



The Troubled Families Programme:

What's needed to deliver outcomes on school attendance and exclusion

supporting families since 1869

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Executive summary

- Children's truancy and exclusion are issues in around a quarter of the families with whom Family Action is working intensively in their homes; and the highest number of these families are in the West and East Midlands, followed by London.
- Both the academic literature and Family Action's own experience show there is no one single explanation for children's truancy and exclusion from school. Children's truancy and exclusion from school are usually presenting issues for a range of multiple complex needs in the family that have gone unaddressed hitherto.
- These needs can include inability to manage children's chronic health conditions such as type one diabetes, child and parental mental health difficulties, lack of parental confidence in setting boundaries and routines, difficulties associated with being a member of a migrant community, family bereavements and bullying in school.
- Some research shows additionally that children from some black and minority ethnic groups may also face discrimination in school
- There is encouraging evidence that some local authorities are looking to include in their Troubled Families programme families with a broader range of multiple complex needs where the Payment by Results triggers, such as attendance and school exclusion, have not begun. Where this happens the TFP is most likely to be truly preventative in its impact.
- A "one size fits all" approach to family support delivered as part of the TFP is unlikely to have an impact. The solutions offered by family support will need to be tailored to fit the needs of individual families.
- Working with all members of the family, including parents, is usually essential to deliver improvements in attendance and behaviour
- An open culture, predisposed to joint working, will be needed from health and schools in order to deliver on the Troubled Families programme in partnership with local authorities. The research shows that where these agencies do not co-operate with each other and family support providers, success in tackling school truancy and exclusions is unlikely. Provisions for key workers and common assessments will help.

- Delivery will be maximised where local authorities and schools can join up the Troubled Families Programme with more strategic spending of the pupil premium on disadvantaged pupils.
- A partnership approach by family support providers towards families is likely to be most successful in motivating them to change. Assessment and evaluation tools need to enable families to understand where they must make improvements to support children's attendance and behaviour, and how they are progressing; and enable them to have a say in how far they have succeeded. Supporting families to assess their progress is skilled work.

Truancy and exclusions, Family Action services and the Troubled Families Programme

Hard outcomes for children and young people in school are at the top of the Government's agenda for Troubled Families. The successful tackling of persistent truancy and school exclusions are key results for which local authorities will be rewarded by the Department for Communities and Local Government under payment by results (PBR) for the Troubled Families Programme (TFP).

Intensive home-based professional family support is the lead service provided by Family Action. It offers the Building Bridges model which has been independently evaluated using data from 8,000 household members. Following independent evaluation Building Bridges has been validated as effective family support practice by C4EO in *Grasping the Nettle – what works in early intervention*. Family Action has also been pioneering use of the Family Star for assessing the needs and evaluating the outcomes of its family support to families with multiple complex needs. A Children's Star is in development.

In Spring 2012 Family Action conducted a snapshot census of its professional family support services in England to establish how many families the charity was working with who met TFP funding framework criteria, where and how.

Practitioners in 69 of our local services supplied us with information about 95 per cent of the families with multiple complex needs with whom we work intensively, either entirely through, or with an element of, home based support. We collected information about these families according to 18 sets of criteria based on those set out by the Government in the TFP funding framework. This is what our census told us about the families we are working with:

- On average around 28 per cent of these families will meet the PBR criteria for the TFP, on grounds of children's truancy or exclusion from school ¹

¹ Weighted figure obtained from more detailed study within census

- In some projects such as our school-based Waltham Forest Safer Children project the figure is much higher - 75 per cent - given the specialism of the project
- Regional analysis matching families to the PBR criteria suggests Family Action could be working with the highest number of Troubled Families in the West Midlands, closely followed by the East Midlands
- Many of these families are highly disadvantaged according to the Funding Framework "filter criteria" factors such as low income and worklessness, mental health difficulties and other health issues and disabilities and poor quality housing. This is generally true of other families in the census who do not meet the PBR criteria for the TFP programme but do meet its "filter criteria"
- Overall where families are classified as troubled by reason of their children's school attendance or exclusion rate, it needs to be recognised that the latter are in fact presenting issues for a range of complex needs, including education, that have not been addressed effectively hitherto
- Therefore it is highly encouraging where local authorities are including families with multiple complex needs in the TFP before issues like school attendance and exclusion reach crisis point because the Programme is most likely to have impact as an early rather than as crisis intervention
- In addition funding for the Pupil Premium has been increased. This money will be best spent on tackling disadvantaged when there is some join-up between Pupil Premium-led activities and the spending on the Troubled Family Programme to tackle absenteeism.

	London	East Midlands	East Anglia	North	South East	West Midlands	TOTAL
Current Service Users/Open Cases (#)	926	367	171	412	438	49	2363
Headlines (work, school, crime/asb)							
1. Nobody in the family is in work.	434	238	89	276	179	39	1255
No adult in work %	47%	60%	52%	67%	41%	80%	53%
likely to move into work %	10%	13%	16%	24%	12%	21%	18%
% truancy	12%	24%	19%	19%	17%	33%	17%
% exclusion	3%	10%	5%	5%	10%	14%	6%
% antisocial behaviour	4%	15%	6%	7%	5%	12%	6%
% Arrests adult offenders	5%	12%	7%	9%	3%	24%	7%
"Filters"							
% over-crowded housing	17%	13%	2%	13%	7%	22%	13%
% poor-quality housing	24%	14%	5%	10%	6%	27%	15%
% low income	68%	74%	70%	78%	43%	88%	67%
% deprived/hardship	37%	22%	15%	30%	23%	35%	29%
Mother mental health problems %	50%	46%	54%	37%	36%	47%	45%
% CPP LAC	6%	9%	15%	15%	20%	53%	12%

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Research and practice

A large body of research now exists on what works in tackling Troubled Families and the issues of attendance, truancy, and exclusion in schools. This paper reflects on what the research tells us about how these issues should be tackled.

It provides qualitative evidence from our services of how family support practice can support local authorities and other commissioners to address them effectively. Given that DCLG has specified that a key worker, intensive family support approach will be used to deliver the TFP, we show how this model is used to tackle issues of truancy and exclusion.

Why do some families face difficulties with school attendance, truancy and exclusions?

While absenteeism is decreasing slightly in schools it is still regarded by Government as a priority area for improvement. Department for Education statistical information shows that illness is the reason most given for absenteeism and that children on free

school meals and children with special educational needs have higher rates of absenteeism.² However reasons for poor school attendance or truancy in a family are often very varied, ranging from poverty issues and parenting problems to a lack of understanding towards, and engagement with, the educational system. Research for the former Department of Education and Science demonstrates that a majority of the parents of children with low attendance share many of the attitudes toward education as parents whose children attend regularly. In many cases irregular school attendance is a presenting issue for multiple complex problems which are difficult to tackle effectively.³

This research has demonstrated that many cases of low school attendance or truancy are the result of a parent's difficulties in disciplining their children, and creating safe boundaries and routines at home. These parenting difficulties lead to a poor and chaotic home learning environment as well as organisational issues in respect of ensuring regular attendance at school.

These problems can arise because parents have low self-esteem, poor communication with their child, and feel unable to make their child attend school. This leaves them feeling helpless, particularly when they have repeatedly tried and failed to discipline a child.⁴ Lone parents who have experienced bad relationship breakdowns, or domestic violence, may also have developed low self-esteem, potentially leading to a dependency towards their child coupled with an over protectiveness for them.⁵ Parents' own bad experiences of the educational system, worklessness or a lack of social confidence in the community may also leave them without the practical knowledge and ability to support their children alone.⁶

The two following cases give an overview of how our Family Action family support services work to tackle this mixture of factors.

Islington

A ten-year-old girl was referred to Family Action family support by a Primary School support worker. She was showing signs of anxiety; crying a lot, failing to attend school regularly, and was overweight for her age. Her mother was on anti-depressants for anxiety and feeling that things were getting out of hand and that she needed help. She felt isolated and was

² Statistical First Release: Pupil absence in schools in England SFR 22/2012, Department for Education

³ "Parents'/Carers' Attitudes Towards School Attendance" DfES 2005

⁴ Ibid

⁵ Ibid

⁶ "The Role of Aspirations, Attitudes and Behaviour in Closing the Educational Attainment Gap" Joseph Rowntree Foundation C, April 2012

forgetting things easily and felt burdened with worries. The extended family members were not supportive.

The key worker we assigned the family assessed their strengths and weakness in partnership with them. She worked with both mother and daughter to draft goals and produce a support plan that included their perspective on the issues. These were

- daughter to improve attendance and punctuality at school and complete homework regularly*
- daughter to eat more healthily and do exercise*
- mother to reduce the amount of shouting and respond positively to daughter*
- mother and daughter to have more social networks and social contact with each other*
- mother and daughter to work together to have a clearer routine for their family that will facilitate and support school attendance and educational attainment.*

The worker

- set up Team Around the Child meetings to ensure multi-agency plan put together and supported mother and daughter through this process*
- had very regular contact with family including daily phone calls for a period*
- supported school attendance by going through the attendance record with the daughter and the legal situation with mother and daughter if daughter continued not to attend*
- set up a plan for homework completion, communicated with the class teacher ensured that homework is given weekly and set reward charts*
- referred mother to a parenting course*
- supported mother to start taking her daughter swimming regularly*
- helped mother to work out a healthy meals menu*
- referred mother and daughter to Kidstime a local Family Action project which supports parents to disclose mental health issues to children and the children to have an understanding of the mental health issues affecting their parent.*

By the end of the intervention mother and daughter had fully achieved their goal of keeping a family routine through a reward system. The daughter was more actively involved in school and continuing learning at home, and had achieved 100% attendance. Both mother and daughter had achieved more social networks outside the home and spent more family and social

time together. However the mother still had some work to do on learning to respond positively to daughter.

Leicestershire

Two children, a brother and sister, were presenting attendance and behavioral problems at school. Their mother had separated from their father and was experiencing depression; and her new partner had joined the household. A number of visitors were allowed to call at the family home unannounced making it feel unstable and unstructured.

A Family Action family support worker was assigned to the family. Using the Family Star, Family Action's model for assessing need and evaluating outcomes, the worker assessed the family's strengths and weaknesses in partnership with mother and her children to produce a support plan that included their perspective on the issues.

The mother had weak parenting strategies and found it easier to make excuses for her children rather than challenge their behaviors or their reluctance to attend school.

Morning is a key time for ensuring children get to school on time. The support worker made arrangements to work with the mother in the morning to make sure all the children made it to school. They used a soft award scheme for the children. For example rewards such as family games nights were offered as an incentive for regular school attendance.

The support worker also developed communications between parent and school, building the relationship and reducing trust issues. The school became very understanding of the case and worked well with the family support worker.

The support offered by Family Action's support worker began intensively, worked holistically with the whole family and was withdrawn slowly. After one term attendance increased to 100% for both children.

The essential features of professional home-based family support

The Department for Education-pilot programme Helping Families was developed as a result of high need intervention for families presenting challenging problems. It indicated that effective interventions were required to be 'multimodal in nature and systematically adjusted to the particular circumstances of individual children and families.' One of the aims of Helping Families was to 'address the complex multi-

determination of severe conduct problems and associated problems in school attendance.⁷ The evidence from the Family Intervention Programme (FIP) on the importance of the key worker in addressing multiple complex needs has since been overwhelming. The key worker under FIPs coordinated a 'multi-agency package of support' and worked directly with the family members, giving one-to-one support with parenting, helping children to start re-attending school and finding meaningful activities for parents and children. The support was directly co-ordinated by FIP staff but could also be delivered by a range of statutory and non-statutory agencies. FIPs worked with the most challenging families and tackled complex issues which included school absenteeism. The results showed 'overwhelmingly positive outcomes for families': the proportion of families experiencing truancy, exclusion and bad behaviour at school decreased by 58%.⁸

The two examples from Leicestershire and Islington above show how our professional home-based support incorporate the features that this research and practice has found to make work succeed with Troubled Families with school attendance and exclusion issues:

- whole family working with parents and children
- the co-ordination of multi-agency support using a key worker model
- and the need to tailor packages of support.

We would add that in our experience successful working is also based on:

- an assessment process of family strengths and weaknesses that is carried out as far as possible in partnership with all members of the family
- and a clearly understood model which provides a structure for prioritising and evaluating actions. This is why Family Action uses the Family Star as its lead model for structuring assessment, goal setting and outcome evaluation. The Family Star evaluates needs and outcomes based on an eight point structure: meeting emotional needs; promoting good health; providing home and money; keeping a family routine; keeping your child safe; setting boundaries; supporting learning and social networks.

We go on to reflect on research and practice on multi-agency working; tailoring support and working with the Family Star model for assessing needs and outcomes in partnership with families.

⁷ 'High Need Families Project: Development and piloting a new parenting intervention (The Helping Families Programme) for children with severe and persistent conduct problems.' DfE 2012

⁸ 'ASB Family Intervention Projects National Centre for Social Research Monitoring and Evaluation' National Centre for Social Research 2010

Family support and multi-agency working: joining up education and health and social care

A report undertaken by the Joseph Rowntree Foundation into education and poverty also highlights the importance of multi-agency work; and that to tackle educational issues there needs to be collaboration between professionals from the education, social work and health sectors.

The report points to a positive impact of multi-agency work on behaviour where schools work positively with child/family provider services; and the failure of services to provide adequate support where any one of these providers does not consider the joined-up nature of the problems that many families face.⁹

In Family Action's experience there is often a failure by commissioning to join up health and social care models for children and/or adults with educational services. It will be particularly important to redress this if the outcomes of the NHS and Public Health Outcomes frameworks and the Troubled Families Programme are to be met. Mental and physical health and well-being impact on an adults' ability to parent and on children's ability to participate in school. For example a diagnosis of diabetes in teenagers can have a huge impact on their well-being and behaviour and needs to be managed by their family¹⁰. However some families do not have the necessary resilience and resources to respond and need extra support. In addition research by Diabetes UK shows that schools need to do more to support children with chronic conditions within the school environment.¹¹ Overall while illness is the most cited cause for absence from school Department for Education and Ofsted information provide little evidence of the scale of persistence absence due to chronic illness or good practice.

Professional home-based family support teams can deliver this extra support and can make the necessary linkages between schools and health as shown by this case study from our family support service in Boston.

David: a child with diabetes (Lincolnshire)

David was thirteen-years-old. He lived alone with his mum and had recently been diagnosed with type one diabetes, and had not been at school for a year. David's mother was very concerned for her son but was feeling confused and overwhelmed by news of his condition. Her immediate reaction was to want to protect her son. Unfortunately, she expressed this response by allowing him to stay at home instead of attending school and

⁹ "Education and Poverty- a critical review of theory, policy and practice" Joseph Rowntree Foundation 2007

¹⁰ Guthrie DW et al Psychosocial Issues for Children and Adolescents With Diabetes: Overview and Recommendations Diabetes Spectrum January 2003 16:7-12

¹¹ Making all children matter: support for children with diabetes in schools, Diabetes UK, 2008

to eat what he wished, and she did not challenge him to maintain the routine around his day to day living which is key to the management of chronic conditions.

Family Action's family support worker was successful in insisting that they accepted the help from specialist health services pointing out to mother that child protection issues were at stake. When this had been achieved the family support worker helped David's mother implement routines and boundaries in order for him to eat healthily, take his insulin and check his blood sugar levels.

The next step was to promote school attendance. This involved developing strategies, working with the school and helping to motivate David to attend school rather than staying in bed. For example the support worker gave David ways of talking to his peers, so that he felt assertive and that he could explain why he had not been at school for a year without being victimised.

She made morning visits, some which were unannounced, to ensure that David kept to his side of the agreement and attended school. By the end of the 14-week period David was eating breakfast every morning, taking his insulin, checking his blood sugar, was fully engaged with the help services and attending school every day. David's mother was much more involved in making sure he attended school properly.

With increased knowledge, she felt empowered to continue supporting her son on her own. Our support worker said she was elated when she made an unannounced follow-up visit one morning and David was sat at the table eating his breakfast, ready for school and his mother was getting ready for work.

This kind of approach can also work for families where adults or children are experiencing mental health issues as this case study illustrates:

The case of Hazim (South London)

Hazim is 13-years-old and lives with his six siblings and parents. The education welfare officer referred him to Young Persons Building Bridges, our specialist family support service for families where a child or young person is displaying mental health and behavioural difficulties. He had not been in school for two years. He lacked confidence, was isolated and had fallen behind in educational attainment.

Hazim was given one-to-one support by a Family Action support worker. It transpired the family had suffered a number of bereavements which had

affected him deeply. His mother was also given support to tackle him about his failure to attend school. She told Family Action about the difference our support worker had made.

"For her to come and speak to him on a one-to-one basis was important. He was bullied and had been out of school for two years. The worker was able to bring him out of himself, she persisted, and it was wonderful. She came out to us, even when Hazim kept her waiting. It was just wonderful to have that spring board because they don't listen to Mum and Dad."

"After what happened, you lose strength, I was travelling all over because of the bereavements and I have seven kids so meals, homework, laundry, it's a lot to keep on top of. The worker gave me that lift, that push, I didn't want to step out that comfort zone. Before I was very unsure, Hazim didn't want to go out, he had no friends, just one friend from primary school and that was my main concern, what if he got bullied again, but with help from the worker I was confident to let him go through that door to a new school. She gave him a lot of help and support." Hazim's mother

At first Hazim found it awkward talking about his feelings but then he started to like it. Through talking to the Young Persons Building Bridges worker and working with her to find a new school he felt that his education had improved, he had more friends, he was more confident and he was doing more social activities and hobbies outside of school.

He valued the outcome of doing more activities as equivalent to a weekend in Paris. However, he said he valued being able to attend school more than all the options given (including a mansion and a trip to the moon).

"Hazim said to me, if he can be off school and then go back and get 3 B's in his Science just imagine what he can do. People used to say he had no chance. My mum used to say to be me 'you keep him in his room all day, the boy's got no chance', but now with my Family Action's support worker's help I feel hope. I know he will do well." Hazim's Mother

Family Action and multi-agency working: improving parents' relationships with schools

Parents may have a poor relationship with the school and consequently lack information about their child's options, making it harder for them to be as involved as they may like to be in their child's education. A NatCen research report into disengagement from school and education recognised how important the relationship between school and parents is in helping pupils to engage more effectively. When schools provide parents with clear information on how their child is getting on and encourage them to be involved; the report found that where there was evidence that

young people were more likely to be more engaged. The improved relationships were also found to be more beneficial for pupils from disadvantaged backgrounds.¹²

Another report by the Joseph Rowntree Foundation argues for focussing intervention on helping parents to believe in the importance of their own actions for their child's improved outcomes, informing parents about education and career options; raising parental aspirations and creatively motivating the family and empowering parents to make a difference. An important factor of this involves providing the essential practical support to bridge the gap between parents and schools, helping them to engage in relevant issues together, as well as providing the parents with important information and advice about attendance.¹³ The case of Emma illustrates this:

The case of Emma (Lincolnshire)

Emma was 13 years old. She had very low school attendance. She had a poor relationship with her mum. She had problems with friendships at school, was being bullied and consequently had anxiety around her friendships. She had difficulties with eating and sleep which were made worse by a lack of boundaries implemented at home. She felt very depressed and had negative attitudes to school which were passed on from her parents due to their own experiences and worries about the school environment (especially in relation to bullying issues).

Family Action's family support worker helped develop and mediate the relationship between mother and daughter, which involved promoting school as a positive environment. The support worker built a relationship between Emma, the school and her parents; tackling the negative view the parents had of the school, and used Team Around the Child meetings to create an appropriate action plan.

The school arranged for Emma to have a meeting every morning with a pastoral member of staff to discuss any problems with school life from the previous day.

Self esteem raising exercises were used by the Family Action support worker. The support worker went with her on her journey to school, helping to develop strategies to tackle difficulties as they were encountered. She advised her to go on the internet with her father and search for basic strategies to cope with bullying. In the end Emma decided to do a sponsored fun run for anti-bullying charities to create a positive outcome out

¹² "Disengagement from Education among 14-16 year olds" *National Centre for Social Research* 2009

¹³ "The Role of Aspirations, Attitudes and Behaviour in Closing the Educational Attainment Gap" *Joseph Rowntree Foundation* April 2012

of her experiences. The support worker also encouraged her to join a dance class outside of school, helping to improve her self esteem, especially as her ability was recognized in PE at school.

By the end of the intervention Emma was attending school regularly again.

The NSPCC has noted that “poor attendance or exclusion from school, or attendance at a Pupil Referral Unit, have been cited as key risk factors in the development of offending behaviour for young people. Young people who have been excluded from school or who “self-exclude” by refusing to attend are at high risk of becoming involved with crime and anti-social behaviour.”¹⁴

For these reasons Family Action’s Safer Children project in Waltham Forest works to strengthen vulnerable children and their families against the dangers of gang membership and gang like behaviour.

Safer Children and the case of Michael

A family support service for the most vulnerable children works in conjunction with programme elements in the schools which reach out and encourage peer group support among parents as well as children. Both parents and children are encouraged to consider the steps they can take against gangs and are involved in actively developing resources to educate their peer groups about gangs and violence. The fact that parents work together on the issue in school encourages a positive relationship between parents and the school. The family support element remains important in targeting the most vulnerable children.

For example Michael has experienced a number of fixed term exclusions from school for disruptive behaviour. He has a low level of literacy and is a poor communicator. His aggression may be owing to undiagnosed special educational needs. He has witnessed violence in the home and he has produced a knife in a fight with another child.

Michael’s Family Action worker has helped his mother access a parenting programme and is working to get Michael tested for learning difficulties. He has helped Michael recognise that Michael himself is upset by his own behaviour when he remembers incidents. He is also helping Michael to explore physical activities like dancing as if he is able to attain skill in these he may be able to compensate for loss of self-esteem in academic activities.

¹⁴ Teenagers at risk, NSPCC 2009

What an education support service case worker says about our Safer Children family support service:

"I have worked with Family Action in my role as a Social Inclusion Caseworker for Waltham Forest supporting PSP (Pastoral Support Plan) meetings and advising on government guidance to prevent exclusions. They [Family Action] have played a vital part in engaging parents where relations with the school are strained and offering support to families where children are at risk of permanent exclusion and gang violence in the extra-curricular arena which I believe would otherwise leave the children and young people I work more vulnerable and less likely to succeed in education. I have also seen improvements in pupils' behaviour and socio-emotional progress in school as a direct result of Family Action's mentoring."

Tailoring packages of support: working with black and minority ethnic groups

Firstly it must be acknowledged that some ethnic minority families such as Bangladeshi and Somalis are living in the most disadvantaged areas in the country.¹⁵ In addition, some research highlights that children from certain groups such as Black Caribbean are more likely to suffer exclusions because of discrimination.¹⁶

However parental understanding of the British educational system is also an important factor in young people's attainment and attitude to education. Despite having an interest in their child's education, involvement by parents from ethnic minorities is often restricted by difficulties in speaking and reading English and a limited understanding of and feeling of isolation from the education system.¹⁷ Turkish and Somali parents particularly, may not always know the best ways to support their child and may feel unable to engage as full partners in their child's education. Whilst these parents have high aspirations for their children their own limited education and our expectations within our education system, together with poor use of English has become a barrier to supporting their children with engagement.

Those parents that head large families face additional difficulties in giving individual attention to each child. There is an increased incidence of lone parent families in Somali communities which puts particular pressures on parents in these communities. Pupils in the Turkish and Somali communities (especially boys) are more likely to be disaffected, dislike school and display behavioural difficulties than pupils from other communities. This may be due to the fact that parents are less able to support them, to

¹⁵ 'Drivers and Challenges in Raising the Achievement of Pupils from Bangladeshi, Somali and Turkish Backgrounds' DSCF 2010

¹⁶ *"They never give up on you"*, School Exclusions Inquiry, Office of the Children's Commissioner, March 2012.

¹⁷ 'Drivers and Challenges in Raising the Achievement of Pupils from Bangladeshi, Somali and Turkish Backgrounds' DSCF 2010

work in partnership with school and lack of positive role models in their lives. While Turkish and Kurdish groups express high levels of aspiration; 'there is a lack of know how about how.' Improving the communications between parents and schools would increase parents' confidence in their understanding of the British educational system allowing them to also support their children at home. Overall it is important to tailor family support to the needs of black and minority ethnic groups, including ensuring it is given in a culturally appropriate way, if it is to make a difference to attendance and exclusion.¹⁸

This is shown by the case of Amina, who was referred to Family Action family support by WellFamily, our GP-based service in East London that offers emotional and practical counselling:

The case of Amina (Hackney)

Amina lives with her Mother, her two brothers and her sister. She has type one diabetes which she has difficulty managing and her school attendance dropped off. The school threatened prosecution action.

Family Action's Support Worker helped Amina's mother, who is Somali, with her English as a Second Language training and over coming language barriers. Amina was supported with managing her diabetes and improving her attendance.

The support worker liaised with educational and health professionals who were supporting Amina; providing support at meetings, collating information and passing it on to Amina and her mother to make more informed decisions.

Amina's mother found it difficult to engage with the wider community and she had built up distrust for services. Family Action's support worker believed she might be experiencing mental health difficulties, but was hesitant to accept support or therapy because of a cultural taboo. This in turn affected Amina's ability to acknowledge feelings of vulnerability.

The support worker helped Amina and her mother to engage with services, to receive the appropriate support that empowered them to make decisions and changes that would improve their well being. For example she put Amina in touch with the school's emotional support group for children.

The support worker's development of a culturally sensitive approach to the family allowed her to provide Amina and her mother with the most effective

¹⁸ *ibid*

support possible. Amina has improved her school attendance significantly and has been able to manage her diabetes more successfully.

Tailoring packages of support: working with young people

Our family support service can be tailored to meet the health difficulties in families. Our Young People's Building Bridges service is further tailored to the needs and outcomes of young people in these families, including educational outcomes, as the case of Tahiya illustrates:

The case of Tahiya

Tahiya, a 13-year-old black British (Caribbean) girl, was referred to YPBB when on the verge of being excluded from school due to her behaviour, which the school described as consistently rude and defiant towards teachers. Her mother has bi-polar affective disorder and, at one point, had a psychotic episode outside her school, after which Tahiya's behaviour deteriorated. Her father is in prison.

Our worker established a relationship with Tahiya using play to help her explore her emotions and relationships. An unconfident child emerged, one that felt unloved and unsupported. She wrote extensively about her worries, which the workers and Tahiya then talked about. The worker worked with Tahiya, her older siblings and her mother to explain more about mother's mental health problems and give the children the chance to voice their concerns. She attended Tahiya's school governors' meeting with the family and advocated on their behalf with the result that governors decided not to permanently exclude Tahiya.

When asked to give her view on our intervention at the end of it, Tahiya described how at first she was unsure of the project because she did not know what it would be like. She recalled she did a few activities and games but did not fully engage and that she did not turn up when a mentor arranged to meet her. Her unwillingness to engage with support at first suggested that without YPBB's persistence it would have been difficult for other services to engage with her. Tahiya agreed that since the intervention she was doing better at school, and that the teachers seemed to be less harsh on her when they knew she had accepted support from YPBB. She also felt her mother was able to be more supportive. When asked about the future, Tahiya thought that she would be doing well at her GCSEs and would then go on to travel and be successful. This suggests that she understood the benefits of 'doing better at school' would have a long-term impact on her future.

Our young carers service is tailored to the needs of the UK's 700,000 children and young people who can find themselves caring for a parent or sibling with a disability, chronic illness or substance abuse problem.

The case of Darren, Rochdale

Darren was 15-years-old, he lived alone with his mother and self referred himself to Rochdale Young Carers because he realised his mother's alcoholism was seriously impacting not only on her health and family relationships and finances, but also his life chances.

In particular he recognised that he often missed school because he worried about his mum, and wanted to monitor her drinking. He recognised that this was causing issues for his educational attainment and further education prospects. He was also anxious about strange neighbours entering the house during the day time and wanted to make sure his mum was safe.

By the time Darren was 16 his mother had developed a type of dementia and was therefore unable to support him with his studies or financially. Family Action helped him to make the transition between school and college, a move which was difficult due to his mother's alcoholism and financial issues.

Family Action gave Daren a mixture of emotional and practical support. Our worker began multi-agency support for financing the boy to continue with his studies. He was unable to apply for a bursary from college as he needed the right documents which he no longer had and his mother was too ill to help him out with this.

Family Action liaised with the college, informed them of Darren's situation, the college provided him with free meals and supported his continued educational development. Family Action helped him to learn and develop his own skills for independence such as budgeting and cooking.

With our help, Darren found a supported living place and was put in touch with helpful projects such as The Princes Trust and Groundwork in order to obtain further resources and create new social networks. He completed school and is now about to complete his second year of college.

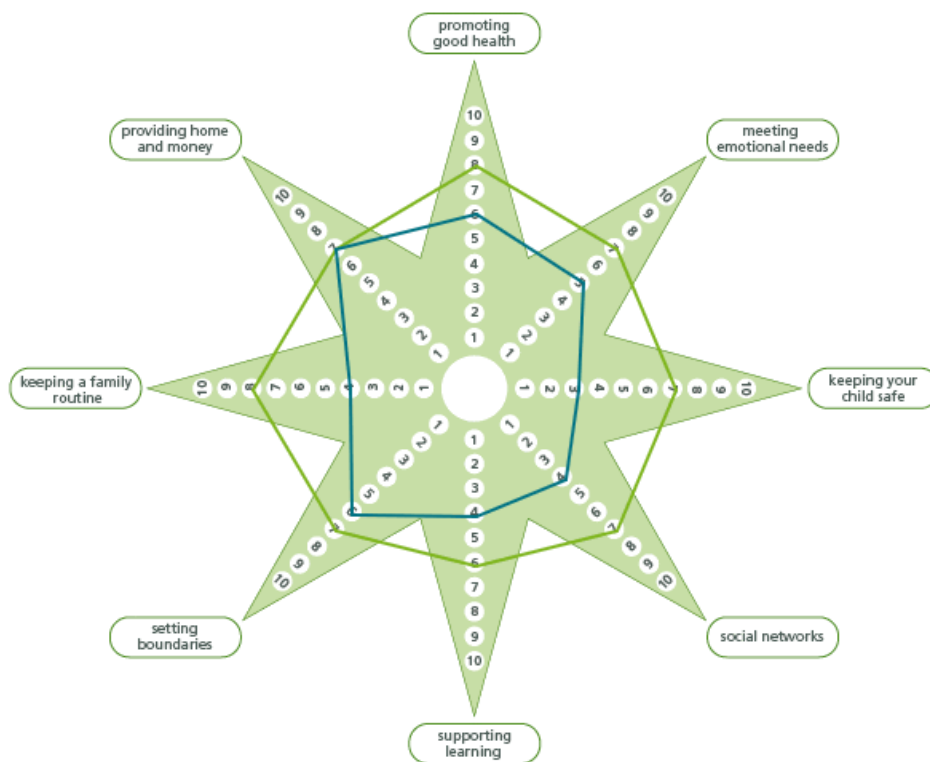
Assessing the needs of Troubled Families and evaluating outcomes

Getting parents, children and young people to accept support and empower them to evaluate the impact of it on their lives is challenging. Family Action's experience is that

they need to understand how their support needs are being assessed, and be able to judge for themselves how they are progressing. Workers also need to understand the systems for assessing, delivering and evaluating support easily and be able to explain them to families in order to explain their progress to them and keep them “on side” with the intervention.

Family Action is rolling out the Family Star method to all its family support services because it enables practitioners and families to do just that. The eight points of the Star are broad outcome areas (i.e. Family Routines) with each point being broken down into a journey where on the lowest level the parent may be stuck and not engaging in this area at all, through to becoming aware, starting to try some things to improve the situation, and onto finding what works and for example having effective family routines. The journey is scored on a scale from 1 to 10, and each level of the journey is described in detail.

The Family Star provides an early indicator of progress towards the longer term outcomes. It allows management to focus where progress is slow and identify best practice which can be shared with other projects and workers.



Sarah George, a Family Action Family Support Co-ordinator in Lincolnshire, says

“We find that the Family Star really helps the families we work with to see more clearly the areas they need to work on. Sometimes they know something is wrong but can’t

pinpoint it. Once the issues have been identified through the Family Star it is easier to focus the family and help them understand our role and what we are there to support them with. Parents and carers find it is easy to understand as it's a visual tool and they can see what we are basing our work on. A real plus is that it highlights the positive too, so rather than the initial focus being on the negatives, the Star offers a visual way of showing other areas are going well. It can sometimes be difficult to decide which area of the Star to focus our work on but we have realised that actually working towards a goal for one area of the Star can have a knock on effect on other areas."

The Family Star above refers to work with a family in Lincolnshire with two teenage boys who were in trouble at school and with the police. The Star records progress over a six-week intensive intervention. The case study follows below:

Two teenage boys were constantly in trouble at school and with the local police. They had mild learning difficulties and their mother had health problems. At home they and their sister did not feel that their parents listened to them and instead just shouted instructions at them. The young people in the house felt undervalued and that their mother especially was lazy, getting them to do things but not doing anything herself. Mother felt that she had lost all control and understanding of her children and therefore found it unpleasant to be around them. She felt that her children were behaving badly in order to punish her. The brothers, both with additional needs, were fighting with one and other and causing injury to each other and damaging their home. Mother felt powerless to stop them and had been hurt trying.

Our worker gave the family support to identify what they wanted and what they felt; and helped them share that with each other. He encouraged and supported mother to seek help with her health needs. Difficult and honest conversations were had with mother in order for her to see where she might like to do things differently. He encouraged her to access more information about her children's specific needs and therefore understand why her children might react differently to the things they are exposed to than other young people their ages, for example violent computer games. He worked with the Police to help the boys understand the law and how it applies to them. Together with the boys he looked at ways of helping them to manage their anger.

The boys felt like they had been listened too and positive changes had been made. Mother got on top of the household chores and became more motivated to do things for herself. Through listening to her children and spending time with them, she felt she had got to know them again, and was more in touch with their needs and therefore able to meet them. The boys fight less, they understand the law and how it may impact on their lives

if they break it. Mother feels stronger and more motivated to parent her teenage children. The boys no longer play games on the computer which are inappropriate for their age and level of understanding.

Conclusion

- The evidence above demonstrates that Family Action has a track record for models, practice and outcomes delivery that are proven by research to support commissioners on delivery of key PBR outcomes for the TFP: children and young people's school attendance and exclusions.
- The charity has a track record for delivering outcomes that redress the multiple complex needs which fall within the filter criteria factors.
- Our holistic, joined up approach means we add value by supporting delivery of key outcomes for the NHS and Public health outcomes frameworks for families adults and children and young people.
- Family Action has a wealth of experience in successful practice and assessment and evaluation of outcomes that will be of interest to a range of commissioners seeking to deliver outcomes for families, children and young people.

About Family Action

Family Action has been a leading provider and services to disadvantaged and socially isolated families since 1869. We work with over 45,000 children and families a year by providing practical, emotional and financial support through over 100 services based in communities across England. A further 150,000 people benefit from our educational grants and information service.

For more information about this report please email Rhian.beynon@family-action.org.uk. To find out about commissioning our family support please contact jayne.stokes@family-action.org.uk

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