency team and the family as the intervention and related support progresses.

A basic plan should include:

- Description of the SMART actions.
- How it will be achieved.
- Indicators against which, progress and achievement is measured.
- Others who will be involved and what they will do.
- Consequences of non-achievement, including sanctions where appropriate, and an outline of the benefits of achievement.

According to the seven steps of the family intervention process, a Multi-Agency Review Meeting is arranged within approximately eight weeks following the initial family meeting. The key worker arranges the meeting which is attended by family and identified agencies.

At this meeting, the outcome of assessment, Support Plan and any behaviour contract included in or attached to the Support Plan is discussed. All agencies are made aware of their responsibilities and given a copy of the Support Plan (though individual agency agreement may have first been secured in informal or formal discussion

[104] Specific, Measureable, Achievable, Realistic, Time bound

outside of the meeting). The meeting seeks to ensure that there is agreement with and commitment to all aspects of the Support Plan from the family and other agencies.

Support Plans also include exit plans which are used when the intervention is coming to a close. These help with the transition into mainstream provision, identifying actions agreed timescales and the support staff involved.

Additional assessment references:
Department of Health "Framework for the Assessment of Children in Need and their Families", 2000:
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4014430.pdf

Department of Health "Framework for the assessment of children in need and their families – pack", 2000:
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4008144

9.5 Review processes

401.5.2 Assess and monitor progress to motivate families to commit to and achieve goals.

401.5.3 Evaluate how the use of assessment and monitoring contributes to motivating families to commit to and achieve goals.

400.6.2 Analyse and demonstrate how to review progress.

Effective support requires that the assessment and monitoring of progress should take place informally on an ongoing basis and formally as part of regular review meetings where the family progress is assessed and monitored in accordance with their Support Plan.

Motivation to commit to and achieve is encouraged by recognition of the achievement of interim goals. Monitoring progress ensures that all positive changes can be identified and recorded. Without this, families may underestimate how much they have achieved. Conversely, if a family is not achieving interim goals, the monitoring process ensures that there is an opportunity to revisit why they were set and for the family to realise that goals must be taken seriously.

Whatever the progress, a revised Support Plan should be developed for each review period, with new and possibly some repeated goals. Goals might be reduced if they have been assessed as being too ambitious. New or existing rewards, consequences and sanctions are set, appropriate to the revised goals.

This process continues until the Support Plan has been fully delivered and it is appropriate to formulate an exit strategy with the family. If informal monitoring by the key worker raises a concern, a meeting may be arranged before the eight week period.

Exercise:
List a range of strategies a key worker can employ in assessing, monitoring and reviewing progress. Include formal and informal approaches.
Consider the function of such activity and analyse how each works in relation to helping the family progress.

Exercise:
Construct a case study outlining the development and implementation of collective agreements, with reference to the family intervention approach (section four).

Section ten: Co-ordinating multi-agency work with families

Introduction

The 2011 evaluation of intense intervention services identified that "The multi-agency approach is key to a persistent and assertive key worker role." and that part of the approach is to address "multiple family issues using a wide range of professional expertise".[105]

This section describes some of the key skills, processes and knowledge that need to be in place for an effective co-ordinated multi-agency approach, which is at the centre of intense support to families with multiple and complex needs Multi-agency assessment is addressed separately in section eight of the learner resource. This section describes key aspects of signposting, engaging other agencies and the impact on families of missing appointments and not engaging with other agencies.

10.1 Signposting

400.6.3 Explain and justify when it is appropriate to signpost parents to other services.

After a whole family assessment has taken place, one or more family members may be referred to or signposted on to other services when they agree that they need specialist help or help which their key worker cannot provide. Signposting encourages self-efficacy and autonomy because it gives families the ability to go where their needs can be met.

One of the key functions of a key worker delivering intense support to families with multiple and complex needs is to "Enable parents and families to independently access and engage with services, social networks and community resources".[106]

This is done through the following sub-functions:

- Work with parents and families to identify services and other support which will meet family needs.
- Enable parents and families to develop confidence to engage with services and other support.
- Work with parents and families to reduce or plan to reduce their dependence on specialist services.
- Work with parents and families to develop practical and organisational skills to engage with services.

Some of the likely services which families will be signposted to are:

- Careers, training, job placement and employment related advice.
- Debt management services.
- Benefits advisory services.
- Health services such as local doctor, health visitor, dentist, mental health services (adult and children's) and drug and alcohol services.
- Domestic abuse programmes.

[105] York Consulting (2011) Turning around the lives of families with multiple problems – an evaluation of the Family and Young Carer Pathfinders Programme, DfE. RB154.

[106] Family intervention key worker functional map ref 2.6

- Universal services such as, children's centres, school support services, Home Start, speech and language services and youth and community projects.

Exercise:
Think about some of the families you have worked with. What do you take into account when considering referral to other agencies?

10.2 Engaging agencies

401.7.1 Explain the roles of other agencies supporting families and their systems of engagement and support

Strategic engagement

Work with families with multiple and complex needs is unlikely to be effective without strategic and operational sign up and commitment from the full range of relevant local agencies. The most relevant partners will vary depending on the target family groups, but services such as early years, schools, education, social care, child and adult mental health services, youth services, housing, community safety, police, probation, Youth Offending Teams (YOTs), and health services should have strategic input through the relevant strategic and policy boards. Where there is a focus on preventing youth crime, links with youth offending and anti-social behaviour teams are critical.

Operational engagement

The success of a family intervention is reliant on a wide range of agencies and services coming together to provide a package of support for families. Relevant agencies need to make referrals, share information about a family, attend case review meetings and provide direct services

When agencies work together effectively, a consistent message is given and it reduces the opportunity for families to play agencies off against each other. This helps the key worker to get to the root of the family's difficulties because a wide range of insight and experience of the family can be drawn upon.

Family intervention uses a Team Around the Family (TAF) approach, where professionals and families meet to set targets/goals, identify additional support, and monitor and review progress. The TAF builds on the Team around the Child (TAC) approach used in the Common Assessment Framework (CAF). To be most effective the TAF is multi-disciplinary in nature, drawing on support from a range of professionals.

To be able to work effectively with other agencies, key workers delivering family intervention to families with multiple and complex needs will need to understand what the roles of other agencies are and how they engage and support families.

Exercise:
Choose two other agencies which offer support to families with complex and multiple needs. Write or record an account which covers the following points:

- What support does this agency offer?
- How are parents referred to, or how do they have access to, this agency?
- Which staff from this agency will have contact with the family?

401.7.3 Explain how the engagement of other agencies in supporting families can be sustained.

It is important for key workers from the referral organisation to retain their engagement in the process of support as they will have key contributions to make to monitoring and review, as well as specific actions relating to the Support Plans developed.

Other agencies may be reluctant to engage with families for a number of reasons. They may have previous experience of a family dropping out of or rejecting their service, or they may think that their agency's support offer is not required once a family intervention team is involved.

Exercise:
Think about the different reasons why other agencies might not engage or sustain engagement with families, then think about possible solutions. Record your reflections.

In securing the engagement of other agencies, it is important to communicate the benefits for the agencies and the family, which may include:

- All organisations involved can be strengthened by sharing of best practice.
- Effective information sharing can be implemented.
- All parties can contribute towards shared outcomes and targets.
- Costs can be reduced.
- Extended provision to the whole family will impact positively on the work being done with the individual by a particular agency.
- An integrated response involving agencies for both children and adults can be achieved.

To be able to sustain the engagement of other agencies, working together needs to be effective. Family interventions work well with other agencies when:

- The key workers understand the remit of each agency and how they work.
- Agencies understand the role of the key worker and how family intervention services work.
- Information is shared on a strictly need to know basis and confidentiality protocols are in place.
- Communication takes place regularly and in a timely way.
- Key workers do not promise anything on behalf of other agencies.
- Meetings are planned well and time is used effectively.

401.7.2 Explain how other agencies can be supported in engaging families and shaping services to meet families' needs.

Part of the persistent and pro-active approach of key workers also relates to agencies and the ability to advocate on behalf of families with those agencies. Families may have dropped out or even rejected the help of other agencies in the past, or may have failed to engage in the first place. It may be that the family was unable to meet the requirements by that agency to accept, confirm and attend appointments.

Working closely with agencies, often with bespoke agreements on how to progress work with individual families, can lead to changes in procedures and greater flexibility that can address some of the barriers to engagement and appointment compliance. This can include:

- Providing support and development to particular staff or groups of staff in terms of their awareness and understanding of the issues being presented.
- Agreeing to suspend or relax requirements for an agreed period of time whilst the key worker works with the family to address their compliance issues.
- Adjusting appointment locations and timings to reflect difficulties being encountered by the family.

"In one case I arranged for the benefits officer to come with me to meet X in his home and explain, with my support, how the system was operating and what could happen if the situation wasn't sorted. Understanding and fear of formal situations was an issue with X and this really helped. As well as that, it was a good development experience for the officer who came away with a much better understanding of the issues surrounding this, and other cases."[107]

Exercise:
Outline approaches you have used or could consider when helping an agency to be more flexible in engaging families and enabling access to appointments. How might you use this experience to address similar issues you may encounter in other cases?

10.3 The impact of family compliance and non-compliance with agency appointments

401.6.1 Analyse the impact on the family of compliance and non-compliance with agency appointment requirements.

Services may have failed to engage families with multiple and complex needs because:

- Access and referral mechanisms are inefficient.
- Professionals have low aspirations for families.
- Professionals fail to persist in engaging families.
- Threshold criteria are set higher than families presenting need.
- Families are assessed as being too complex or challenging for the service in question.
- Services have long waiting lists.

[107] Key worker quotation recorded during research for these materials, 2010

- Professionals lack the range of skills and personal qualities to be able to engage families.

The impact of agency appointment systems and their compliance/non-compliance procedures may result in families being unable to engage. For example, they may not able to respond within a defined period of time to attend an appointment or the appointments may be set at times which are inflexible. They may not have the confidence and/or ability to be able to change the appointment. Families may disengage because the requirements are too onerous or logistically difficult, for example, the service may be situated a long way from their home.

If appointments are only offered within school hours and the parent has to use public transport, it may be that attending the appointment requires the child (and sometimes the siblings) to miss a whole day of school. This is particularly difficult if the child has poor school attendance and there is pressure on the parent not to take the child(ren) out of school.

401.6.2 Enable families to understand the importance of compliance with agency appointment requirements.

It is likely that a mixture of change theory process and modelling would be used by a key worker to enable families to understand what agency appointment requirements are and then why and how they need to comply with them.

Families may struggle at first to see that there is a problem with not making or attending appointments, including those relating to their child. By taking them through the stages of change, opportunities for them to recognise the need to change their behaviour can be created.

Modelling may be required to give families the skills they need to identify services, make appointments, attend them and participate in the actions required during and after the appointment. Family members may not have the confidence to be able to communicate their needs to agencies and may need to have a step by step example of how they can secure the outcomes they need with agencies, for example, negotiating the changing of the time or location of an appointment.

Exercise:
Consider a family you are working with where non-compliance with agency appointments is, or could be, an issue. How might this issue affect progress with the family? How might you work with them to respond more positively to agency appointment requirements?

Section eleven: Supporting families through the process of change and promoting positive behaviour

This section presents a model for understanding the process of change and the tasks and strategies which support that process. It then builds on the contents of section five (where anti-social behaviour is explained) and outlines a range of ways to address anti-social behaviour and promote positive behaviour. Social learning theory, parenting interventions, Motivational Interviewing, Solution Focussed Brief Therapy and Cognitive Behavioural Theory are all described. Specialist training in any of these methods would be required for a key worker to use them effectively and 'do no harm'. The possibility that only partial change takes place is also considered.

11.1 The stages of change

The key worker's role is rather like that of a life coach. Key workers must form relationships that will increase the family's sense of self-reliance and independence as they find themselves able to set goals, and achieve them through a small step by step approach. The key worker needs to embed skills and enable family competence to meet challenges and obstacles.

Figure 17: The Stages of Change Model

The Stages of Change Model developed in the late 1970's and early 1980's by James Prochaska and Carlo DiClemente at the University of Rhode Island drew from their studies on how smokers were able to give up their habit or addiction.

The model proposes that behaviour change does not happen in one step but instead people progress through different stages on their way to successful change. Each person will progress through the stages at their own rate, but they need to progress through all the stages to achieve a secure change.

This means that expecting behaviour change by simply telling someone, for example, who is still in the pre-contemplation stage that he or she must simply stop engaging in anti-social behaviour, will not work because they are not ready to change.

Each individual must decide for him or herself when a stage is completed and when it is time to move on to the next stage. The decision to move on to the next stage must be owned by the person changing, as stable and long term change cannot be imposed by anyone other than themselves.

In each of the stages, the individual needs to engage with a different set of issues and tasks that relate to changing behaviour.

1. In the pre-contemplation stage, people are not thinking seriously about changing and are not interested in any kind of help. People in this stage tend to defend their current unhelpful behaviour and do not feel it is a problem. They may deny there is a problem and be defensive when other people put pressure on them to change.

Families are likely to be in the pre-contemplation stage before they start working with the family intervention approach.

Reasons for pre-contemplation can fit into the four R's: reluctance, rebellion, resignation and rationalisation. DiClemente (1991) described methods for intervening at this stage which have been adapted here:

Key worker tasks and strategies:

- Building trust and rapport through reflective listening and use of open questions.
- Identifying areas for development and change within the family.
- Affirming strengths as starting points for change.
- Increasing families understanding of the likelihood of consequences and sanctions.
- Using motivational interviewing strategies to raise awareness and encourage questioning.

The strategies focus on increasing the family's understanding of risks associated with current behaviour and helping them to see that the consequences of continuing that behaviour are negative and that change is urgently needed.

2. In the contemplation stage, people spend time thinking about their problem. Although they are able to consider the possibility of change, they tend to be unsure or undecided about what to do. Families can be very open to information and reflecting on their feelings and thoughts in this stage.

There are usually pros and cons involved in any change and in this stage they are weighed up. Long term benefits are weighed up against short term costs.

Some people spend a lot of time thinking about giving up their habit or unhelpful behaviour and may never progress past this stage, but families with multiple and complex needs who face sanctions must move on or suffer the consequences.

Ambivalence needs to be overcome by information that will compel the family to change. Information and incentives to change are important elements to assist contemplators. Personally relevant information can have a strong impact at this stage.

Key worker tasks and strategies:

- Identifying the pros and cons of present behaviour, as well as the pros and cons of change.
- Asserting the belief that change is possible.
- Helping families to see that they have the capacity to change by reflecting on any changes in the past.
- Exploring any options the family has considered for how they might change.
- Gaining agreement from the family that they are committed to changing.

The intended outcome is for the family to make a statement that they are committed to change.

3. In the preparation and determination stages, people have made a commitment to make a change. Their motivation for changing is reflected by statements such as, "I've got to do something about this, this is serious. Something has to change. What can I do?"

At this stage, they are often engaged in trying to gather information about what they will need to do to change their behaviour.

Key worker tasks and strategies:

- Identifying short and long term goals.
- Identifying internal and external resources to support change.
- Providing information and a range of possible strategies to facilitate change.
- Linking individual family members to appropriate multi-agency resources.

4. In the action and willpower stage, families believe they have the ability to change and are actively involved in taking steps to change their behaviour by using a variety of different techniques.

This is when families are most dependent on their own determination and willpower. They are making overt efforts to stop or change the behaviour and are at greatest risk of relapsing.

Key worker tasks and strategies:

- Focusing on the short term goal.
- Envisioning the long term goal.
- Reframing when necessary.
- Making sure appointments are kept and support needs delivered by TAF.
- Planning for and rehearsing the ways of overcoming challenges and obstacles.
- Reminding of the consequences of failing to change.
- Noticing, affirming and celebrating progress.

5. The maintenance stage involves being able to successfully avoid any temptations to return to the negative behaviour. The goal of this stage is to maintain change. Families in this stage tend to remind themselves of how much progress they have made.

Families in the maintenance stage acquire new skills to deal with life and are able to anticipate the situations in which a relapse could occur and prepare coping strategies in advance.

At this stage, families need to believe that what they are striving for is personally worthwhile and meaningful. They also need to be patient with themselves and recognise that it often takes a while to let go of old behaviour patterns and practice new ones until they are second nature.

Key worker tasks and strategies:
- Noticing, acknowledging, affirming and celebrating.
- Reflecting on the difficult and challenging journey, looking back at the starting point and progress indicators along the way.
- Analysing qualities and skills demonstrated by the family.
- Examining how reaching the goal has enhanced family life and brought benefits.
- Discussing coping strategies and techniques for overcoming future obstacles and challenges.
- Talking about where they will be going from here. What is the next goal?

6. Relapse and sustaining change. The family Intervention approach recognises that to be able to embed change, intervention needs to be given over a long period of time. Change may have been fairly extreme, and old habits die hard. Families will need support to be able to sustain new behaviours.

It is very important to explain to families that it is normal and natural to regress, to get to one stage only to fall back to a previous stage. This is just a normal part of changing behaviour. In fact, it is much more common to have at least one relapse than none at all. Relapse is often accompanied by feelings of discouragement and seeing oneself as a failure.

There is a real risk that families who relapse will experience an immediate sense of failure that can seriously undermine their confidence. The important thing is that if they do slip and engage in negative behaviour, just like an ex-smoker having a cigarette, they shouldn't see themselves as having failed. This is a new opportunity to learn why the relapse occurred.

Key worker tasks and strategies:
- Supporting families to overcome disappointment, guilt, shame or rebelliousness.
- Reassuring families of the key worker's belief that they can change.
- Emphasising that they are OK and it is the behaviour that is not.
- Normalising relapse.
- Refocusing on goals.
- Focusing on success so far, acknowledging and affirming how far they have come.
- Emphasising the normality of three steps forward, one step back.
- Identifying what's required to get back on track.
- Supporting the family to take responsibility for their behaviour.
- Resetting goals and closely monitoring progress.

Keys to successful recycling[108] through relapse:
- Persistent efforts.
- Repeated contacts over a long period of time.
- Helping families to take the next step.

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[108] a person returns from any given stage to an earlier stage

- Bolstering self-efficacy and motivation.

Further reading:

Egan G., (1998) The Skilled Helper (8th Edition) Brooks/Cole Publishing Company, Pacific Grove, CA.

DiClemente, C.C. (1991). Motivational Interviewing and the Stages of Change. In W.R. Miller & S. Rollnick (Eds.), Motivational Interviewing: Preparing People to Change Addictive Behaviour (pp. 191-202) New York: The Guilford Press.

11.2 Addressing anti-social behaviour and promoting positive behaviour

402.2.1 Support families to understand the impact of a range of anti-social behaviour.

402.2.2 Support families to reduce anti-social behaviour and increase positive behaviour.

402.2.3 Evaluate approaches used to reduce anti-social behaviour and increase positive behaviour.

Anti-social behaviour and possible sanctions for anti-social behaviour are described in section five of this resource.

Families who have been presenting with anti-social behaviour, often over a long period of time (and have often had such behaviour presenting in previous generations), need to be supported and challenged to take responsibility for their actions. By collecting all the relevant information from different agencies, the assessment process builds up a picture of the full range of anti-social behaviour which is being presented. The key worker can work through these behaviours with the family or family member to identify the impact that the behaviour is having, for example:

- Sanctions which will be the consequence of continued anti-social behaviour.
- Relationship difficulties.
- Negative consequences on children's outcomes.
- Social and community responses.
- Reduced personal well-being.
- Family members' needs not being met.
- Impairment of physical and mental health.

During stage 4 of the Prochaska and DiClemente change model there are a range of theories, methods and therapies which can be utilised to support change: Social learning theory, parenting interventions, Motivational Interviewing, Solution Focussed Brief Therapy and Cognitive Behavioural Theory.

11.3 Social learning theory

Social learning theory underpins much of the family intervention approach to reduce anti-social behaviour and increase pro-social and positive behaviours. Social learning theory suggests that human behaviour is shaped by its consequences. Behaviour increases if it is rewarded and decreases if it is not.

Key workers need to use range of rewards, including the removal or avoidance of consequences and sanctions.

Social learning theory also teaches that behaviour can be learned, at least partly, through modelling.

Examples of modelling[109]:

- Children who watch parents read are more likely to read books themselves.
- Students watching a maths problem being solved and then solving it themselves.
- If individuals see someone acting bravely in a fearful situation, they are more likely to be brave themselves.
- Moral judgments regarding right and wrong can, in part, be developed through observation.

Modelling can be used to teach problem-solving skills and self-reliance. These are key ways to boost resilience.

Key workers need to model a range of pro-social and positive behaviour to families, eg having firm boundaries and giving praise. Other more practical behaviours such as attending appointments or cleaning a house, will need to be modelled by a key worker taking a side by side approach and doing the activities with the families, so that parents can then do these activities for themselves.

The key worker needs to model the authoritative parent, who balances parental authority with the developing autonomy of the child or young person. The parent allows the child or young person to author their own actions as they develop the capacity, skills and knowledge to be able to do certain tasks or activities. In the same way, the key worker observes when families are ready to take on doing things for themselves once a particular skill has been modelled by them, practiced by the family and then normalised as part of everyday family routine.

Exercise:
Review the family intervention approach and identify ways in which key workers model pro-social and positive social behaviours to families.

Self-efficacy theory is an important part of social learning theory. Applied to family intervention work, self-efficacy theory suggests that families expectations of themselves and the extent to which they think they can achieve, will determine the extent to which they are motivated to change their behaviour.

11.4 Parenting interventions

400.2.2 Explain, justify and demonstrate how parents can be assisted to appreciate the benefits of parenting services for themselves and their children.

Many parenting interventions have Social Learning Theory as the theory of change. Parenting programmes can be part of a range of ways in which families can be helped to engage in more positive behaviours. However, they may not be keen to engage.

[109] Ormrod, J.E. (1999). Human learning (3rd ed.). Upper Saddle River, NJ: Prentice-Hall

Effective parenting is a key element for families to function effectively as a unit in the community, without intense support and engage in positive behaviour.

Any parent may be reluctant to engage with parenting services. Parents who are part of families with multiple and complex needs are likely to have some issues around parenting (though they undoubtedly will have strengths which can be built upon). They may have different levels of appreciation of the benefits of parenting services for themselves and their children. They may present in a number of ways including:

- Defending their current negative behaviour (and possibly the behaviour of their children) and being in denial about the need for parenting support.
- Denying that they (or their child) are behaving negatively and therefore not in need of parenting support.
- Acknowledging that they have support needs relating to parenting, but having not successfully engaged in parenting services in the past and being reticent about engaging again.
- Acknowledging that they have support needs relating to parenting but not being aware of how parenting services might help, for example, parenting programmes or one to one support.
- Acknowledging that they have support needs relating to parenting but lacking the confidence that any lasting change might be possible.

Whatever the presenting situation in a family, the benefits of any parenting service (structured parenting programme, one to one support or any other service which is available), will only be positive if eligibility criteria are taken into account and the possible outcomes match the parents' needs (section three). Parents may have been inappropriately matched to support in the past.

Key workers will need to have a detailed understanding of the parenting support needs of the family (gathered through appropriate assessment), understanding of what parenting services are available and how they match the needs of the family. Key workers may be involved in the direct delivery of a parenting programme or they may refer parents on. If referring parents on, it will be important to be aware of the theory of change which the programme uses, as parents are likely to need extra support as they travel through the change process. For example, some programmes will promote attachment relationships and others focus on behavioural approaches.

Aims of parenting programmes[110]

Parenting programmes may address a range of different changes:

External behaviour changes within the family
• The introduction of the new skills or ways of doing things. • The modification of previous unhelpful ways of doing things or responses. • The cessation of very unhelpful or harmful or ways of doing things (parents or children). • A reduction in challenging behaviour in children. • An increase in positive parent/child relationships.
Internal behaviour changes in members of the family
• Changes in attitude eg towards seeking or using support. • Changed attitudes and explanations for others' behaviour. • Changes in emotional responses. • Changes in mood or sense of well-being. • Changes in self-image (eg increased self-confidence). • Reduction of emotional difficulties in children.
Increased knowledge/understanding within the family
• Knowledge of child development norms. • Deeper understanding/acceptance of deviations from the norm. • Deeper understanding/acceptance of self and/or others. • Awareness of available services and help.
Improved access to/better use of support or services
• Changes in engagement between parents and professional support services. • Increased availability of non-professional support. • Improved interpersonal relationships. • More effective use of appropriate services.

Exercise:

Reflect on a time where you have worked with a family and consider the tasks and strategies associated with Prochaska and DiClemente stages of change model that you have used to assist parents to appreciate the benefits of parenting services.

- What stage might the parents be in?
- What are the indications?
- What actions might be taken to help move things on?
- What tasks and strategies are appropriate to each stage?
- What information could be presented or what questions can be asked?

[110] Barrett, H. (2003) Parenting Programmes for Families at Risk: A source book, London: Family and Parenting Institute.

11.5 Motivational interviewing

Miller and Rollnick[111] describe motivational interviewing as having three underpinning ideas:

- Collaboration. Implementing a partnership that honours the family's expertise and perspectives. The key worker provides an atmosphere that is conducive rather than coercive to change.
- Evocation. The resources and motivation for change are presumed to reside within the family. Intrinsic motivation for change is enhanced by drawing on the family's own perceptions, goals and values.
- Autonomy. The key worker affirms the family's right and capacity for self-direction and facilitates informed choice.

These ideas are embedded in strategies:

- Expressing empathy: Acceptance facilitates change. Skilful reflective listening is fundamental. Ambivalence is normal.
- Developing discrepancy: The family rather than the key worker should present the arguments for change. Change is motivated by a perceived discrepancy between present behaviour and important personal goals or values.
- Rolling with resistance: Avoid arguing for change. Resistance is not directly opposed. New perspectives are invited but not imposed. The family is a primary resource in finding answers and solutions. Resistance is a signal to respond differently.
- Supporting self-efficacy: A family's belief in the possibility of change is an important motivator. The family, not the key worker, is responsible for choosing and carrying out change. The key worker's own belief in the person's ability to change becomes a self-fulfilling prophecy.

11.6 Solution Focussed Brief Therapy

The solution focussed approach is a strength-based approach developed by Insoo Kim Berg, Steve deShazer and others.[112]

Solution Focused Brief Therapy (SFBT) is a short term, goal focused, therapeutic approach which helps families change by constructing solutions rather than dwelling on problems. The seeds of the solutions are understood to be with the individual and can be built on to enable change. The ability to articulate what the change or solution will look like is seen to be more important than understanding what led to the problem.

SFBT is based on the idea that, if the aim is to help people change, then strategies should be based on how change happens rather than concentrating on how problems develop. Understanding the route of the problem is often not necessary in finding a solution.

The important issues are; how does the client want things to be different and what will it take to make it happen? Envisioning a clear and detailed picture of how things will be when things are better, creates hope and expectation and makes solution possible.

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[111] Miller & S. Rollnick (Eds.), Motivational Interviewing: Preparing People to Change Addictive Behaviour (pp. 191-202) New York: The Guilford Press. P.32

[112] de Shazer, S. (1985) Keys To Solutions In Brief Therapy, London, W.W. Norton and Company.

SFBT focuses on the future (and how it will be better when things change) and majors on establishing clear goals. Goals direct the change process and help it remain focused and brief. SFBT also focuses on family strengths and resources, as a way of helping them to recognise how to use their resources to bring about changes.

11.7 Cognitive Behavioural Therapy

Cognitive Behaviour Therapy (CBT) describes a number of therapies that have a similar approach to solving problems. It works by changing family's attitudes and behaviour. The therapies focus on the thoughts, images, beliefs and attitudes that people hold (cognitive processes) and how they relate to behaviours. The approach is used as a way of helping people to deal with emotional problems.

CBT is used by therapists working together with individuals to understand what the problems are and to develop a new strategy for tackling them. CBT is an approach which combines cognitive and behavioural therapy. Cognitive therapy looks at how thoughts can create feelings and mood. Behavioural therapy pays close attention to the relationship between problems, behaviour and thoughts. CBT may focus on what is going on in the present rather than the past, but often the therapy will also look at how thinking patterns may have begun in early childhood and the impact that these patterns of thinking may have on how the world is interpreted by the individual.[113]

Addressing partial progress

402.2.4 Evaluate approaches used to support families who make partial progress but continue to behave anti-socially.

If a family has made partial progress but continues to present with anti-social behaviour, it is important to take the situation to a multi-agency review so that all involved can share information, agree actions and share progress. What has worked and what has not worked needs to be identified. Alternative rewards and sanctions should be considered alongside any other factors or influences which might be unidentified or not addressed.

Usually the approach is to put more or different rewards, enforcements, sanctions and levers into place.

[113] Source: www.mind.org.uk 'Making sense of cognitive behaviour therapy'.

Section twelve: Preparing families to exit family intervention

12.1 Endings and closure

As the Support Plan nears completion, the key worker will need to plan a graduated exit from the family as the outcomes have been achieved and the family become more empowered to take control. There needs to be an incremental reduction in intervention by the key worker who needs to focus on monitoring progress and discussing options and strategies as the family moves towards a realistic completion of their goals. As closure approaches, a closure or exit form is likely to be completed.

By this stage, the key worker will need to ensure that the family have foundations of support within their local community, family or extended family networks. They will be returned to the Support+ circle of support although some families may still be receiving Support ++, targeted or specialist input.

The gradual withdrawal of key worker support may be difficult for some families. It may have been an important relationship that has modelled aspects of secure attachment such as consistency, reliability, warmth, responsiveness and firm boundaries. Some families may relapse or become angry as they anticipate ending the relationship. It is important that key workers plan very carefully for disengagement and closure.

If the resource is available, the family will be made aware that they can contact their key worker if they need to even after the exit form has been completed. A key worker will often maintain occasional contact with the family for up to twelve months by telephone or face to face contact to ensure they are still progressing well and check whether there is a need for any additional support in the short or longer term.

If the family have disengaged without achieving their goals or before sufficient progress has been made, the closure form will be completed and sanctions may be applied by agencies if, for example, anti-social behaviour continues. However, whatever the outcome, there should still be a planned exit strategy.

12.2 The importance of good endings and closure

Everyone experiences forms of closure and endings throughout their lives. Some will be good endings, leaving a sense of completion and others will involve a sense of loss, sadness, regret, guilt or anger. The way in which a family has experienced closure in the past will influence their ability to have a satisfactory end to the experience of intense support.

Exercise:
Consider some good and bad endings you may have experienced in your life. What was it that made them good or bad?

Planning endings

Endings and closure are very important to the process of working with a family. Sometimes endings will be low key and phased in slowly as families are gradually handed over to other practitioners within targeted, specialist or universal services. In this scenario, considerable risks may still exist but the TAF review has concluded it is

the right time to end the family intervention. Families may be ready to be integrated into their local family and community networks with support from universal services.

Either way, it is important that key workers plan and prepare families for endings in a way that values the relationship and the work done together. Key workers should support families to go forward in a positive way, believing in their improved and growing capacity to goal set, problem solve and manage their lives. Families should be encouraged to build on their key strengths and use the skills they have acquired.

Key workers need to support good endings, giving as much consideration as they have to other stages of the support process. Key workers can then have the satisfaction of fulfilling their purpose in seeing a family going forward into the future having been helped and supported in an effective way that has brought about real change, improving lives and outcomes for all the family.

Exercise:
Think about how you prepare families and yourself for ending the key worker/client relationship. Which of the endings outlined in the left hand column in the table over the page have you planned and prepared for? Why do some of the qualities in the right-hand column of the table happen?

Figure 18: Good and bad endings

Good Endings	Bad endings
Negotiated and agreed. Known about. Prepared for. Planned for. Staggered (gradual reduction in support).	Imposed. Sudden. Unprepared for. Unplanned. Warned but not heard (in denial).
Look back Review the journey. Celebrate. Reflect on strengths, qualities and skills. Reflect on mistakes letting them go. Reflect on lessons learnt.	**Look back** Little sense of a journey travelled. Little sense of achievement or completion. Lower self-esteem and sense of competency than at start. Unsure about what happened or what it meant.
The present Considering where the family is now. Appreciation of each other's strengths, qualities and skills. Acknowledgements of normal appropriate feelings of loss, sadness and sometimes anger at the ending of an important connecting relationship for both key worker and family.	**The present** A sense of having gone round in a circle Sense of failure or rejection Blaming of key worker or support given Unacknowledged feelings of anger, resentment, sadness or regret about the key worker/family relationship.
Families progressing Confirmation of capacity to cope. Confirmation of strengths, qualities and skills. Planning new steps and stages in the future. The opening of new doors and opportunities.	**Families stuck** Unsure if they will cope. Unsure if they have the strengths, qualities or skills to move forward. A sense of lost opportunities. A return to old patterns of thinking and behaving.

Exercise:
Reflect on one family's experience of the benefits of intense family intervention.

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