



# Family Action

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# About Family Action



- Grant maker to individuals
- Mental health services
- Family support services including
  - children centres
  - home-based family support

# BUT there is no money



- There are cuts and huge cuts
- Treasured services are being lost
- We are all going to be very despondent
- Voluntary sector is being hit very hard, but there will be opportunities  
SO.....

# Focus on what works



And this is what C4EO helps us with:

- Good quality services leads to improved outcomes
- Staff and creativity = quality
- Outreach helps

*But not reaching everyone including.....*

# Families with multiple needs



Very small numbers – 2%

- Parents own difficulties are affecting ability to parent effectively
- Mental health problems
- Learning difficulties
- Substance misuse

# Families known to many agencies



Often 10-15 agencies involved

Level of concern for children is very high:

- not achieving development milestones
- non school attendance
- on CPP, often neglect
- behaviour is giving rise to concern
- children have inappropriate caring responsibilities

# The backdrop:



- 154,000 children in England live with a parent who has a severe and enduring mental health problem.
- These children are likely to experience similar difficulties themselves and their parents' mental health will be a significant factor in many entering the care system, whether for reasons of abuse or neglect or the sectioning of a parent.
- A recent Ministry of Justice sample of care proceedings for abuse and neglect has shown that the mother's mental health problem was a background factor in a third of the proceedings.

# The backdrop (2)



- Research shows not all severe parental mental health problems need result in harm to the child, particularly where the adult is supported to gain insight into their mental health problems, to parent positively, and to prioritise family tasks.
- It is this latter learning which led Family Action to develop Building Bridges.
- Launched in 1999 it is now commissioned in 12 areas of England to meet the needs of families where one or both parents has severe and enduring mental health.

# The backdrop (3)



- It is based on a model of professional family support delivered directly by a family support worker in the homes of service users.
- In some areas it is commissioned by the Local Authority, in others the Local Authority in combination with the Primary Care Trust.

# Work with families includes:



- Assess parental difficulties and impact on children
- Assess their abilities and help needed to parent effectively
- Focus on parenting includes: home, food, hygiene, responsibility for their children and their wellbeing
- Assisting families to co-ordinate their relationships with various agencies and engage with new services
- Ensuring multi-agency understanding of the family's situation

# Learning Points



- To secure improvements in outcomes for the child, the needs of the whole family should be approached holistically
- An all-important foundation for securing the improvement in the child's outcomes is the creation of routines and structures to assist the parent with managing their mental health problem. This can include support with compliance with medication, developing a programme of regular sleep and exercise and creating a healthy diet
- Other adults in the household may not have a mental health problem but their behaviours may be impacting negatively on the child's behaviour and development. They may need support to understand why.

# Learning Points (2)



- Support needs to be given to parents not only with their relationships within the home but also with wider communities, for example with using local services and accessing volunteering and training opportunities. Once this is given parents can begin to generate their own social networks.
- To secure positive economic outcomes for the child support may also be required for practical issues such as housing and debt reduction.
- Where older children are concerned workers may spend time engaging directly with the child, getting them to understand their parents mental health condition and to communicate their response to it.
- That single agency/single-minded thinking is not effective or efficient practice. Agencies taking an integrated approach – such as the Team Around the Child style – are most likely to help bring about necessary change in families.

# Thompson family



- Referred-not attending school, on CPP
- Mrs T sitting on sofa crying at 10am – 3 children unfed and clustered around her
- Discharged from hospital, children returned same day, no help
- Until drugs kick in just can't do anything
- House out of control, very distressing
- Knew child care poor, kids should be at school but couldn't do anything about it

# No task too small or too complex



- Work on mental health difficulties and ensure following treatment plans
- Work alongside on practical tasks - housework, food and hygiene
- Help rebuild confidence in parenting skills - play, setting routines
- Help rebuild confidence and self esteem
- Set and agree clear plans for children

# Identified pressure points



- 7am made tea Mrs T took drugs
- 7.30 divided tasks – breakfast and getting children up
- 8.45 walked to school with eldest 2
- 9.15 back and divided household tasks
- 11am focus on baby
- 3 pm went back and we went to school
- 7pm went back for bedtime routines

# Work for children

- Safeguarding is paramount
- Children have to go to school
- Reduce inappropriate caring responsibilities
- Help children understand their parents mental illness
- Set boundaries with parents

# Thompson family



- Not rocket science but needed daily visits initially and a plan to focus on manageable tasks
- Had to help family rebuild relationship - trust and confidence in each other
- Mother rebuilding confidence and self esteem is key but needed help to do so

# It works



- Building Bridges evaluation

[www.family-action.org.uk](http://www.family-action.org.uk)

- C4EO validated practice: *grasping the nettle, what works in early intervention*
- SCIE parental mental health, good practice

# Building Bridges – effectiveness and savings



- A sample study for the Ministry of Justice showed that mental health was a factor in a third of care proceedings.
- Taking into account the average cost of £3500 per family we have delivered substantial savings to our commissioners.
- Our recent evaluation shows there was a reduction of up to 40% of children with Child Protection Plans after a Building Bridges intervention. Each C.P.P. costs an average of £40k per annum (ref: Philanthropy Capital).
- In 2009 -10, 81% of our service users in Kent were under Local Authority Care at the start of involvement with Building Bridges, and 59% at the end. Foster care costs around £25k per year, a place in a secure residential home costs around £100k per year.
- In our service in Lincolnshire in 2009 – 10, 62% of service users were involved with CAFTACS at the start of their involvement with Building Bridges, and 42% at the end.
- A reduction in the number in the care system reduces the costs to Local Authorities.

# Building Bridges Success Factors



The service is:

- **Holistic**, taking into account the needs of both parents and children and tackling emotional, practical and financial issues the family may face
- **Flexible**, being home based and available outside of normal working hours to provide vital support at flashpoints like bedtimes and getting ready for school
- **Multi-agency**, assisting parents to co-ordinate their relationships with various agencies and engage with new services and ensuring multi-agency understanding of the family's situation
- **Culturally sensitive**, working with the needs of the families and communities from specific faith and ethnic minorities where beliefs and attitudes toward mental health may differ
- **Measured, monitored and evaluated** throughout its history
- **Cost effective**