Archives of Disease in Childhood, 1985, **60**, 887–890

Personal practice

A service for problem families

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'Problem families' are those who have multiple problems stretching over generations and from which few members escape. The usual professional response to this type of family is the involvement of several agencies—health, social services, and education—and the result is often a balance between mistrust and dependence on the part of the families and anxiety and apathy on the part of the agencies. A family's problems may result in huge service networks for support and care. The Radford Family Centre set up in 1981 was designed to combine, within a single team structure, the necessary medical, social, and educational help which the families require.

Aims

The original aims of the project were:

(1) To promote practical parenting skills related to (a) play and stimulation, (b) day to day physical care, and (c) awareness and management of health problems.
(2) To promote better home management through a home economics programme.
(3) To promote literacy.
(4) To provide insight for parents into the needs of children and parents, both in family life and in education.
(5) To promote satisfaction for parents in parenting. To help parents to enjoy their children.
(6) To reduce dependence on agencies for day to day care and acute problems.

In order to achieve these aims, which were largely educational, other more basic skills related to self esteem and self confidence, personal decision making, and responsibility needed to be nurtured.

Resources

The project is funded by the Nottingham Health Authority, Nottinghamshire Social Services, and the Inner Area Programme, with the requirement that an independent evaluation of its effectiveness be made. This is currently in progress. The funding of approximately £50 000 per year provides four full time team members with social work, education, health visiting, and play group skills. The social worker acts as project coordinator. In addition there is a part time clerical assistant to the project, a consultant paediatrician, and part time ancillary workers who provide additional help in areas such as child care, adult literacy, cooking, and hairdressing. The money also provides the rent for the local community centre, where the families attend for up to three mornings a week, and for the running of the Family Centre office.

Who attends?

Thirty five families were referred in the first year, mainly by health visitors (14), social workers (nine), and day nurseries (seven). At the time of referral a prospective key worker is assigned from the four full time team members to discuss the referral; visit the family at home; and if the family, referring person, and team all agree, invite them to attend the Centre. As a result of the referrals 14 families consisting of 14 mothers, one aunt, seven fathers, and 26 children aged under 5 years attended in the first year. The number of days attended varied from five to 115.

The characteristics of the adults and children in the families are listed in the Table. Particularly striking is the pattern of special education, criminal offences, and being taken into local authority care exhibited by the parents, with similar events beginning to occur to their children.

Who dropped out or failed to attend?

The establishment of a regular pattern of attendance is in itself a major objective to be achieved. The history of many of the families referred includes a pattern of long term non-attendance at schools, hospital clinics, and other agencies. The commitment and motivation of the referring worker to

Table *Characteristics of the families at the time of referral (n=14)*

Characteristics	*Number*
PARENTS	22
Education	
Literacy problems	14
Received special education	9
Criminal	
Court appearances	13
Finance	
Receiving supplementary benefit	14
Fuel disconnection	8
Medical	
Psychiatric problems	7
Social	
In care as a child	11
Older children in long term care	2
History of homelessness	7
CHILDREN	26
Education	
Developmental delay	4
Medical	
History of hospital admissions	5
Social	
Day nursery placement	9
Care proceedings	9
Non-accidental injury register	4

provide support and encouragement during the initial stages is essential. It may take several patient and, at times, frustrating months before new habits of attendance can be achieved. Close cooperation between the team and the referring worker is necessary during this period to prevent failure too early on.

This does not explain all the non-attendance. It is common for several referrals to be made simultaneously for the same family, and for alternatives to be felt more suitable. For others the distance is too great for easy access. The situation may change dramatically during the referral period, for example by a prison sentence or by children being taken into care after non-accidental injury. On the positive side, if the parents find work they will also be unable to attend.

A third of our non-attenders were classified as 'not motivated'. This may reflect mistrust resulting from previous repeated disappointment at what agencies can provide. Because the centre is largely orientated towards those with low degrees of personal skills, those who function considerably above this level may feel after brief contact that the centre is 'not for them'. For some the will was not present to do what the professionals felt was needed.

What happens?

The Centre is open Monday, Tuesday, and Wednesday from 9.30 am to 1.30 pm. Parents and children attend, and each family has an individual programme of activities and attendance worked out with their key worker. Outside this timetable the team deals with referrals, home visits, reviews, and discussions with other agencies and the families in implementing what they have acquired from the Centre, for example taking the child to the clinic or carrying out some of the activities on the Open University 'First Years of Life' course.

Adults

Daily rota. A rota is organised by the families to cover necessary daily tasks such as cleaning tables, washing up, and serving food. The team and families participate in the rota duties. These duties enable basic skills to be acquired, they teach responsibility in carrying them out, and they provide an appropriate model and also informal counselling opportunities between parents and team members.

Family centre meetings

At meetings the general programme of the Centre, the problems that arise, and future activities such as outings, jumble sales, and other fund raising or fund consuming projects are discussed. The meetings are chaired by one of the parents and another takes minutes. The meetings encourage confidence and active participation of parents in decision making.

Groups

A variety of groups for parents is held in the Centre. They vary depending on the needs and the requests of the families attending. Groups have included health education; budgeting; adult literacy; the Open University 'First Years of Life' course; and the importance of play, family life, bereavement, and cooking.

The focus of work in each of the groups is on decision making, self help, and personal responsibility as well as the acquisition of knowledge and skills.

Reviews

Reviews on each family are held every six weeks. The families themselves attend and help plan the agenda and decide who is to come. They receive a copy of the minutes of the review. This is written by the key worker and contains a summary of the progress made and future recommendations.

Meals

Meals were originally provided in the Centre by 'Meals on wheels' and later cooked on the premises in a small kitchen. Parents help in the preparation and serving of the meals, which are excellent. They are not free and the parents are expected to pay. Preparation of meals provides a model for cheap, nutritious, and appetising eating as well as for planning (for example buying ingredients in required quantities). Eating a meal with a large number of small children is always challenging and can be a source of stress or, we hope, satisfaction.

Hairdresser

The hairdresser provides her services cheaply, but again not free. We feel that improvement in general appearance is one step towards improvement in self image.

Children

The Centre is well equipped with play materials for the preschool child. Some are bought, some are second hand, and some are made by the parents at the Centre. The parents are responsible for the care and safety of their children in the Centre, except during group activities when other parents, team members, or ancillaries will take over. In the Centre we will discuss problems in child development and behaviour and encourage appropriate play activities and use of community resources for the children.

The team

The team process is central to the work of a family centre. Through its weekly meetings the team has developed a framework of mutual support and collective action. Common goals and working practices needed to be derived, and issues such as leadership and professional boundaries needed to be discussed. Although the team is autonomous in day to day matters, there is also a responsibility to individual managers in each discipline. These managers collectively form the Family Centre Steering Group and represent the interests of the health authority and social services department. They meet quarterly with the team as a group.

Discussion

The characteristics of the families attending the Centre follow closely those described by others—Philp,[1] Tonge *et al*,[2] and Wedge *et al*.[3] Their titles *Families Without Hope* and *Born To Fail?* suggest an inevitably poor outcome or an ineffectiveness of services. Rutter's *Cycles of Disadvantage*[4] again highlights the likelihood that problems continue from one generation to the next.

Family centres are not new but are fairly recent history. The models previously described, for example by Phelan,[5] differ from ours in that they contain only one professional discipline.

What can reasonably be expected from our Family Centre? It would be unrealistic to expect, bearing in mind the depth of deprivation of many of the families, that any dramatic transformations would occur. The medical model of 'cure' is an inappropriate one. Perhaps we can alter the balance towards self help sufficiently to keep some children out of care, some out of hospital, some out of special education, and to enable others to function more independently and harmoniously. The cost of the project represents the same total as placing five children in care for one year. Family 2 in the appendix illustrates the type of financial benefit that might result from our approach.

Viewed pessimistically the effects of generations of deprivation combined with low general ability are going to need several more generations to remedy, and perhaps the input of a few new genes too.

Professional services may provide networks that support and help the family. They may also form webs that only place greater stress on the family by making unrealistic demands. Many agencies may become involved and be seen by the family as a form of persecution rather than help. The Family Centre has not eliminated this problem, but has brought it into focus.

Through the Family Centre we would hope that families can recognise their strengths and limitations and function as well as possible within these limitations using existing services more effectively.

Appendix

Case histories of two families who attended the Centre

Family 1. This family comprised mother, father, and two children aged 3 and 1 years. Three older children were in the care of the local authority. They were referred by the day nursery because of concern about 'general care' and 'home management'. The family attended for 80 days over a nine month period during which time the parents separated. Although the parents have separated again after a reconciliation, they are working together to provide a stable environment for the two children. The father is far more confident and is now regularly employed after a year at college. The mother has

developed greater confidence in herself and is looking after her children. She has recently become involved in setting up a mother and toddler group in her neighbourhood. Concern for the family has diminished considerably.

Family 2. This family comprised father (in part time employment), mother, and five children aged 11 years, 9 years, 3 years, 2 years, and 1 month. They were referred by the social services department during mother's last pregnancy because of her depression, isolation, and a general deterioration in standards of child care to the extent that care proceedings were being considered. The mother and her two youngest children attended for a total of 106 days. A very low level of self esteem and confidence seemed to be important factors in the mother's inability to cope. This was evident at the Family Centre both in her performance of simple tasks and in her choice of groups for example 'How I look and how I feel'.

Very little change was noticed in the mother's appearance nor did she manage to apply the cookery techniques learnt at the Family Centre in the home, but over a period of time there were new developments at home—new furniture, a hoover, and an iron were purchased. The referring agency became sufficiently satisfied that the family could function at an 'adequate level' and care proceedings ceased to be a consideration. Mother decided that she could use the time spent at the Family Centre more productively at home and in her neighbourhood.

I thank all the Family Centre team workers and steering group members whose initiative and ideas this paper represents, and Miss Lorraine Elliott for patiently typing the manuscript.

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