



**Comprehensive Spending Review 2007
DfES/HM Treasury Joint Policy Review on Children and Young People**

Submission by School-Home Support Service (UK)

Introduction

School-Home Support (SHS) is a unique national charity, established in east London in 1984, which works in partnership with schools to provide practical and emotional support for disadvantaged children and young people, and for their families and carers.

The current service is delivered by 125 School-Home Support workers based in nursery, primary, secondary and special schools in some of the most disadvantaged communities of London, Yorkshire and the Humber.

Last year we made over 102,000 interventions and worked with more than 35,000 children, young people and their families.

Key points – prevention strand

What should be the role of universal services in providing access to protective and preventative support, risk assessment and referral?

- Many of the early signs of problems within families often emerge in the school setting. For example, poor attendance and truancy are often symptoms of more deep rooted problems such as poor parenting, domestic violence, mental health problems, drug problems, and poverty.
- It is teachers who often note small changes in the child or young person in their class - perhaps things other people simply would not think important. For example, suddenly a child who was previously well turned out is not, or Child Y starts to come to school late and tired.
- Schools that employ SHS workers often refer these small presenting problems to their SHS staff so they can be addressed. It may be that these apparently minor symptoms are signals of something that is growing very much more difficult at home.
- Our experience shows that having an SHS worker or other parent support advisor available to work alongside the pastoral care team already in place in the school can reduce the risk factors for these families and increase the impact of other preventative services. This is evidenced in evaluations of our own work and in other school home support projects.¹
- It is vital, therefore, that teachers and other school staff can provide the necessary support in the form of information, advice and signposting to other services.

How can targeted and specialist services intervene earlier to address the problems before they become acute?

¹ 'Crossing the boundary from home to school'. An evaluation of the School-Home Support Isle of Dogs Project (NCB, July 2006)

- Strategies and training for staff to support early identification of problems need to be developed. It is important to be able to assess when early intervention by a universal or generic service is not working. For example - if a child's disturbed behaviour were not affected by the school's usual strategies then it could be more effective to ask mental health specialists for a quick assessment rather than wait for the cumbersome Special Educational Needs statementing process. At present this is generally not possible.

How can the impact of intervention to prevent children, young people and families with complex needs moving in and out of contact with targeted services be sustained?

In the experience of SHS, there are several key factors which have an influence on impact:

- Quality. It is acknowledged that there is 'little monitoring of the quality of many [parenting and family] support services and few quality standards exist'² and quality measures need to be developed, including occupational standards for training and accreditation. SHS is currently in the process of implementing a learning and development strategy for its field workers which will map back to the national occupational standards set by the Children's Workforce Development Council. However, this work is currently funded by charitable trusts and donations, not government.
- Continuity/staff retention. All children, young people and families with complex needs require a reliable and continuous programme of support if the impact of intervention is to be sustained. Support staff need to be sufficiently trained and rewarded to remain in post. Incentives such as access to key worker housing, good remuneration packages, and appropriate learning & development and career development opportunities should be available. The introduction of the lead professional is welcomed as a positive contribution towards ensuring families with complex needs are not to move in and out of contact with targeted services. A parent that SHS has worked with said "it has simplified my life no end to have one point of contact when things go wrong".
- Local knowledge. Support staff should be recruited with sufficient understanding of the local community and of the services available.
- Accessible locations. Related services that are based in schools or near them in children's centres can make swift referral easier, make the likelihood of follow-up greater and make monitoring easier.

How can rights and responsibilities for individuals, families and communities be integrated into services to improve the lives of children and young people?

- Services should enable children and young people, and their families and carers, to take their share of responsibility for resolving their problems. This requires a significant shift in power and an appropriate allocation of resources.
- Services should ensure children and young people, and their families and carers, are involved in developing service provision. At an individual level, support workers must be thoughtful and sensitive in their interventions; never adopting 'the state knows best' attitude.

² The Market for Parental & Family Support Services. DfES Children's Services/ PriceWaterhouseCoopers (2006)

What would be the impact of more preventative services and early intervention on the life chances of children and young people and on the value for money of public spending on children, young people and families?

- Early intervention can seem expensive but it is a case of short term loss for long term gain; we must invest to save.
- On any given day, at least 70,000 children play truant³. It is estimated that in London 5% of all crimes are committed by children during school hours.⁴ Truants are more likely to drink and smoke, to have mental health problems later, to suffer marital breakdown and to have more children at an earlier stage than non-truants.⁵
- Between 1997 and 2004 DfES proactive expenditure on initiatives intended to reduce absence was £885m.⁶ Another £560m was committed to these initiatives until 2006. This is roughly equivalent to over £3,000 per truant every year. In spite of this expenditure, official statistics show that truancy levels have remained constant since 1997.⁷
- By contrast, SHS workers, who intervene before truancy becomes a pattern of established behaviour, cost £270 for each family they work with. Mark Barnett, Head of Westfield Community Primary School in York, who has an SHS worker (cost approximately £30k a year for a full time member of staff) assesses that he has saved social services £250k a year through the SHS worker's interventions. He also says that this worker has saved at least a day a week of his own time which he now puts into the school's core business - teaching and learning.

What works in reaching out to the most vulnerable families to ensure they are able to take full advantage of service provision, especially in the early years?

- Building relationships through mutual trust. Vulnerable families have often had inconsistent relationships. Trust is built slowly. At SHS we build this through offering practical help – doing whatever needs to be done with a child, young person or family, and we always do what we say we will. By supporting families we enable them to do what needs to be done themselves. Thus, we build their confidence and self-esteem. From small successes they find themselves able to take on more, and to tackle problems they had previously found intractable.

What evidence is there of major barriers to developing a preventative system? Are there examples where you have overcome these barriers?

- Lack of sustainable funding, and poor engagement and partnership by schools and statutory commissioners with the voluntary and community sector.
- There is a discernible tendency amongst statutory service providers to assume they are the only viable service providers or only to look for alternatives within the local authority area. Local authorities have only 'limited visibility of the complete range of services

³ 'School's Out', published by New Philanthropy Capital (Goodall, 2005)

⁴ 'Truancy and Exclusion', SEU (1998)

⁵ 'Future Lives of Truants: Family Formation and Health-Related Behaviour'. Hibbett, A. and Fogelman, K. (1990) British Journal of Educational Psychology, 60: p. 171-179.

⁶ 'School's Out', published by New Philanthropy Capital (Goodall, 2005)

⁷ 'School's Out', published by New Philanthropy Capital (Goodall, 2005)

being provided⁸; there is still a culture of grant-giving rather than of commissioning and that the focus is still on remedial action not prevention.

- SHS has, to date, overcome some of these barriers by accessing funding from charitable trusts to pump prime the development of the service. However, this limits the reach of the service (we are currently only based in London and Yorkshire).
- An alternative model, which SHS also provides, is the provision of training and consultancy services to build the capacity of schools and their current teaching staff to deliver appropriate school home support services, but schools need additional funding in order to be able to purchase this support.

How can we build capacity amongst parents, families and communities to shape the design and delivery of services for children and young people?

- There needs to be clarity about what influence parents, families and communities can have in the shaping and delivery of services and there has to be money for these services.
- There need to be 'change agents' within the community to build capacity, to work with people who do seem interested, and this may take some time. SHS's experience of working with parents and families who are not used to having the power to effect change is that a programme of support is needed, not a one-off intervention. Where this is provided it is very powerful; enabling elusive, hard to reach parents to become strong advocates on school governing bodies and involved other community activities.

Key points - high cost, high harm families strand

Who are these families? How can we define them and how many of them are there?

- See the attached case studies for examples.
- In addition, it is SHS's experience that the families who have to move often (hence children change schools and both parents and children find difficulties forming relationships and networks) are very often in this category.

What progress has already been made in addressing the needs of 'high cost, high harm' families?

- SHS interventions can be very effective in addressing the needs of these families. This could be very practical (helping to obtain benefit arrears or by accessing our welfare fund to obtain a washing machine). Or it could be through a process of empowerment and engagement. We are able to bring professionals together; our field staff often take the role of informal lead professionals and this helps those at risk. Our staff also act as 'one stop shops' – thereby enabling families to be pointed in the direction of the right help in the right place at the right time.

How can we better align local services to improve identification of these families earlier on and before they become 'high cost high harm'?

⁸ 'The Market for Parental and Family Support Services', DfES Children's Services/ PriceWaterhouseCoopers (2006)

- The role of health visitors and GPs is crucial. But they need additional resources to be able to act effectively, either more time themselves for active preventative work, or a referral resource. Again, there is the need to invest to save at this point, rather than waiting until high-cost crisis intervention is required. If the concept of “downstreaming” can be developed and invested in, these are the first areas that should benefit.
- Schools and early years settings (including childminders) are obvious places to pick up early on cases where things are just starting to go wrong. However, it cannot be left to teaching staff to intervene and support families. This is where roles such as School-Home Support workers are so effective.
- The role of the voluntary sector is paramount. It is independent, can be less threatening and works in genuine partnership with the families, with a real commitment to empowerment. Research shows that parents value the ‘safe outsider’ in helping to intervene to break the cycle of under achievement and disengagement.⁹ This research also showed that preventative services need to be responsive to the emotional and practical support needs of parents.

Are current incentives and levers adequate to deliver co-ordinated responses for families across relevant services such as health, education, housing, social services and the police at local level?

- No. Not only do these statutory services find it hard to co-ordinate with each other, there is a further step which must be taken whereby statutory agencies are prepared to work with the voluntary and community sector and treat them as equals, recognising their additional and complementary skills, their capacity to innovate and their inherent flexibility.
- Indeed, all sectors and professions must remain committed to the Every Child Matters Change for Children Agenda to deliver better co-ordinated services by focusing on the needs of the child or young person first and foremost.
- Improved training and rewards for key staff are needed to help incentivise them to stay long enough in one job to develop and sustain relationships with children and families. They deserve high quality in-service training and career progression.

What is the appropriate balance between support and sanctions for these families?

- Many of the sanctions that already exist stigmatise and criminalise children and families. Early intervention and support is vastly more effective. Investing in role models, support, help and advice, and showing what can be done may take longer but the effects will be much longer lasting.
- Emphasis needs to be placed on working with children; making it ‘cool’ to succeed. Thus they become incentivised. Support is not difficult e.g. alarm clock clubs, breakfast clubs, lunchtime enrichment activities and after school homework clubs are all successful methods of providing support and encouragement.

For more information, contact:

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⁹ ‘Developing Preventative Practice- the experience of children, parents and families in the Children’s Fund’, 2006).

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Case studies from School-Home Support Service (UK)

Case study 1

Attendance is often a symptom of much more deep rooted family problems. How early intervention services can impact on the life-chances of children and young people.

Tony is 10 years old. He lives with his mother, Sheena, and his 12 year old sister, Zoë. The children have a history of poor school attendance due to their mother's poor health. Sheena has bi-polar disorder and when she is on the down curve, she finds it impossible to get herself out of bed to get the children to school. Tony is a pleasant child but is prone to uncontrolled bouts of anger which can lead to violent behaviour towards his classmates.

The family was referred to School-Home Support and the worker immediately recognised that the family would need more specialised help. With Sheena's consent, she was referred to Docklands Outreach who put a programme of advice and support in place. Sheena was faithful to her appointments for a short period of time but later disengaged. This, it appears, had been Sheena's pattern for the past five or six years.

The children attended regularly for a few weeks but little by little their attendance levels began to drop. The SHS worker kept in regular phone contact with Sheena and had school meetings with her to discuss how best to support her to get the children to school every day and on time. There were short term improvements in their attendance but no long term commitment to their overall education and wellbeing. At the end of the Spring Term, the SHS worker referred the family to the Attendance and Welfare Adviser.

Tony's behaviour in school began to deteriorate at the beginning of the Summer Term. He started fights with his classmates and told his mother he was being bullied. The Head Teacher, Deputy Head, class teacher, and SHS worker met Sheena to put a behaviour support programme in place for Tony, but she would not cooperate.

At the beginning of the new academic year, Tony made a positive start. He had 94% attendance for the first half-term and was making steady academic progress. His teacher set firm boundaries so Tony's behaviour improved and he had a better relationship with his classmates. Towards the end of the Autumn Term, Tony's regular teacher left the school and Tony's attendance level began to drop again. Tony was absent at least 2 days out of 5. On the days he attended he usually arrived late, sometimes not coming in until lunch time.

The SHS worker left messages of concern regularly on Sheena's mobile but she never replied. With the Attendance and Welfare Adviser, another home visit was arranged. Nothing changed. On a subsequent home visit a few weeks later, Sheena was just on her way out. She said she was just going to the shop and would be back in two minutes. Tony was not in school and was now home alone. Over an hour later, Sheena returned. In the meantime, the Attendance and Welfare Advisor phoned the Child Protection Duty line to make them aware of the situation.

At present, Tony's overall attendance this year is 70%. His attendance this half term to date is 55%. Both the Head Teacher and the SHS worker agreed that this is more than an

attendance issue and subsequently a Social Worker has been allocated to do a core assessment of the family.

Case Study 2

Reaching out to the most vulnerable families – building mutual trust and 'signposting' to other services.

Referral and background:

Sharlene and her daughter, Frances, were referred to SHS by the Education Welfare Officer for family support; Frances had attendance issues.

At that first meeting Sharlene was quite open and honest and shared her anxieties regarding her daughter's attendance. Her daughter did not want to come to school mainly because of her acne. However, she was also very upset following several close family bereavements: her grandmother had died, then a couple of months later her grandfather died and a few months after that, her dad died from a taking an overdose.

Sharlene was also currently on an 18 month suspended sentence for Actual Body Harm after she defended herself with an ex-partner. Sharlene was concerned that she would be taken to court because of her daughter's non-attendance.

In terms of wider relationships, she had two sisters who both lived miles away and she was not really close to and a couple of friends but she felt the friendships was very much one sided.

Interventions:

The SHS worker liaised with the teacher from the Student Support Department who had given Sharlene's daughter a reduced timetable to re-introduce her back into school. She also kept the Education Welfare Officer informed of meetings with Sharlene and located a second hand computer so that Frances could complete her homework.

Sharlene began to attend beginners Basic Computer Course at the school, and a six week course on 'Building Self Esteem'. This really boosted her confidence and self esteem. At the same time, Frances' attendance also improved.

After a few months things began to change again and Frances' attendance started to decline again. Frances appeared to have the early signs of Anorexia Nervosa so the SHS worker contacted the Anorexia Society and Young Minds on Sharlene's behalf, for help and advice. The Child and Family Consultation Service (part of CAMH's) were also involved. Unfortunately, the situation worsened and Frances was admitted to Great Ormond Street Hospital. At present Frances is attending school at Great Ormond Street and has made a couple of friends. She is allowed to come home at the weekends.

Outcomes:

The SHS worker is still in contact with Sharlene and overall, the family situation is slowly improving. Hopefully Frances will be back in school within the next couple of months and Sharlene seems a lot more confident now and hopeful for the future.