

4

Processes, Services and Resources

Stages and processes in family centre work

Work in a family centre whether concerned with the individual, family, group or community passes through a number of definable phases. These are as follows:

- Identification of need
- Contact
- Contract
- Assessment
- Implementing the contract
- Evaluation
- Termination

This is rarely a linear process but will include phases of circularity as worker(s) and participants continually assess, reassess and evaluate their work together. In addition there are some processes which run throughout the stages such as recording. However, for the purpose of clarity comments will be made about each of the stages and processes as though they were discrete entities.

All centres need to implement anti-racist policies in every stage and process. 'This is because anti-racist policies do not come into their own simply when assessing black children. They will inform every assessment, intervention and provision of service, even for white social workers who work exclusively with white families' (Macdonald, 1991, p. 72).

Identification of need

The ways in which a centre comes to work with a whole family, some family members, a group, or a formal or informal network varies. Crucial issues arise from how the need is identified. Three obvious sources exist:

- A member or members of a family may identify their need and approach a centre.
- The need may be identified by, or in conjunction with, other people who then approach (or play a central role in the family's approach to) the centre. Other people fall into two categories of formal or informal referrers. The first being other professional or helping agencies and the second tending to be family or friends.
- The centre may identify a general need and invite people to approach the centre. For example, a centre may identify the need for a group for adult survivors of sexual abuse and invite referrals from agencies and individual survivors. An example from a different level of system would be a centre's identification of the lack of safe play space in the neighbourhood.

In the first two sources the centre has to decide how to respond to a particular need brought to their attention. This requires a centre to be clear about its aims and objectives, which in turn leads to the definition of priorities. In the third approach the family centre has clearly decided that a particular need is a priority and that it has the resources to address the need.

Referrals to a centre provide the identification of individual or family need. It is important to families, staff and other agencies making referrals that there are both well-defined criteria and clear systems for making referrals. Effective publicising of the criteria and referral procedure is also essential. The criteria will emerge from the type and cover such points as whether there is a definite catchment area, whether referrals can be accepted from any source, and whether the age of the child(ren) is a determining factor.

Most centres will assist the referral process by the development of referral forms. A central issue surrounding referral from other agencies is whether the form, or any other vehicle for referral, fully involves the family in its completion. Such full involvement helps the family, in this earliest stage of their introduction to the centre, to have some influence and control and to have some awareness of the purpose of the referral and the expectations of the referrer. One way of encouraging this approach is for a centre to require that referral forms are completed and signed by referred and referrer.

Extensive involvement of the family in the referral procedure avoids *hidden agendas*. A hidden agenda occurs where a referrer feels unable to express his/her real concerns to a family and gives them a different version of the reason for referral. For example, without a jointly completed form the family centre may be told that the referrer has serious unease about the parenting skills of the parents but the family has been told that the centre would be a useful place to go to make friends. The Children Act and developments in more open practice in all professions should make hidden agendas a problem of the past.

All centres need to give thought to ethnic monitoring in their referral process. This is important in terms of exploring with an individual family their racial and cultural origins and any implications in terms of appropriate services. It is also vital for providing information as to the extent black families are using a centre and whether or not they are under-represented when referral statistics are compared with local demographic data.

The allocation of referrals needs consideration. Inevitably this is about matching resources to needs and frequently the ideal cannot be achieved. There are many arguments for team allocation and the value of teamwork will be explored later. Genuine team participation avoids the styles of allocation encountered by Parsloe (1981) and described as 'by the senior alone, "the drop it on their desks at night method" and by discussion (or silence) at a team meeting "the eyes-down method"' (Parsloe, 1981, p. 59).

Contact

How the earliest stages of contact are managed may be a crucial factor in engagement and thus in the effectiveness of the work undertaken. Some of the issues to be considered are: Who should be the participants in the first meeting? How many family members should be involved? For example, if the mother and child(ren) are being referred yet there is a partner mentioned should not the partner also be included? The referrer may not have had contact with the father/stepfather and may be making assumptions about responsibilities for parenting which the family centre needs to question. Failure to recognise individuals who are part of the family system, in the earliest stages of contact, can impair future work with the family.

Is the referrer to be present at the first meeting with the family? Is the meeting to take place in the family centre or the family's home? Is the initial contact to be arranged directly by the family centre worker or through the referrer? There are arguments for and against the possible answers to each of these questions. Some of the factors influencing the decisions will be the characteristics of the family and their need, the family's relationship with the referrer and the centre's relationship with the referrer.

Some centres providing informal services may find it effective for current or previous centre participants to be involved in making early contacts with a new referral.

Contract

The notion of a contract can be applied to most if not all work in a family centre although the degree of formality or explicitness will vary considerably. The advantages of contracts are that they encourage clarity about the aims of any piece of work and about the responsibilities and expectations of all the participants, including of course the centre worker(s). In some circumstances it may be important to have a clear written contract, such as the written agreements emphasised by the Children Act 1989.

The contract-making stage may take a number of sessions

with a parent or family as, together with the worker, they explore their needs and the ways in which the centre and its workers might assist in meeting the needs. It is always important to work at the user's pace. Where individuals are ambivalent about change, or because of past experiences doubtful of any worker's ability or willingness to assist, it may need considerable persistence and patience to engage the potential participants.

Where working with a whole family or a group there will need to be both individual aspects and family or group aspects to any contract. Depending on the nature of the referral, a contract may need to include different views and expectations. Thus, if a social worker refers a family for assessment of their parenting skills the contract might include both the referrer's and the family's definition of their problem and their different expectations of what the family might get from the centre. When a family is required to attend it is vital that this is explicit and that feelings of resentment and reluctance are acknowledged and explored.

The following areas need to be included:

- (a) individual participants' assessment of their need/difficulties;
- (b) individual participants' assessment of their strengths and resources;
- (c) referring agencies' (if not a self-referral) assessment of need/difficulties currently experienced by the individual/family;
- (d) referring agencies' assessment of strengths and resources possessed by the individual/family;
- (e) a definition agreed between individual participants and centre staff of need/difficulties and strengths and resources of the family;
- (f) agreed aims and goals for change; some thought needs to be given to how the attainment of the goals is to be demonstrated and measured.

Other information would include participants in the work, activities to be undertaken, frequency of attendance, esti-

mated duration of work, frequency of and arrangements for reviews.

A centre will also have either implicit or explicit contracts with some referring agencies. These may relate to the overall work of the centre but will carry implications for work with each and every family. In many instances there will be more specific agreements relating to work with individual families. Such agreements will obviously need to be congruent with the centre's contract with the family.

Assessment

This is a recurrent activity throughout work with an individual, family, group or neighbourhood and is present from the earliest phase. It is in the forefront during the early stages of contact but continues until work is completed. It is important that workers continually re-examine their hypotheses and assumptions about a situation and alter them in the light of later knowledge and understanding.

A thorough assessment includes both breadth and depth. The needs and resources of the family or group are identified in detail and the wider context and its influences are examined. In making assessments workers will be applying a particular framework of knowledge and theory drawn from several disciplines. Assessment may be assisted by the use of a structured guide which identifies the areas and dimensions which need to be explored. Kahan (1988) provides an example of guidelines used for observing and assessing parents with young children in a residential family centre. Reith (1979) provides a useful assessment guide devised by a Family Service Unit for work with families. This takes into account aspects of the individual, the family and the community and explores both strengths and stresses. Reith points out that an assessment guide 'helps to inform professional judgement, but it is not a substitute for it.' He also gives apposite warnings, which apply to the use of any assessment guide, first, about the dangers of overlooking the dynamic nature of family functioning and second, the danger of 'labelling' a family rather than recognising its unique strengths and difficulties.

In undertaking assessments white workers must be aware of the dangers of applying Eurocentric values and norms. As Ahmed *et al.* (1987) counsel, 'expecting diversity, social workers must learn what is important for the people with whom they work by careful observation, by listening and by asking their consumers who are, of course, the experts.'

Many family centres will be requested to provide an assessment of a family in order for critical decisions to be made about a child's future. Thus a child-protection case conference or a court may be the source of a request for assessment. In such circumstances the assessment will need to be rigorous and the use of guidelines will be particularly relevant. The Department of Health document (1988), *Protecting Children* provides a comprehensive framework for undertaking assessments for long-term planning in child-protection cases.

Dale *et al.* (1986) describe a team approach to assessment in child protection which is highly structured, preferring to work within the mandate of a statutory order and emphasising the team's authority. Dale (1991) subsequently describes a very different style of team assessment by another NSPCC team which is structured and comprehensive but encourages voluntary participation by a family.

The Race Equality Unit (1990) provides a positive code of practice which enables organisations and workers to address issues of race and ethnicity in child protection.

Implementing the contract

The way in which the participants fulfil the contract will depend on the approaches and methods used. Later sections in this chapter and the next chapter are assigned to this phase of work.

Evaluation

Evaluation is an essential aspect of all family centre work and wider issues concerned with evaluation of a centre's work will be discussed in Chapter 8. Evaluation should be built in as a routine component of the work with individual families and

groups. Such an incorporation of evaluation allows an assessment of the extent of change in the particular family or group and it also allows the family or group members in question to play an equal part in decisions about the work. If meaningful evaluation is to be achieved then, as indicated above, a clear assessment of need and explicit setting of goals should have been undertaken in the earliest stages of contact and contract.

Evaluation then takes place at each point of reviewing the work with the family or group. At this stage the following are then explored together:

- (a) current position of family in terms of need/difficulties;
- (b) current level of strengths and resources of the family;
- (c) progress, or lack of progress towards attainment of goals agreed in the contract;
- (d) views on the methods and approaches used; what helped and what hindered? This should include aspects of the workers' performance.

Whilst evaluation should take place throughout the work with the family it will be more extensive in the final stages of contact.

Termination

Endings are an inevitable and important part of a centre's work whether with individuals, families or groups. This phase of involvement needs careful thought and planning. In neighbourhood centres where an individual or family can participate in many different activities there may be a gradual series of endings as they separate from various services before the family eventually ceases any active connection with the centre. This may feel like an encouraging 'growing away' from the centre as the parent or family becomes engaged in other tasks and activities. It is still important that each ending is recognised appropriately. In centres where a family may have only one, though intensive, form of involvement there may be a more condensed and obvious termination.

The termination stage engenders a range of feelings in both participants and staff. These may be ambivalent, with a

family both valuing the change in their circumstances and experiencing sadness at 'moving on'. Just some of the reactions common to an ending phase are: denial, sadness, a recurrence of former difficulties or the emergence of new problems, anger, gratitude, relief, and a sense of achievement. A participant's response to the ending phase will be influenced by previous experiences of separation and loss and the impact of past unresolved losses needs to be addressed. Termination should never be sudden and unplanned and thus an individual or family will be prepared for it and their feelings acknowledged. Obviously individuals or families themselves may terminate their participation prematurely and in an unplanned way; one reason for this occurring is where previous endings have left a legacy of unresolved distress and anger. On such occasions it may be important that the worker(s) acknowledge the termination as a valid decision and explore the reasons for it with the participants, rather than letting things drift to an unclear end.

The reasons for endings and the resultant mix of feelings will vary. The most positive and easiest scenario to manage is where family and centre agree that the goals of participation have been achieved. Often there will be less complete agreement and the reality of scarce resources may sometimes mean that a centre has to instigate or encourage parting before the individual or family fully desires it. Thus centres whose primary focus is on children under five years of age may find that the parents want to continue to participate in centre activities after their children have started school, but if they remain involved this may result in the centre being able to take on fewer families with children under five.

Termination is likely to be more effective, in the sense of achievements being carried forward, where some work is done on how the individual/family is going to consolidate and build on what they have achieved. As Butler and Elliott (1985, p. 55) observe:

the most constructive way to work with endings and losses, of whatever kind, is fully to experience the events, integrate them, acknowledging the feelings aroused; and then let go (without forgetting) so as to move forward into the future.

Recording

Recording is an activity which needs to take place through all phases of the work. Kahan (1988, p. 15) comments:

Records in social work, though an important part of the social work task, are frequently the subject of adverse comment in research studies, government inspections and public inquiries . . . Yet records are vitally important to the client and his future . . . To be of value they must be up-to-date, accurate, regular, and systematic and this implies a commitment and discipline which recognises their importance.

All centres need to have a policy of open records and this encourages clarity about the purpose and relevant content of any written files. Records completed jointly by the individual/family/group and worker can form a useful tool as part of both the intervention and evaluation. Thought should be given to how individuals with literacy problems can be involved in a recording process. Forms for recording encourage some consistency and continuity in the information recorded by the team.

Records of group meetings may be used by groups to develop their cohesion by assisting their recall of previous sessions.

Example 4.1

A parents' group would start each of its meetings by reading the worker's account of the previous session. The record included reference to individuals and accounts of discussions which contained both painful and hilarious topics. Members would then enlarge on the contents for other members who had been absent on the previous occasion. The ritual of reading the record both reintegrated absent members and encouraged individual members by the worker's written acknowledgement of their contribution to the group.

Range of activities and services

The number and range of activities in a centre will, as with so many other features, depend on the model of centre. The centre programme should evolve from the centre's aims, objectives and priorities. Warren (1986) states, 'a crucial characteristic has been the way family centres have laid on a varied menu of activities for parents and in my view this aspect is at the core of the movement and accounts for their effectiveness'.

A recurrent issue for most centres when firmly established is how to develop new and necessary activities when existing resources are fully committed and no additional resources are available. Clearly the only way developments can take place is at the expense of existing activities but such decisions are exacting and unpopular.

There is no categorisation of the activities and services of family centres which is both simple and comprehensive. For the purpose of analysis five categories are suggested:

1. Advice/advocacy about rights/obtaining resources
2. Direct provision of resources
3. Work with individuals and families
4. Work with groups
5. Community work/development.

The next chapter will concentrate on the last three categories and the remainder of this chapter will consider aspects of advice/advocacy and the provision of resources.

Advice and advocacy

The examples of rights and resources which will be used are probably those most frequently a focus for a family centre's advice or advocacy work – family rights, and welfare rights.

Often in advocacy work the aim of a centre will be to facilitate self-advocacy and thus to empower the individual or group to obtain their rights. As Croft and Beresford (1991) urge:

Support people to speak for themselves. Individual and collective self-advocacy offers people the most effective way of getting the services they need, the changes they want and their rights.

Family rights

The two aspects of family rights which centres are likely to address are children's rights and parents' rights. Franklin (1986) suggests that the complex range of children's rights can be clustered into two groupings: protective rights and self-determination rights. The former covers the Rights of the Child expressed in the United Nations Declaration covering such aspects as nutrition, housing, medical services and education. This category also includes the right of the child to protection from, in Franklin's words, 'inadequate care, neglect and physical or emotional abuse in the home, or any other form of danger' (Franklin, 1986, p. 14). The second category is concerned with children having greater autonomy and influence over various parts of their lives. The Children Act's emphasis on the child's wishes is some small movement towards this kind of right.

From this brief outline of children's rights it should be readily apparent that there are many ways in which family centres can be advocates for children. In consideration of a child's protective rights many centres take an active role in campaigning for children's rights and needs both locally and nationally. Thus centres may be prime movers in pressing for better housing or safe play areas for children in a locality. Both parents and staff may participate in efforts to publicise the needs of children and families such as promoting locally a national petition for better transport facilities for parents with young children.

Frequently centres will be advocates for the right of children to be protected from neglect or abuse. Some activities which reflect this approach include:

- 'no smacking' rules in a centre;
- educative approaches with groups of parents as to the causes and effects of physical, sexual or emotional abuse;

- encouraging the effective parenting and nurturing of children;
- involvement in child-protection procedures when it is apparent that a child is at risk of abuse;
- urging that a different placement be found for a black child who is looked after by the local authority and whose ethnicity is being neglected.

Centres also may be concerned with self-determination rights for children. They will practise this in their work with children by involving them wherever possible in choices and decisions which affect them. They may act as advocates for children by pressing for a child's wishes to be discovered and taken into account in decisions made by social services or the child's school.

Family centres also have a role in parent advocacy. Warren (1990) researching the potential role in family centres concluded that they were well-placed to undertake parent advocacy. The Children Act has shifted a legislative focus from parents' rights to parental responsibility and also carries the assumption that parenting is for life. Parents may need advocacy to assist their parental responsibility which could involve for example:

- seeking contact with a child who is looked after by the local authority;
- providing the venue for contact to take place;
- accompanying a parent to court.

Welfare rights and advocacy

Why and how?

A family centre provides an appropriate setting for a welfare rights and advocacy service. This is especially so where the centre is accessible to its local neighbourhood, but is true also of more client-focused centres. Where a centre wishes to expand its service to a wider range of families, the addressing of welfare rights problems is an ideal way to facilitate this.

Arguments for a centre's involvement in the financial and material difficulties of its users both individually and collec-

tively are several. The overwhelming majority of family centre participants are likely to be either claimants of state benefits or living on a low wage. They are also likely to be experiencing the exercise of power by a number of agencies including benefits agencies, fuel boards, housing authorities, the courts and others over vast and basic areas of their lives. Whether a centre's fundamental concerns are with empowerment or with the freedom from abuse of its youngest users, or with any number of points between these concerns, the realities of poverty and power exert an unremitting influence on the achievability of any of the centre's goals.

Obviously advice and advocacy alone will no more alleviate poverty than the resources of social work will eliminate the abuse of children. One fundamental aim of advice and advocacy services is to assist particular families to maximise their income. Simultaneously there can be a small redressing in the balance of power in their dealings with the large agencies that exercise so much control over their quality of life. For such a service to be effective it is helpful for it to be offered on a regular and publicised basis, so that potential consumers are clear when and where it takes place and who is involved. In addition to such a regular service there is always likely to be the need for emergency advice and advocacy.

Where advice work is part of the core of a centre's services it is easier to develop a common approach and detailed policies accepted by all workers, whether or not they directly contribute to the service. Such policies would include when and how applications should be made to charitable trusts. It may be quicker to apply to a charity but important first to tackle the Department of Social Security. Similarly, it may be simpler for the worker to telephone a particular agency but much more effective for the individual if they are enabled to 'put their own case' with the worker remaining available to assist.

The life of most centres revolves round groups, which greatly contributes to the relevance of the setting to advice and advocacy work. Participants' common experiences of inadequate benefits, low wages and high-handed treatment by many agencies, combined with meeting each other and staff as a group or groups, provides opportunities to meet needs in ways beyond the provision of individual advice or advocacy.

Generalising individual users' experiences enables people to assist their needs collectively against systems which consistently deny them. Examples of this would be facilitating the discussion of benefits problems, changes in the law, or general issues of poverty. The settings for such discussions might be a drop-in, a support group, or the coffee break in a parenting group. First, this approach encourages the sharing of experiences and this begins to break down the individualisation of poverty which the benefits system creates. Second, it provides opportunities to challenge those familiar myths about the outrageously generous way the system has treated other individuals. Third, feasible collective responses can be generated and pursued.

Example 4.2

Fulford Family Centre was greatly concerned about the effect of the introduction of the Social Fund on families with small children. This had further impoverished families on Income Support and increased their dependency on other agencies. Most charities demand that social workers or health visitors are intermediaries between themselves and their beneficiaries and thus families are dependent on professionals' willingness and availability to help them to obtain charitable grants. Indeed to have basic needs met through the caprice of individual charities, rather than through public agencies' recognition of rights, is a major step in the direction of increased dependency. A centre worker facilitated participants in their sharing of experiences and discussion of possible actions to exert pressure on their local Department of Social Security office to modify the operation and interpretation of criteria for Community Care grants. As a result publicity and a petition were organised.

A decision to provide a welfare rights service as a discrete component within a family centre carries with it an associated decision as to the scope of the service. Thus, will it be restric-

ted to the centre's existing or potential users or will it carry a wider responsibility?

Example 4.3

A decision was made early in the development of Fulford Family Centre to establish a specific time during the week for welfare rights advice. This was partly to establish some control over requests from users for advice and partly also to extend the service beyond regular users to potential users. A decision then had to be made as to whether the service should be available to residents who were not within the centre's terms of reference. It was decided that it would be available to all residents as there would be difficulties in advertising an advice service limited to a narrowly defined group. In practice, the majority of users of the service were parents with young children. An advantage of the more extended service was that it provided a broader understanding of neighbourhood issues which equally affect the major users of the centre.

The involvement of users in the decisions relating to the provision of a welfare rights service is likely to be influenced by their knowledge of such a service.

Example 4.4

The centre set up a welfare rights committee comprising one worker and a small group of parents to provide a forum for exploring issues related to the welfare rights service. The parents rapidly made it known that they needed some basic knowledge in order to participate. A basic welfare rights course was arranged, as a consequence of which some parents began to contribute to the advice sessions.

The above illustration raises the question as to whether the outcome resulted in parents being empowered or exploited as

unpaid labour. This issue will be explored later from a broader basis.

Provision of resources

Resources provided by family centres can be considered under three headings of practical resources, buildings and people.

Practical and material resources

Family centres often offer practical services or share their material resources with families. It is relevant at this point to quote some of the findings of the Barclay Report (1982) about clients' views of social workers. Having outlined the satisfaction of a large number of clients, the Report continues:

On the other hand, there is another clearly identifiable group who consider that social workers fail to provide the material things or practical help and advice which they desperately need . . .

The provision of practical resources may be a response to the poverty and deprivation experienced in an area.

Example 4.5

A profile of the neighbourhood, produced prior to the centre opening, revealed the absence of a launderette in the vicinity. As a result Fulford obtained funding to install a washing machine and tumble-drier for the use of local families.

The same centre, fairly soon after opening, received frequent requests for the use of the telephone as the nearby public one was constantly out of order due to vandalism. The centre subsequently arranged for the installation of a payphone within the centre.

Some facilities may enable individuals or families to fulfil duties which otherwise would be extremely difficult and there-

fore in danger of being ignored. For example, the management of debts and payments of fines can be hampered when recipients are an expensive journey away and the debtor has no bank account.

Example 4.6

Families' disclosures of debts and fines and their practical difficulties in making payments resulted in the centre opening a special bank account. Each week an individual could bring in one cash sum and instruct the centre to make a number of cheque payments to offset various debts or fines.

The combination of poverty and the physical isolation of a neighbourhood can result in its inhabitants enjoying little variety in their lives. Children may grow up with lamentably limited experiences. A centre's arrangement of outings and holidays can provide new experiences for children and break the otherwise monotonous routine for parents. Holidays may be offered on an individual or group basis. A group holiday provides considerable scope for unfamiliar experiences in novel environments for both children and parents. New friendships can be forged and mutual support discovered. Children will benefit from the more extensive and intensive contact with other adults in addition to their parents. Organising events in the local neighbourhood, such as a travelling theatre or hiring an inflatable, can also extend horizons and supply some enlivening entertainment for families whose disadvantage prevents access to most sources of amusement.

The provision of basic necessities such as food may carry significance beyond the satisfaction of physical need. Lunches or snacks may be very important to families both in helping their stretched budgets but also symbolically as emotional 'feeding', offering the nurture of care and concern. Centres may find food a central unifying theme in many groups, such as a food-allergies group, or a healthy-eating group or cookery

groups. Families may assist each other with some basic resources such as setting up a 'nearly new' clothing store.

Knowledge and information are essential resources which centres can provide and facilitate families in sharing. A philosophy of partnership will mean that staff share their knowledge and skills rather than wanting to protect their expertise. A centre may obtain books and videos on child care or health issues and make these available for parents to borrow.

The building and equipment

As indicated above, both the building and its equipment may be valuable resources to users and the wider neighbourhood. Buildings are often far from ideal and it demands imagination to make the most of them. Advantages and disadvantages are found in most types of buildings. Purpose-built buildings offer freedom to design the environment to suit the requirements of the centre but converted houses or flats can offer more informal and familiar surroundings. Wherever possible users should be involved in the choice of décor, furniture and equipment. Criteria that usually need to be considered are durability and comfort. An anti-discriminatory policy will also inform the creation of a centre's physical environment, ensuring its physical and psychological accessibility to men and women, adults and children, black and white, people with disabilities and those who are able-bodied.

Contact, whether with children who are looked after by the local authority or who are with a separated partner, can be difficult to arrange and manage. A family centre can provide a neutral and 'child-friendly' territory for such visits.

A centre may have equipment and materials which families are encouraged to use. Many centres set up toy libraries but other equipment may be borrowed such as decorating or carpentry tools. Resources may be shared with groups as well as with individuals. Thus the building or its equipment may be made available to self-help groups.

People

The major human resources in family centres are staff, users, and volunteers. The first two categories will be considered in later chapters.

Volunteers and family centres

Volunteers have a long and valued tradition as a vital resource in social welfare provision. In a family centre volunteers may fulfil a variety of roles and their introduction to a centre may be through a number of different routes. As the Barclay Report (1982) stated:

Engaging and using volunteers satisfactorily and within their familiar situations is a sensitive and skilled task.

This requires a commitment of staff time and one effective way of achieving this is to appoint a volunteer organiser or at least to confer responsibility for volunteers onto one member of staff.

Successful volunteering is based on a reciprocal relationship where both volunteers and the service in which they engage are beneficiaries. The nature of volunteers has changed through the years and it is now well-recognised that voluntary service is not solely a middle-class activity. The reasons for volunteering are many and cannot be explored in detail here. However, the individual needs of volunteers must always be recognised if they are to be successfully deployed. In times of high unemployment the number of potential volunteers greatly increases. Thus volunteers may be looking both for constructive and fulfilling activities and the possibility of using or gaining skills.

Family centres gain a number of things from volunteers in addition to their time and skill. If volunteers are from the local neighbourhood the centre may be assisted in its links with informal networks. On the other hand volunteers from other areas may offer objectivity and anonymity which some users may desire.

Recruitment and selection A multiplicity of methods exists for

the recruitment of volunteers. The most appropriate will depend on the kind of volunteer sought and whether or not local volunteers are desired. Some neighbourhood-based centres pursue a policy of only seeking local volunteers as part of a philosophy of building up mutual support and skills within an area. Posters, newspaper articles, leaflets through doors, addressing local groups, and the use of local radio or television are some of the obvious channels for contacting potential volunteers. Fulford's experience was that the use of regional television produced an enormous response and mostly from the very immediate vicinity, whereas months of pursuing other methods had led to disappointingly few enquiries.

A set procedure for the selection of volunteers is important and a centre needs to be clear about the criteria and methods they use to assess suitability. A simple form will provide basic and standard information about volunteers and usually it is helpful to take up some references. Where volunteers are undertaking work with children then it is essential that police checks are carried out. Such a process can seem a long one to the prospective volunteer who may have an expectation that s/he will start on the day interest is expressed. However, such procedures both ensure that children are in contact with people who are safe, reliable and committed and also it assists in raising the status of volunteering. The inevitable delay may lead to difficulty in maintaining people's interest but this can sometimes be overcome if the procedures and the reasons for them are fully explained and if initial induction and training is provided.

Training and support for volunteers is essential and the form of the training programme will clearly arise from the function of the volunteer(s). Induction to the centre is a vital component so that the volunteers feel part of the place and understand where their contribution fits into the wider picture. Group meetings for volunteers for training and support enable a sharing of ideas and skills and the facilitation of mutual support.

Users as volunteers Many centres encourage current or former users of a centre to become volunteers. Some projects may

restrict the recruitment of volunteers to centre participants. As the Barclay Report urged:

We do not feel that clients should be seen simply as recipients of a service, therapy or care. It is important that they are all regarded as potential 'volunteers' (Barclay Report, 1982, p. 78).

The principle of users as volunteers is clearly in keeping with a philosophy of participation and partnership. Their experience as users can be of considerable benefit to a centre and the role of volunteer can enhance confidence and self-esteem.

Pertinent issues in a centre's use of volunteers The supply of and demand for volunteers is often ill-matched; either suitable volunteers are not available when needed or people offer involvement which cannot be utilised. Strategies for managing both circumstances need to be developed.

Confidentiality is an issue which may need emphasis and is highlighted particularly where volunteers from the local neighbourhood are recruited. Where volunteers are working directly with children they will need some awareness of child protection and which staff they must speak to if they have any concerns relating to the protection of a child.

Volunteers may have times of personal stress and difficulty and during such periods require additional support. Where volunteers are also current or past centre users there can be an issue about who should provide the support. If the centre has a volunteer organiser s/he may be the regular source of support for volunteers but if a volunteer previously received assistance from another member of staff they may seek further help from them. It can be important to clarify roles and responsibilities in such an event.

Volunteers provide a vital resource to many centres and their effective involvement requires commitment and interest from all staff.

As this chapter indicates the processes, services and resources within a family centre can be many and various.