'In practice'
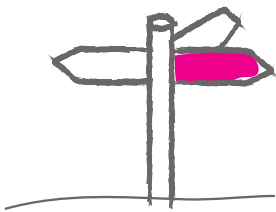# Strengthening families' social and emotional wellbeing

A guide to assist practitioners who wish to help the families they support develop healthy outcomes both socially and emotionally

David Carrington

Preface

This In Practice paper will assist practitioners who wish to support the social and emotional wellbeing of the families they work with.

This paper forms part of the Big Lottery funded Improving Futures programme to share the learning from 26 projects across the UK. The £26 million programme provided up to £900,000 to 26 pilot projects across the UK, to test different approaches to improve outcomes for children in families with multiple and complex needs. The evaluation and learning arm of this project is carried out by Ecorys UK, IPSOS Mori, Professor Kate Morris and Parenting UK (part of Family Lives).

Key recommendations:

1. **Establish** a 'reflective team' with the family. This is a gentler and more inclusive way of assessing a family's problems. Through supportive and non-direct questioning these 'reflective teams' encourage the families to take ownership of their issues and develop strategies to overcome them.

2. **Engage** with families in 'neutral' places of their choosing, whether that be the home, the park or a local café. Unfamiliar settings can cause people to close off.

3. **Give space.** Families may have had unfruitful relationships with health workers and social services and may not be willing to speak to you. Giving a family your contact details gives them autonomy and the feeling that support isn't being forced on them.

4. **Empathise.** If you're comfortable doing so, perhaps share a problem you've faced that is similar to what you're seeing with the family you're trying to engage. If a family feels you understand and are not judging them they may be more likely to engage with you.

5. **Befriend.** Your organisation may run a befriending service which is invaluable to initially engaging families. Simply giving people space to talk with someone who is seen as non-judgemental and who listens to them is a good first step in working with families to manage any issues they may have.

Introduction

The Fife Gingerbread project defines a family with strong emotional and social wellbeing as: "A family that can get up and out, have the children at school, have food and can budget and are part of the community."

Throughout your work with families you may find that a number of issues stem from previously unexamined social and emotional problems. The Improving Futures projects have reported consistently that a key barrier to social engagement and upward mobility is a family's sense of wellbeing.

To inform this learning paper we:

- interviewed project managers from all 26 Improving Futures projects specifically about lessons learnt relating to emotional and social wellbeing;
- reviewed evidence from our case study visits with all 26 Improving Futures projects, which included interviews with practitioners and managers from the Improving Futures projects and local partners and interviews with families;
- reviewed available literature about effective support for improving emotional and social wellbeing;
- discussed emotional and wellbeing with two Family Advisory Panels. These panels consist of family members (sometimes supported by project workers) who use services in various projects across the UK. The aim of these panels is to give a voice to family members using Improving Futures services to comment on the evaluation and its findings. In July 2015 two family advisory panels were held, one in the north and one in the south of England, and were attended in total by fifteen families. Three project workers were also in attendance to offer assistance and translation where needed.

The Family Advisory Panels discussed their experiences with the projects and also reflected on the common themes that arose, which are detailed below:

1. Loneliness and social isolation: these were common experiences for all family members with strong, at times acute, consequences for wellbeing. Families described the projects as critical in helping them build networks, either with other families or with services.

2. Capacity building: there were common accounts from both panels about parents growing in confidence, developing their skills and moving into volunteering roles, such as school governors or group work volunteers, as a result of support from the Improving Futures projects. However, practitioners and families also warned that volunteering shouldn't and couldn't replace trained, paid staff. There was some anxiety that they were being asked to do too much where services were stretched.

3. All family members raised and discussed the funding cuts to local services: these cuts were triggering significant anxiety and were also generating further need. The reduction in informal localised help was resulting in need becoming both acute and complex and thus placing pressure on formal services, but these services were also facing decreased funding and so families were struggling to get the help they needed.

4. The causes of mental health difficulties: families were resistant to an analysis that medicalised their needs and prescribed a 'clinical' solution. Mental health problems were strongly argued to be a result of, and a response to, the difficulties of their daily lives (poverty and deprivation, inadequate access to services, family issues such as domestic violence). Families noted a chain reaction where decreasing services contributed to increasing mental health problems, causing increased need but with mental health services also suffering cuts.

5. Projects and project staff as navigators through multiple services: Improving Futures projects were valued not only for the services they provided but also for their work in supporting families to access and / or understand other provision within their areas. At times this included active help beyond signposting, with staff accompanying families or working with other agencies to support a family to use their provision.

6. In line with the Family Advisory panels, a number of the Improving Futures projects have reported that prevailing economic and social conditions have placed a great deal of strain on families.

As a practitioner, key worker or health visitor you may be best placed to see damaging or negative behaviours that may have become normalised within a familial setting. Throughout this In Practice paper we hope you find practical methods and strategies with which to engage the families you support.
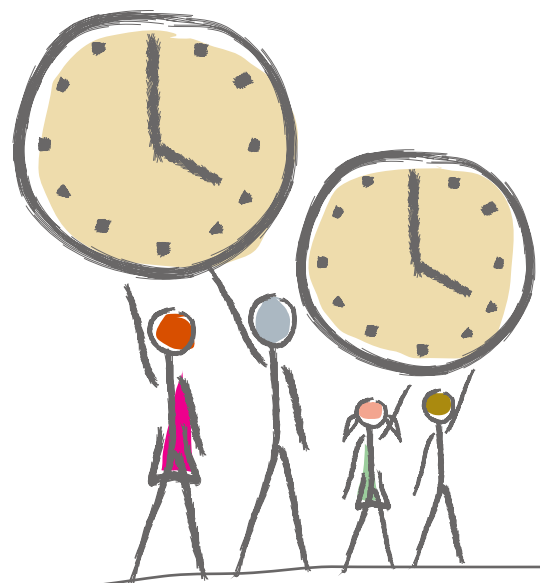
ASSESS   Once you have engaged with a family the next step is assessing their need. One project found creating a 'Family Plan' to be highly beneficial. Not only did the plan give the family a chance to discuss and plan its needs, it also gave the supporting team tangible outcomes to measure and work towards.

The Croydon 'Family Power' project targeted their support at families who are at 'level 2' (i.e. that are just about coping, but a small stressor could push them into children's statutory services). They have found that because a lot of their practitioners are based within the voluntary sector, there is a greater level of trust between them and the families, so they are more open to disclose information that they wouldn't have otherwise disclosed to statutory services.

The Cardiff 'Eleri' project utilised the 'Wellbeing Web' when assessing and monitoring outcomes: They believe this is good tool because the child or adult can measure themselves, see how far they have come and it also works in giving a voice to the child. The physical aspect of the web – where individuals can see how their progress has changed – is a really powerful aspect of the assessment. Overall these evaluation tools help to highlight how the project has helped families – there are some limitations in that they can't measure everything – but they are a useful way to track progress.

THE WHOLE FAMILY

If we examine the idea of the 'whole family' we find a number of factors to consider: health (both mental and physical), employment prospects, financial situation, housing, cultural engagement, creative pursuits, educational outcomes and myriad other factors. As a tried and tested approach to family support, the Whole Family system is a highly useful benchmark to work alongside to ensure you offer comprehensive support to families. By offering co-ordinated and timely support to a family, you are enabling the family to experience the best possible outcome.

" [Other] support I have is about me, but Teulu Ni is really about all of us. (Parent) "

One project noted, that: "One, think of the whole person. So we can treat some serious issues, but if we're looking at wellbeing, you've got to have ways of engaging people in positive, enjoyable activities. So when we used to have Every Child Matters, we talked about making a positive contribution and enjoying and achieving: I think that's applicable to adults as well. So there needs to be a balance offered, with the serious issues that need to be dealt with, but enabling people to live full lives, rather than just coming to you as problems."

The Denbighshire 'Bridge Project' has developed some activities which are specifically aimed at strengthening families' social and emotional wellbeing. These activities tend to centre on the idea of parenting, nurturing and boundary-setting within the home. For example, one activity was a 'Cooking Buddies' programme, which was a six week introduction to cooking on a budget. It was devised as an after school activity for both parents and children and it succeeded in helping to improve the relationships within families. It also has had lasting impact; each week the families were set tasks and would receive cooking instruments that they could keep. If they completed the whole course then they would receive a slow cooker. Another activity in a different school was a gardening project; it encouraged parents to grow crops with their children, which they could then use to cook with. These activities are all aimed at improving family relationships in ways that are not intrusive or overt interventions.

SKILLS

As mentioned above, mental health problems can be a result of, and a response to, the difficulties of their daily lives, such as poverty and deprivation. Therefore, focusing on support to boost skills and employment may be a route to tackling low social and emotional wellbeing. The Hackney 'Families First' project assessed that many families needed access to skills training to boost their self-esteem and employability. Helping an adult sign up to a free computer class at the local library, or perhaps signposting them to an online course they can do in their home, is a good first step to empowering families through education. Check for local services, initiatives or community colleges that offer free or subsidised core skill training to adults.

The Haringey 'Building Bridges' project placed a high value on skills building and have set up a sewing programme in response to several parents highlighting an interest in it. The project also found success from setting up cooking groups directed at parents and also whole-family cooking activities. The project found that these activities strengthened bonds within the family and also gave families a chance to socialise with one another.

SPORT AND PHYSICAL EXERCISE
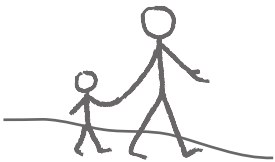
"People with high levels of regular physical activity have been shown to have higher levels of positive emotions such as interest, excitement, enthusiasm and alertness compared to people with moderate and low levels of physical activity" (Pasco JA, 2011, p.1047-252)

Moderate to high levels of physical exercise can have enormous benefits on a person's wellbeing but families may find the financial cost of gym memberships or sports clubs to be a key barrier to engaging with sports.

Encouraging a family to go for walks or even throw a ball around at the park or in their garden is a good first step. One of the projects stated that they had arranged hula-hoop and Zumba classes so that the participants can support and engage with other members of the community. The project representative added: "But we've built in social classes, that's what we've built in. And that's a challenging thing to get funded, because it's like, 'Why are you doing fun classes?' Under the basis of obesity and healthier lifestyle we've built in fun classes that they can network with each other, befriend each other, and gain mutual support from each other. So hula-hoops and Zumba is now part of the programme…"

MONEY

"The impact of current economic problems has put a lot of people under pressure due to the fear, or reality, of unemployment, insecure housing and high levels of debt and these results are not surprising. Unmanaged stress can develop into serious mental health problems, such as depression, as well as increasing the risk of physical illness such as heart disease" - Andrew McCulloch, Chief Executive of the Mental Health Foundation (MHF, 2013).

Many projects reported that their families needed support in managing their finances. Families may be experiencing a financial upheaval due to illness, redundancy or relationship breakdown. One project noted that they sought the assistance of the Citizens Advice Bureau to help a family through the social benefits process, citing a need for "hand holding" when conventional signposting failed to engage.

The Cheshire 'LIFT' project implemented an innovative approach when it came to supporting families by letting the families tailor their own support packages. The project established a 'Family Budget' outlining the funds available to support the family and the service options there were eligible for. The families chose the services they felt they needed and the project reported a lift in sense of wellbeing and autonomy.

KEY TIP:

When first assessing a family's' needs try to measure their levels of resources. If your project or initiative is only funded for a set period of time, bear in mind the impact the cessation of this support may have on families who you engage with. The Bridgend 'Connecting Families' project first analysed a family's existing resources to see what type of support could be sustained once their project ended.

CLINICAL SUPPORT AND INTERVENTION

CAMHs
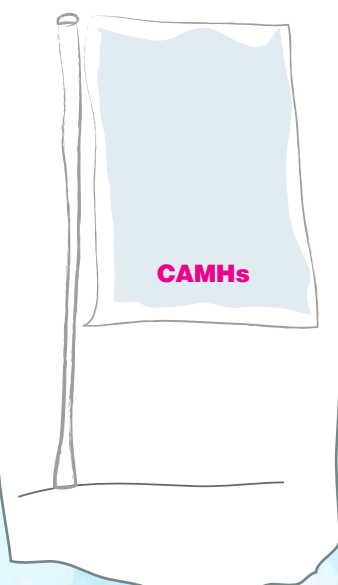
The projects reported a number of mental health problems that their families were experiencing, e.g. depression, alcohol and substance misuse, low self-worth, low self-esteem, lethargy, and reduced capacity to function in day to day life.

The Improving Futures Monitoring Information System (IFMIS), which collects evaluation data from the projects, ratifies these observations. The Improving Futures Year 2 Evaluation Report identified ninety-seven risk factors on entry, five of which are outlined below:

- (Adult) Parenting anxiety or frustration (59%)

- (Adult) Problems with discipline and boundary setting (52%)

- (Child) Persistent disruptive behaviour (23%)

- (Adult) Suspected or reported stress or anxiety (45%)

- (Child) Persistent disruptive and violent behaviour (16%)

CHILDREN AND MENTAL HEALTH

If you believe a child is experiencing mental health problems, the first thing you would do is refer to CAMHs (Child and Adolescent Mental Health Services). However, a number of Improving Futures projects reported that referrals can take a number of weeks to action due to pressures on the NHS. As a practitioner you may be in a position to (with the families' permission) advocate on their behalf to health professionals and bodies. For example, you might accompany families to GP surgeries to discuss the perceived mental health issue, or assist with helping families with assessment paperwork.

Parents may be looking for a 'quick fix' when it comes to a child's mental health problems. Numerous projects reported that families sought a quick diagnosis of a child's behavioural problems, rather than recognising that their child may have many complex emotional and behavioural problems stemming from unresolved family situations. Similarly, families at the Family Advisory Panels noted that, in their experience, they challenged the use of medication as a panacea for mental health problems and wished that the root causes of such problems were examined more fully.

PARENTS AND MENTAL HEALTH

The Haringey project launched an innovative programme found in response to finding a number of young carers caring for parents with mental health issues. The project noted: "Building Bridges has also launched a new activity as part of 'Kid's Time', which is a whole-family approach to helping families where children are often young carers of parents with mental health issues. The activity occurs once a month and is designed to normalise mental health issues. At first they work on family 'role plays', so that support workers can identify how the children care for their parents. The parents or carers then go into a separate room with a psychologist and CAMHS support workers and use the time to reflect on the previous role play and identify how their children help them and where the source of their issues may lie. This session is used to signpost adults with mental health issues to the appropriate service, but to also normalise their mental health issues and speak freely about their concerns in a non-judgemental setting. Meanwhile the children are given some 'time off' and just have lots of fun activities, food etc."

KEY TIP:

If you as a practitioner are involved with CAMHs referrals be sure to keep a full, detailed record of any correspondence, phone calls or conversations between you, the family and the external service. A project reported that a communication mix up between CAMHs and the project resulted in a mistaken referral and time wasted.

PLAY THERAPIES

Play therapies can be beneficial in helping a whole family. A key benefit of play therapy is that it is a good way to engage a family for a set period of time and maintain focus. A set play task for families can go a long way in opening lines of communication as the participants have to focus on teamwork and progress to find a solution.

For parents, play therapy can be a way to assess the mood and resulting behaviour behind their actions. For children, play therapy can be a better way to engage as the child is not put on the spot with questioning and a free-flowing conversation can be had instead. Play therapy is also an opportunity for the child to be in control and direct the play and conversation. If you are instigating any kind of play or creative therapy, you must be careful to not try to control the session unless you feel there are safeguarding or health and safety concerns. As one parent commented when describing her children's experiences of play therapy:

> **They love it, completely. They can't wait to go**
> (Parent)

An example of this was raised at the learning seminar. A service manager from a county Family Services department recounted the benefits she had seen arising from play therapies: "And more often we're finding that children are getting diagnosed with ADHD and Asperger's, and actually the symptoms of those diagnoses and the symptoms of emotional child trauma are actually very similar. And we're working with children then, offering courses of play therapy, up to 36 weeks, and you have a similar conversation with maybe the parent or the teacher towards the end of that period of therapy, and lots of those symptoms have gone away now. Because actually what needed to be addressed was the emotional stuff. There isn't a diagnosis necessary in place - not that that's a bad thing, because with a diagnosis comes additional support for that child, but then they're labelled with that ongoing, forever and a day, then, aren't they?"

RESILIENCE

The Center on the Developing Child out of Harvard University determines that: "The single most common factor for children who develop resilience is at least one stable and committed relationship with a supportive parent, caregiver, or other adult. These relationships provide the personalized responsiveness, scaffolding, and protection that buffer children from developmental disruption. They also build key capacities—such as the ability to plan, monitor, and regulate behaviour—that enable children to respond adaptively to adversity and thrive. This combination of supportive relationships, adaptive skill-building, and positive experiences is the foundation of resilience." (Harvard, 2015)

The Department for Education (DfE) has galvanised its support for resilience. In early 2015 the DfE pledged support to resilience and other character traits, stating that: "Character is already being encouraged and developed alongside academic rigour through a variety of programmes in and outside schools and colleges across the country. Character education aims to allow pupils to emerge from education better equipped to thrive in modern Britain." (DfE, 2015)

A project at the learning seminar noted an example of good resilience practice they had learned about, namely: "Whole schools developing a resilience matrix, which had been led by two governors who were psychologists. And it was in Brighton & Hove, and they had a resilience matrix, and every child had a kind of wellbeing book that went alongside their attainment, and in that they had, you know, what they'd done that week to build their confidence, and what they'd done to sort of build empathy, and that was like the poorest achieving school in the borough, and because they've developed emotional wellbeing in school, the results have gone up to the highest place."

KEY TIP:

As a practitioner you could liaise with the child's teacher or form group to see if any resilience-based workshops are on offer. Of course, resilience could form part of any family plan you put in place.

HOUSING

An indefinite home address can cause high levels of impact on a person's emotional health. A worry over housing can have a destabilising effect on a person's autonomy, and the impact on children can be high. It prohibits people making links within a community.

A participant in the learning seminar noted that all agencies have a vested interest in a person's wellbeing. The participant stated that when assessing a family they sought to get all relevant parties around a table to discuss a shared support approach, which in some cases involved the person's housing association.

It was noted that some projects attempted to assist families with housing arrangements and to link up with local facilities that the family required, but the consensus was that housing arrangements were very difficult to control from a practitioner's perspective.

However when it came to the inside of the home, the Tyne Gateway project assisted families by helping to 'declutter' their houses and "help developing routines, accessing clean clothes, household goods etc. so they start developing pride. Once this is done, help the parents open up about why these things are happening." The project would then develop a bespoke action plan for the parent so that the household routines are maintained.

FATHERS

The Parenting UK In Practice 'Fathers and Families' is a helpful starting point for understanding the role of fathers. That paper outlined numerous considerations for practitioners, including:

- most men report fatherhood as the most profound emotional experience of their lives
- mothers are not natural experts: left in charge of babies or children, men and women develop skills at the same rate
- men are as sensitive and responsive to infants as women are fathers and mothers give their babies the same amount of affection
- fathers often express intimacy through shared activities
- many non-resident fathers offer an alternative home when the need arises.
- modern fathers are responsible for around eight times as much childcare as their own fathers were (O'Brien, 2004) (From What good are dads?, 2001)

The British Psychological Society has found that children are more likely to display troublesome behaviour in families in which the father feels unsupported by his partner. A number of projects reported issues with engaging fathers, citing passive styles of parenting and an unwillingness to work with support workers. Some projects found success in recruiting male volunteers to work with fathers on a peer to peer basis. When seeking to engage with families finding a common ground is key, and utilising a male volunteer or practitioner can help make the first attempt of engagement with fathers slightly easier.

However, the 'Father's and Families' paper asked practitioners to consider a caveat to this approach: "Since working with fathers will challenge the culture of most organisations, individual enthusiasm will not be enough. Engaging with fathers must be seen as everyone's business, with support for this work at all levels. If this is not in place few fathers will engage and 'fathers' workers' will burn out and leave. This will reinforce the notion that trying to engage fathers is a waste of time."

A key recommendation from the 'Fathers and Families' paper was for practitioners to: "Have an up-to-date understanding of shared parenting and the role of the non-resident father. Levels of involvement may vary, so seek to understand the nature of the existing parental relationship and work from this starting point."

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ECORYS

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