Reaching Out: Think Family

Analysis and themes from the Families At Risk Review

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Ministerial Foreword

Families are the bedrock of our society. They can provide the greatest support in difficult times. They can build resilience and strength to overcome challenges. They can provide love, encouragement and inspiration that helps people succeed.

And the majority of families in this country are doing well. Incomes are rising, education standards are higher, there are greater opportunities and improved wellbeing. This government has supported families with more flexible working, extended maternity and paternity leave, free nursery places, greater access to childcare, child tax credits and significant rises in child benefit. The Every Child Matters Agenda has provided a blueprint for radical reform of children's services that is now the envy of the world.

But a minority of families – around 2% of the population – have simply not been able to take advantage of these opportunities. Poverty and worklessness, lack of qualifications, poor health, insufficient housing and poor parenting can cast a shadow that spans whole lifetimes and indeed passes through generations. These problems can be multiple, entrenched, and mutually reinforcing.

And some family experiences can make things worse. They can limit aspiration, reinforce cycles of poverty, and provide poor models of behaviour that can have an impact on a child's development and wellbeing, with significant costs for public services and the wider community.

This document is the first part of the Families At Risk Review, which analyses the problems faced by this minority of families and sets out our emerging policy themes. It looks at the systems and services that have contact with these families and argues that if we are to really reach out to these families and enable them to overcome their problems, we must develop the capacity of services to "think family".

Services have for too long dealt with people as individuals, with each agency working in its silo. We want to build on the transformation that is taking place in children's services to encourage greater integration and multi-agency working with adults' services so that we can shape all these services more closely around the needs of families. And we need to intervene earlier and more effectively to prevent problems becoming entrenched and costly to the individuals, the families and our communities.

This is not a debate on the shape of families and we will not try to incentivise or engineer particular family structures – this is not the job of government. Instead it will look at the individual needs of families suffering exclusion, the wider barriers to opportunity, and the risk factors children face from their environment.

Government has a responsibility to work with families to ensure every child gets the best start in life. I hope this document sets out a vision for a more effective, personal, problem-solving approach to enable excluded families to transform their life chances and break the cycle of disadvantage for their children.

Hilary Armstrong
Minister for the Cabinet Office and Social Exclusion
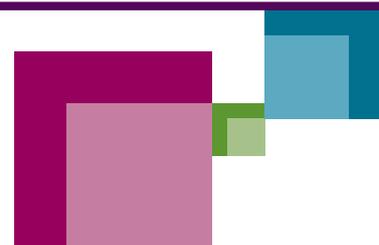
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Executive summary

- Against a backdrop of rising prosperity and improved outcomes for the majority of families, there is a small minority of around 2% of families who experience multiple problems.
- Growing up in a family with multiple problems puts children at a higher risk of adverse outcomes.
- Families with multiple problems can also exert a heavy cost upon public services as well as the wider community.
- If we are to reach out to families at risk we need to identify and exploit opportunities to build the capacity of systems and services to 'think family'.
- Tailored, flexible and holistic services that work with the whole family can turn lives around dramatically – as demonstrated by innovative local programmes such as the Government's Family Intervention Projects.
- There are significant opportunities to **build on progress in systems reform** by:
  - extending the logic of **integration** from Every Child Matters and other reforms to all of the services working with families at risk;
  - ensuring that systems and services have the **right incentives** to focus their energies on families at risk; and
  - capitalising on the reach and expertise of the public sector to **identify and intervene earlier** to better support families at risk.

1. Over the past decade, the overwhelming majority of families have experienced rising incomes, greater opportunity and improved wellbeing. However the approaches that have worked for the many have not worked for all. It is necessary to focus on helping the small proportion of families with multiple problems who are still struggling to break the cycle of disadvantage.

2. Recent analysis suggests that around 2% of families – or 140,000 families across Britain – experience complex and multiple problems. When parents experience difficulties in their own lives, the impact can be severe and enduring for both themselves and for their children. The consequences can cast a shadow that spans whole lifetimes and may carry significant costs for public services and the wider community.

3. Tackling the complex and entrenched exclusion of this small minority requires an additional and more focused approach. **If we are to reach out to families at risk we need to identify and exploit opportunities to build the capacity of systems and services to 'think family'.** This means a shift in mindset to focus on the strengths and difficulties of the whole family rather than those of the parent or child in isolation.

4. A key opportunity for services and professionals is to respond to the crucial context of family. Parents and the wider family matter hugely. Their influence is rarely neutral. *Parents* matter in particular because they provide the critical early resources that help children grow, develop and achieve. *Family relationships* can provide love, strength and support to get through hard times and overcome problems. However, in a minority of cases the problems that individual family members face act as a handbrake for the whole family and can have a particularly severe
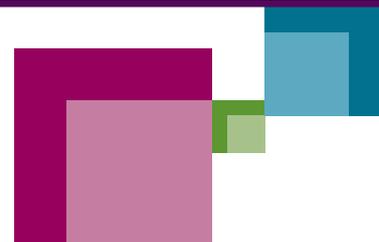
impact on children's development and wellbeing.

5. **One size does not fit all.** The multi-faceted nature of problems and the increasing diversity in the composition and structure of families make tailored, flexible and holistic services vital to success in getting things back on track. Innovative local programmes demonstrate that working with the whole family has impressive potential to tap into family strengths and spot problems early. It can empower even the most challenging families and turn lives around dramatically. Initiatives such as the Government's Family Intervention Projects are testament to the success of family-centred approaches.

6. **'Thinking family'** also extends to systems. Currently, systems and services around families are highly complex and fragmented. Often this results in an uncoordinated and inadequate response to chronic, multi-faceted needs, forcing frontline staff to 'work round' the system. Families at risk need a more integrated approach. Progress made through Public Service Reform has the potential to shape systems and support much more closely the complex needs of families. In particular **there are significant opportunities to extend the logic of integration of Every Child Matters beyond children's services to better coordinate <u>all</u> of the services – including adults' services – working with families at risk**.

7. This may mean the application of key principles such as a common vision, clear accountability, multi-agency working, information sharing and core processes and assessments across both adults' and children's services to target the problems that families face more effectively.

8. There are also significant opportunities to build on the strengths of existing systems and services. We can do more to ensure that there are adequate incentives at all levels of the system to focus energies on families at risk. For example, Local Area Agreements are enabling local areas to match targets and priorities more closely to community needs.

9. There is huge potential to capitalise on the reach and expertise of the public sector. For example, by joining up the multiple entry points to the system – right across mainstream and universal services – we can identify and engage families at risk more systematically. There are opportunities to tap into professional practice at the front line. A 'shared script' for staff across every agency with key messages on what support is available and which core outcomes they aim to achieve for families could mean that families receive a more consistent approach from public services, as well as helping services to look beyond the immediate presenting need.

10. Furthermore, the routine information collected by services offers the potential to use smarter and more sophisticated techniques to identify risk and to help support families before problems escalate and become entrenched.

11. This report is a staging post rather than the end of the Families At Risk Review. As the first stage of our work it sets out our key emerging analysis of what families, practitioners and policy-makers have been telling us. We are keen to work with stakeholders and other government departments over the coming months to test out this initial analysis further and to identify areas where policy changes could make a big difference to the lives of excluded families.
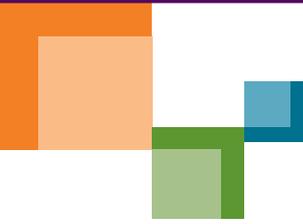
Introduction

"From the beginning of its time in office this Government has been concerned to support families. In 1997 childcare was a neglected part of the welfare state. With Sure Start Children's Centres, we have opened up new territory. Through the New Deal, the national minimum wage and Child Tax Credits there has been improved financial support for families. We are delivering the 10-year childcare strategy, replacing the Child Support Agency and have reformed children's services through the Every Child Matters programme".

Tony Blair, 2007

Over the past decade, the Government has helped improve the lives and prospects of many children and families, including some of the most vulnerable.

- 600,000 fewer children are living in relative poverty than in 1998.
- 443,000 fewer children are living in workless households than in 1997.
- Over £20 billion has been invested in early years and childcare services since 1997.
- There have been year-on-year improvements in educational attainment.
- There has been a major expansion in support for parenting.

This success has radically improved the prospects and wellbeing of large numbers of families. But these approaches for the many have not worked for all.

We now need to address the distinctive challenge of the small minority of families who have been left behind.

Analysis suggests that around 2% of families – or 140,000 families across Britain – experience complex and multiple problems. When parents experience difficulties in their own lives, the impact can be severe and enduring for both themselves and for their children. The consequences can cast a shadow that spans whole lifetimes and can carry significant costs for public services and the wider community. 'Families at risk' is a shorthand term for when families experience multiple and complex problems which restrict their life chances. Families at risk are *not* a homogeneous group. Research and evidence examined as part of this review underlines the complexity and multi-dimensional nature of the problems that families experience.

Case study

- Mother aged 44 has been diagnosed with a personality disorder. She lives with her father aged in his seventies and two teenage sons. One son has a mild learning disability. He has had a baby with his girlfriend but they struggled to care for it. There was little help available from within the family, and the baby has been taken into care.
- The other son is reasonably bright but had negative experiences at school and left with no qualifications. He is unemployed, not on benefits and supports himself through low levels of offending.
- The mother's condition has deteriorated since her own mother died about six years ago and she has made regular suicide attempts. She has had short periods in prison which has resulted in problems with benefits and this has affected the rest of the family finances. She lives in social housing.

Source: Knowsley Metropolitan Borough Council
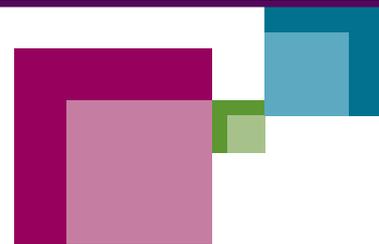
This review is not about examining trends in family life or moral debates about marriage.* The review asks: **what more can be done to improve the outcomes of the small proportion of families who have not been 'lifted by the rising tide?'** It particularly focuses upon multiple problems faced by parents that have an impact upon the entire family.

The Government has already taken bold steps to improve support for families by integrating children's services through the Every Child Matters agenda; by promoting more effective parenting;[1] addressing anti-social behaviour;[2] supporting parents by improving adults' services;[3] providing financial support to families on low incomes; and by taking steps to increase the resilience of children and young people.

The Government is determined to build on these steps by taking a hard look at the complex systems and services to do with families. Public services have successfully supported the majority of families, but they need to improve the way they help families with multiple needs. **If we are to reach out to the families most at risk, then we need to develop the capacity of systems and services to 'think family'.**

The good news is that progress is already being made to shape services more closely around the needs of families. There are some excellent innovations at a local level and some promising developments towards greater integration and multi-agency working across the system. There are exciting opportunities to build on the successes of Every Child Matters and to learn from good practice that is already happening locally in the best areas.

The review has drawn on multiple strands of evidence including focus groups and in-depth discussion with disadvantaged parents and children,

fieldwork in local areas, a call for evidence, a literature review and original analysis of the Families and Children Study. Further details on the methods used are contained in Annex B.

This report sets out initial findings and emerging themes and the final report, due for publication in the autumn, will present policy recommendations and actions in response to our findings and ongoing discussions with stakeholders.

This report is divided into two sections. **Section 1: Families at risk** sets out analysis of multiple disadvantage experienced by families at risk, including the impact of multiple parent-based risk factors on children; evidence on why families matter for the wellbeing of parents and children; and what the costs are to the state and to the wider community.

Section 2: Working with families goes on to examine the opportunities and potential for systems and services to 'think family'. It introduces models of whole family approaches and sets out the key challenges that excluded families pose to the system.

It goes on to highlight opportunities to build on progress in systems reform by:

- extending the logic of **integration** from Every Child Matters beyond children's services to better coordinate all of the services working with families at risk;
- ensuring that systems and services have the **right incentives** to focus their energies on families at risk; and
- capitalising on the reach and expertise of the public sector to **identify and intervene earlier** to support families better.

* Key patterns in family life are summarised in Annex A
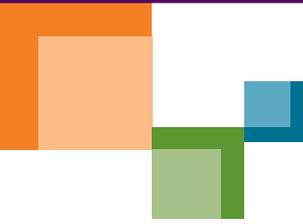
Section 1: Families at risk

This section focuses on the nature and scale of problems facing families at risk of chronic exclusion. Drawing on the Families and Children Study (FACS), it examines the compounding effect of multiple problems experienced by families at risk.

This section also analyses how the family can be both a source of resilience or risk for individuals, and have an impact on the life chances of children and young people. Finally, it calculates the costs to society of the continuing exclusion of families with multiple problems and sets out a role for government in supporting families to overcome disadvantage and improve their outcomes.

1.1 Family is the basic building block in virtually all societies. It is also a dynamic institution which is constantly adapting to social, cultural, demographic and economic changes. Families come in a wide range of different shapes and sizes and there is increasing diversity in family composition and structures. Some family types are more vulnerable to disadvantage than others but **no type** of family guarantees either failure or success. (Further data on patterns of family life can be found at Annex A.)

1.2 The vast majority of families have seen considerable improvements in their wellbeing, but for **a very small minority who have not**, a different approach is needed. This review is not about examining trends in family life or moral debates about marriage. Its focus is on how systems and services might best address the complex needs of the most excluded families.

1.3 It also considers how a family can be a major source of strength and support to both the parents and the children, and how, if things go wrong, it can sometimes be a source of risk.

Aiming high for children: supporting families

The Government wants **every** child to get the best start in life and to ensure that children and their families receive the support they need to allow them to fulfil their potential. It wants to do this in partnership with active, responsible parents and empowered communities, supported by public services that deliver packages of support tailored to families' needs.

In the past year, the Government has pioneered new approaches in tackling social exclusion. For example, it has funded pilot projects such as the Family Nurse Partnership and a series of pilots to help adults facing chronic exclusion. Building on this approach, the Government will provide **£13 million** over the Comprehensive Spending Review (CSR) period to enable a number of local areas to set up pathfinders for providing more effective support to families locked into a cycle of low achievement.

Source: HM Treasury and Department for Education and Skills
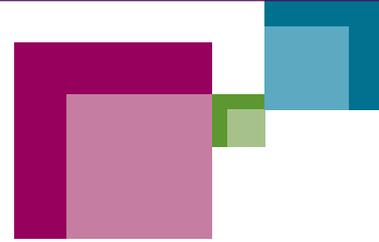
Families facing multiple problems

1.4 Whilst the experience of an individual disadvantage can create difficulties for families, analysis suggests that experiencing **multiple disadvantages can have a compounding effect**.

1.5 Analysis by the Social Exclusion Task Force using the Families and Children Study (FACS) shows that around **2% of families** in Britain experience five or more of the basket of disadvantages listed below. In 2005, this represented around 140,000 families.*

1.6 The FACS analysis focuses on disadvantages experienced by families across a range of areas, reflecting the cross-cutting nature of social exclusion. These are:

- **No parent** in the family is in work;
- Family lives in **poor quality or overcrowded** housing;
- No parent has any **qualifications**;
- Mother has **mental health problems**;

- At least one parent has a **longstanding limiting illness, disability or infirmity**;
- Family has **low income** (below 60% of the median); or
- Family **cannot afford** a number of food and clothing items.

1.7 These indicators are not a definition of social exclusion, but were selected to illustrate problems across a range of areas of disadvantage. **It is important to note that all of these risk factors concern the adult or adults in the family, and are largely controlled by the adult and other adult-based support services.** Children's services can mitigate the effects of these disadvantages but are usually less able to have an impact on the disadvantages themselves.

1.8 The chart below shows that there is a greater concentration of families with multiple problems in deprived areas, although even in the most deprived areas, only one in twenty families experiences five or more of the basket of disadvantages.

Figure 1a: Number of family disadvantages experienced by Index of Multiple Deprivation deciles

Legend: None / 1 or 2 / 3 or 4 / 5 or more

|	Bottom 10% of areas									Top 10% of areas
None	23.6	42.5	42.7	57.5	60	66.7	71.1	74	75.4	79.9
1 or 2	45	38.7	41.2	30.1	31.5	24.6	23.3	23.1	22	16.9
3 or 4	25.9	16	12.8	9.9	7.6	8	5.3	2.5	2.2	2.6
5 or more	5.5	2.8	3.3	2.5	0.9	0.8	0.3	0.4	0.4	0.6
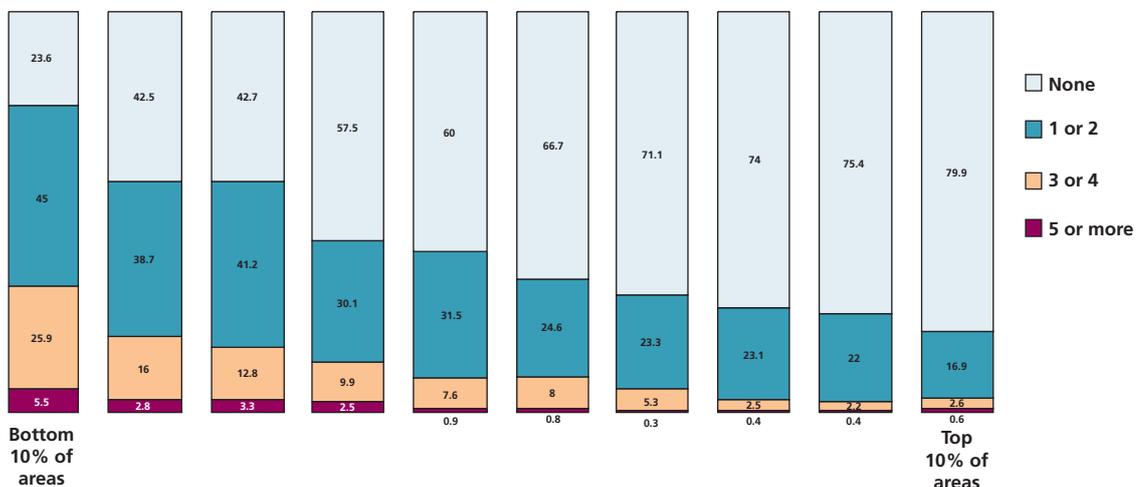
Source: Families and Children Study (2005)
Note: This analysis is for England only.

* Further details on the methodology can be found at Annex B

Figure 1b: Risk of experiencing five or more family disadvantages by family characteristics.

%

|	
All families with children	2
Social tenant	6.8
Mother's main language not English	6.7
Lone parent family	5.8
Mother's ethnicity Black	4.5
Mother aged 16–19	4
4 or more children	3.6
Mother aged 20–24	3.4
Mother's ethnicity Asian	3.1
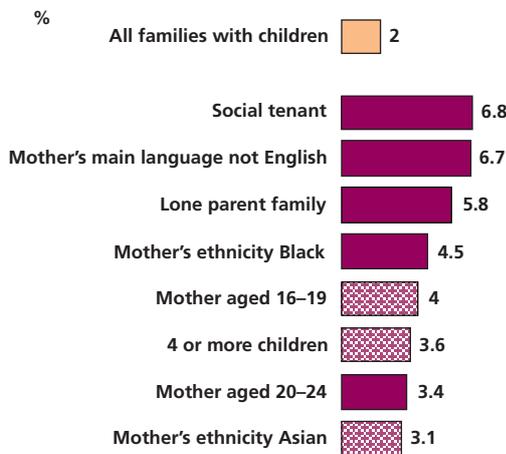
Source: Families and Children Study (2005)
Note: Patterned bars indicate too few cases to determine a statistically significant difference between sub-group and all families with children.

1.9 The analysis can also help us to understand which types of family are at greater risk of experiencing multiple disadvantage. The chart below shows that families **living in social housing, families where the mother's main language is not English, lone parent families and families with a young mother** all face a higher than average risk of experiencing multiple problems.

1.10 There is a clear relationship between the number of parent-based disadvantages that a family experiences and a range of different Every Child Matters outcomes for children. The chart below shows that children from families experiencing **multiple disadvantages** are: more likely to be rated by their parents as well below average in English and mathematics; more likely to have been suspended or excluded from school; more likely to have poor social networks; and more likely to have been in trouble with the police than children from families with fewer or no family disadvantages.

Figure 1c: Child outcome measures for 'enjoy and achieve' and 'make a positive contribution' by number of family disadvantages.

Legend: None | 1 or 2 | 3 or 4 | 5 or more family disadvantages

	None	1 or 2	3 or 4	5 or more
Well below average at maths (2005)	2.5	4	5.1	5.4
Well below average at English (2005)	2.8	4.5	6.2	10.4
Child suspended or excluded in last year (2005)	1.4	4.3	7.3	11.1
Not seen friends in last week and never goes to organised social activities (2004)	6.5	8.1	9.7	12.5
In trouble with police in last year (2005)	1	2.9	5.6	10.2

◄——— Enjoy and achieve ———►   ◄——— Make a positive contribution ———►
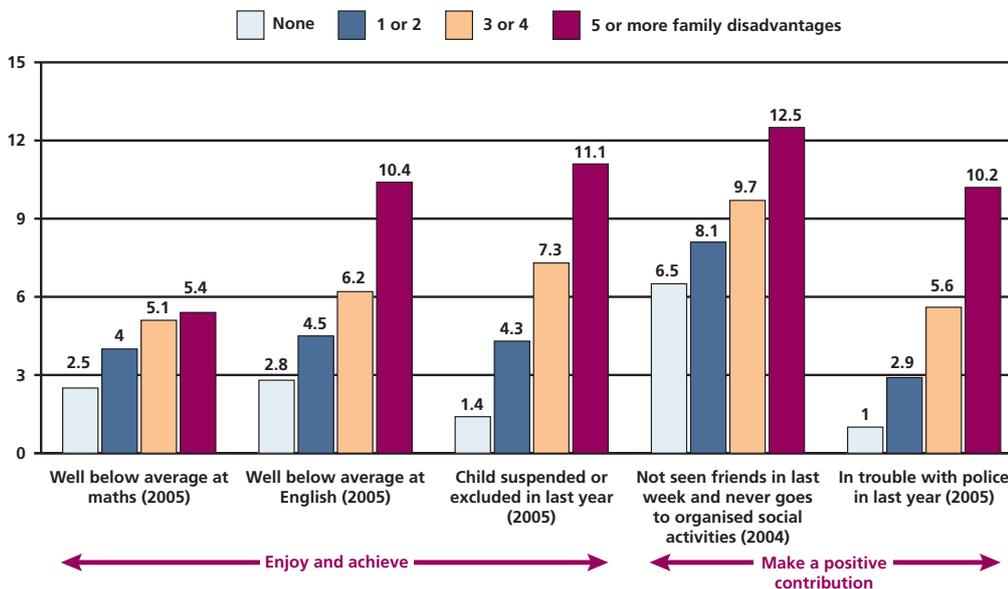
Source: Families and Children Study (2004 and 2005)
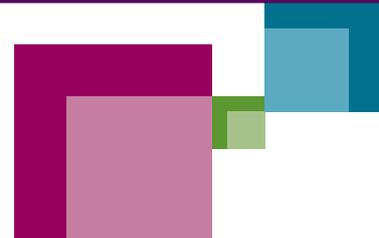
1.11 Children from families experiencing five or more disadvantages are significantly more likely to: report low levels of physical activity; consume higher levels of alcohol; and to say that they are more *'unhappy about their family'* than their counterparts in families experiencing fewer or no disadvantages.

Figure 1d: Child outcome measures for 'be healthy' by number of family disadvantages.

None | 1 or 2 | 3 or 4 | 5 or more family disadvantages
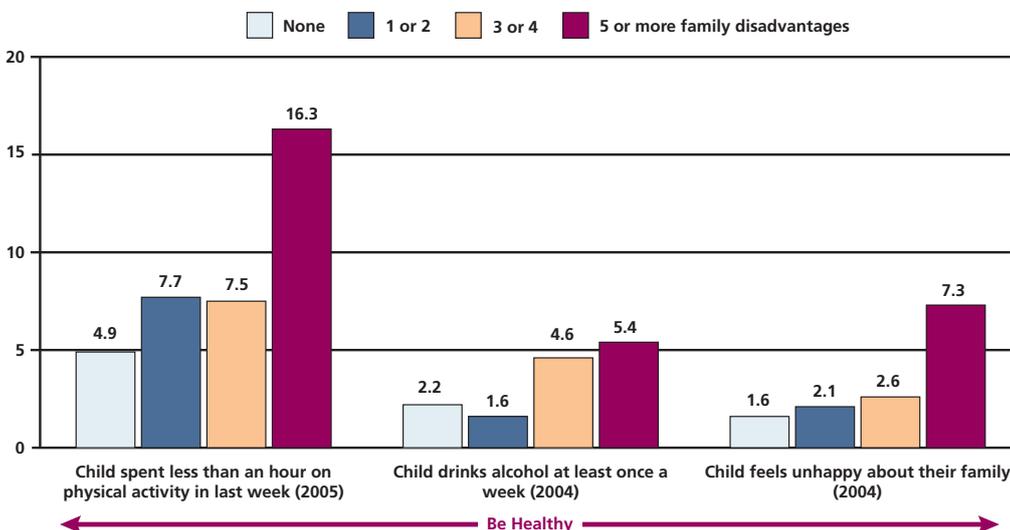
Source: Families and Children Study (2004 and 2005)

Figure 1e: Child outcomes for 'stay safe' by number of family disadvantages.

None | 1 or 2 | 3 or 4 | 5 or more family disadvantages
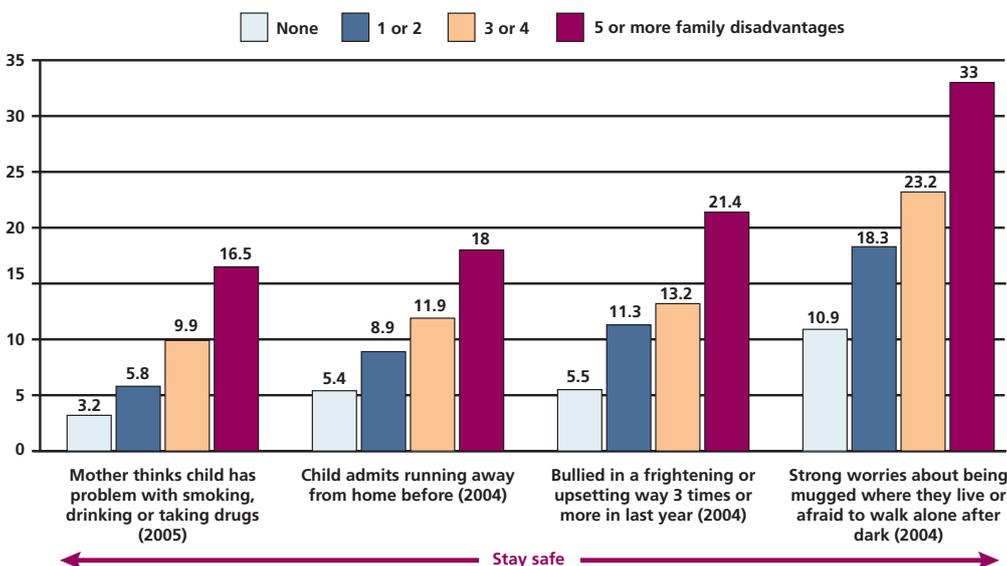
Source: Families and Children Study (2004 and 2005)
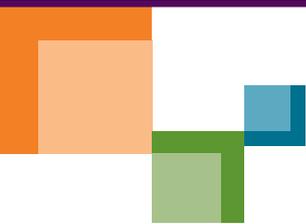
1.12 Similarly, on indicators of 'staying safe', children from families facing multiple disadvantages are also disproportionately more likely to experience poor outcomes, such as: strong worries about being mugged; bullied in a frightening or upsetting way; running away from home; or suspected of smoking, drinking or taking drugs.[4]

1.13 Family circumstances, parental behaviours, and the home environment shape children's outcomes and life chances, especially during the very early years before external influences such as school, peers and the neighbourhood increase in significance.[5] As a child grows older, the wider environment takes on increasing significance. However, parents and family remain a strong influence right into adulthood.[6]


Staying safe – a cross-Government strategy for helping children and young people to stay safe[7]

The Government will shortly be publishing a new strategy for consultation, Staying Safe. This will be for everyone involved with children – including children and young people themselves – and will aim to help children stay safe, whilst also giving them freedom to enjoy their childhoods, grow and mature.

Where parents have problems of their own that are having an impact on their children's health and development, families must receive the necessary support to address the root cause of the problems. Although there are risks to children and young people's safety and some children can be particularly vulnerable, children should not be prevented from learning and developing the essential skills they need for later life.

Source: Department for Education and Skills

Figure 1f: A model of the influences on child development.[8]

BACKGROUND FACTORS	KEY FAMILY FEATURES	FAMILY PROCESSES	OUTCOME
Family structure/size	Parental cognition	Parenting quality	Child development
Age of mother	Mental health and wellbeing	Home learning	
Income & Poverty	Physical health	Aspirations and exceptions	
Occupation/SES	Family relations		
Employment			
Housing			
Neighbourhood			
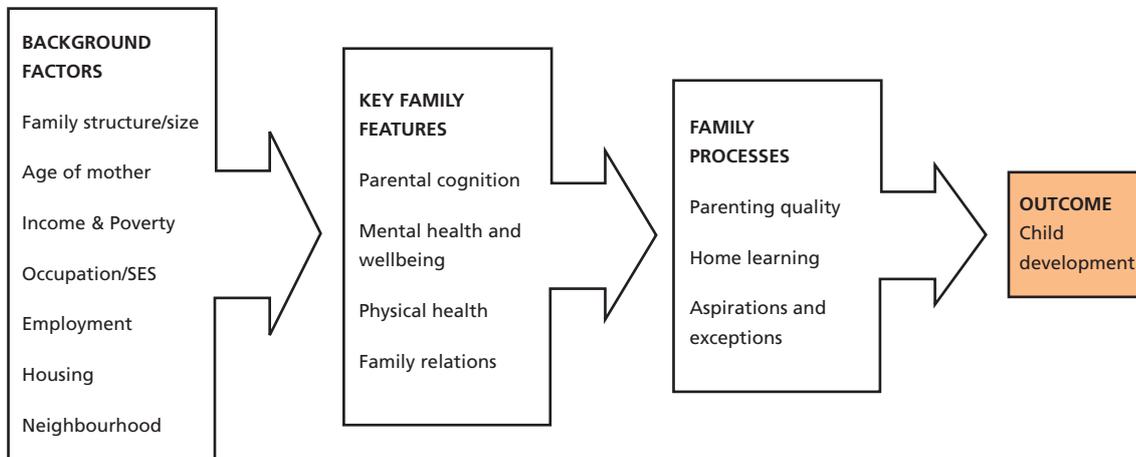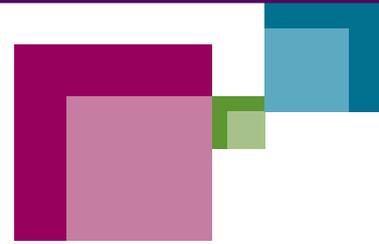
Parents as a source of resilience

1.14 The **vast majority of parents want the best for their children**. Whilst in a small number of cases families can be a source of risk, in most families they are a source of strength, support and resilience. Some disadvantaged families who face the most adverse of circumstances manage to beat the odds and break the cycle of disadvantage. These families can be described as **resilient**; they have an ability to adapt to challenges and to succeed despite experiencing difficulties.[9]

1.15 All families have the potential for resilience. Below we outline some of the factors that have been shown to act as protective factors, shielding children from negative influences.

1.16 **Authoritative parenting** combined with a warm, affectionate bond of attachment between a child and its parents from infancy is an important protective factor. This is capable of mitigating the risk of later negative outcomes.[10] A positive parenting style can reduce the likelihood that disadvantages such as growing up in a low income household or deprived neighbourhood will have a negative impact.[11]

1.17 Authoritative parenting tends to be high both in control and in warmth. It involves setting clear limits, expecting and reinforcing socially mature behaviour, whilst being aware of the child's needs.[12] Conversely, a harsh or inconsistent parenting style is a key risk factor for 0–2 year-old children in relation to their future likelihood of committing crime and anti-social behaviour.[13]

Sure Start Children's Centres[14]

Sure Start Children's Centres are places where children under 5 years old and their families can receive seamless services and information, and where they can access help from multi-disciplinary teams of professionals. The Government is committed to delivering a Sure Start Children's Centre for every community by 2010.

1.18 Positive relationships between teenagers and their parents can protect against a number of poor outcomes, including low educational attainment, poor mental health, low self-esteem, substance misuse, youth offending and homelessness.[15] Open discussion about risk-taking can also help young people develop skills to make safe and informed choices.[16]

Family Nurse Partnership

Family Nurse Partnership (FNP) is a nurse-led intensive home visiting programme during pregnancy and the first two years of a child's life.[17] It is focused on prevention and is offered to the most disadvantaged families. FNP promotes changes in behaviour to improve pregnancy and child health outcomes, supports better parent-infant attachment, and helps women to build supportive relationships, become economically self-sufficient and link into other support services. FNP is currently being piloted in ten sites across England.

Source: Department of Health and Department for Education and Skills
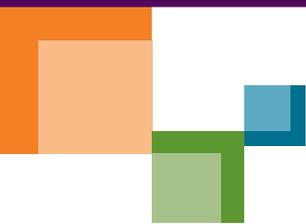
Peace of Mind

The Peace of Mind project runs a parenting course for Somali fathers in North London. The Somali community is one of the most disadvantaged ethnic minority groups with many continuing to experience psychological trauma as a result of the civil war. Fathers in the community, who identified strongly with the clan system in Somalia, have great difficulty adjusting to different lifestyles in Britain which may seem disorienting. The 13-week parenting course enables fathers to share their experiences and views, as well as build more positive relationships with their children. It builds confidence in the fathers themselves, and has shown success in helping fathers find employment to support their families.

Source: Fathers Direct

1.19 Educational attainment is a key protective factor for children, and the level of **parental interest in a child's education** is extremely important.[18] When a child is very young, parental involvement plays a key role in ensuring cognitive development, literacy and numeracy skills.[19] Research suggests that at primary level, differences in parental involvement in learning can have a very significant impact on attainment.[20] The impact remains very strong into adolescence.[21]

Extended Schools

Extended Schools play a key role in helping to deliver positive outcomes for children and families.[22] They work with local providers, agencies and other schools to provide access to childcare, parenting and family support, and swift referral to specialist services such as health and social care.

There is evidence that extended services can help to improve pupil attainment and attendance, enabling teachers to focus on teaching and learning, and enhancing families' access to services.[23] There are currently over 4,700 (almost 1 in 5) schools providing access to the core offer of extended services.

Source: Department for Education and Skills

1.20 As children move through secondary school, parents may face challenges in supporting learning. Research suggests that at this point, communicating aspiration may be more important than active involvement in the learning process at school.[24] Encouraging the child or young person to aim high, and celebrating achievements are both very powerful motivators for children at this age.[25]

1.21 Good parenting and strong family relationships can help to build **social and emotional skills**, which are themselves protective factors. They allow children to create their own friendships and support networks and to develop greater resilience in coping with negative situations. Social skills are important determinants of a host of outcomes including raising attainment, avoiding teenage motherhood and preventing involvement in crime.[26] They are also becoming increasingly important to employers who value the skills of teamwork, motivation and reliability.[27]
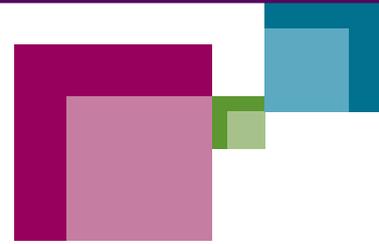
Social and Emotional Aspects of Learning (SEAL)

This is a school-based programme that provides a framework for teaching social and emotional skills to children from the Foundation Stage to Year 6. Materials are provided that help children develop these skills in a planned and systematic way through assemblies and curriculum subjects, along with training materials and guidance for school staff. Following the success of SEAL at primary schools, it is being rolled out to secondary schools. Children in SEAL pilots showed faster rates of improvement in attainment in English, mathematics and science than the national average.

Source: Department for Education and Skills

Parents as a source of risk

1.22 The problems experienced by a very small minority of parents can pose significant risks to other family members, including children. Families can also face risks from extended family and social networks, from their communities or from the physical environment of their neighbourhood.

1.23 The effects of parental risk factors on parents and children are complex and interlinked. Parents who experience difficulties in one area of their lives have a higher chance of experiencing difficulties in other areas. However this is not to say that every parent with difficulties will experience additional problems as a consequence, nor that they will pass the consequences on to their children. The vast majority of families who experience individual parental problems do go on to succeed, and only a very small percentage will develop severe multiple disadvantages.

1.24 To help understand the nature of multiple disadvantage faced by families at risk, this review has examined a wide range of individual parent-based risk factors, which are set out below. These are: poverty; debt; worklessness; education and skills; housing; crime; anti-social behaviour; drugs; alcohol; mental health; physical health; relationship conflict and breakdown; and domestic violence.

Poverty

1.25 22% of children live in families on relative low incomes,[28] and 13% of children experience persistent poverty.[29]* The effects of poverty are complex and wide-ranging. They can be highly damaging for families – particularly if experienced for longer periods.[30] Poverty can increase the likelihood of other parental problems such as unemployment,[31] poor access to services,[32] poor health and housing[33] and financial exclusion.[34]

1.26 Poverty also poses risks of poor child health, lower educational attainment[35] and lower aspirations. Young people who have grown up in poverty are more likely to have very low levels of savings or assets, which is associated with a range of poor outcomes over the longer term.[36]

1.27 The effects of childhood poverty can persist into adulthood and pass from one generation to the next. For example, although educational attainment can militate against poverty experienced during childhood and against its impact on adult outcomes,[37] there is a strong association between parental income and the children's subsequent earnings as adults.[38]

* Low income is defined as living on less than 60% median equivalised household income before housing costs (equivalised according to the OECD scales). Persistent poverty is defined as living on less than 60% median equivalised household income before housing costs in three years out of four (equivalised according to the McClements scale).
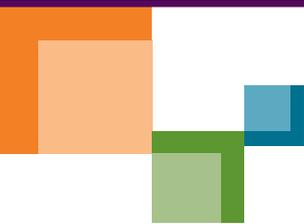
600,000 children have been lifted out of poverty since 1998/99.[39]

Reforms since 1997 mean that the poorest quintile of families are on average £3,500 a year better off.[40]

Child Poverty Review (2004) sets out the Government's strategy for tackling poverty, including: financial support for families; work for those who can work; tackling material deprivation; and providing high quality services.[41]

DWP Working for Children (2007) sets out additional steps to meet the 2010 target of halving child poverty and includes measures to help lone parents back into work, job retention and progression and ensuring a family focus for employment programmes.[42]

Tax credits support around 6 million families and takeup is highest amongst low-income groups.[43] Further increases in the child element of the Child Tax Credit will lift up to 200,000 children out of poverty by 2009.[44]

The Child Trust Fund (CTF) provides every child with a financial asset when they turn 18.[45]

Debt

1.28 In 2005/06, 200,000 children lived in households that had four or more household bills in arrears.[46] Problem debt is associated with low income and material deprivation including housing problems.[47] The stress of over-indebtedness is associated with relationship conflict and breakdown,[48] and with a wide range of physical and mental health problems.[49] Evidence suggests that adults in arrears are twice as likely to leave their job due to the effect of problem debt on their health.[50]

Through the Financial Inclusion fund, the Government has invested £47.5 million in face-to-face money advice, meaning that 400 new debt advisers have helped over 26,000 people get to grips with debt since April 2006. Over 100 additional new advisers will be in place by the end of June 2007.

Tackling Over-Indebtedness (2004) is the cross-Government strategy aimed at minimising the number of consumers who become over-indebted and at improving the support and processes for those who have fallen into debt.[51]

Worklessness

1.29 60% of children in workless households live in poverty compared to 8% in households where all adults work.[52] Being out of work can have a negative impact upon parental physical and mental health and wellbeing, as well as on adult skills, motivation and confidence.[53] It can also have a long-term 'scarring effect'. Children who grow up in workless households are themselves much more likely to be poor and out of work in adulthood.[54]

There are 2.5 million more people in work than in 1997 and employment is at a record high.[55] The OECD confirms that the UK has the highest employment rate and the best combination of employment and unemployment amongst the G7 countries.[56]

443,000 fewer children live in workless households compared to 1998.[57]

The New Deals have proved highly successful in moving parents back into work. The New Deal for Lone Parents has moved 458,000 lone parents back into work[58] and an enhanced New Deal Plus for Lone Parents is currently being piloted. New Deal for Partners offers partners of benefit claimants the same level of support available on New Deal for Lone Parents and the Partners Outreach Pilots will target potential second earners in low-income families.

Welfare Reform aims to provide work for those who can work, and additional support for those who cannot. A New Deal for Welfare: Empowering people to work announced plans to replace Incapacity Benefit with the Employment Support Allowance and provide additional support and incentives for lone parents.[59]

The Freud Review (2007) on the future of welfare to work has recommended outcomes-based, contracted provision of intensive, individualised support for the 'hardest to help'.[60]

Pathways to Work has been highly successful and helped more than 32,000 people off Incapacity Benefit and into work over a three year period.[61]

The Ten Year Childcare Strategy set a target for access to a childcare place for every child by 2010.[62]

Education and Skills

1.30 Lack of skills or qualifications increases the risk of unemployment and less than half of those with no qualifications are in work.[63] Poor skills carry a significant earnings penalty[64] and are related to poverty. Of those who experienced persistent poverty between 2001 and 2004, 19% had no qualifications.[65] As we have seen earlier, parental education and skills are key determinants of children's attainment.

1.6 million adults have achieved a first qualification in literacy, language or numeracy – exceeding the Skills for Life target for 2007 by 100,000.[66]

The Leitch Review of Skills (2006) highlighted the need to increase skill levels across the workforce – particularly those in the most disadvantaged groups – and recommended closer integration in the delivery of employment and skills related services.[67] The Government's response and implementation plan will be published in summer 2007.

Skills for Life Strategy (2001) is the Government's strategy for improving adult language, literacy and numeracy skills and for building demand for learning.[68]

Housing

1.31 51,060 families were accepted as homeless in 2006.[69] Bad housing, overcrowding and homelessness have been linked to poor mental and physical health for both children and parents,[70,71] behavioural problems for children[72] and a higher incidence of parental drug and alcohol abuse.[73] The disruption to daily life caused by homelessness can lead to missed school for children[74] and lower levels of
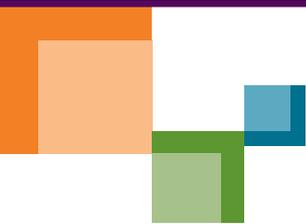
engagement with services such as Sure Start.[75] Homelessness can significantly increase child vulnerability and it increases the risk of a child being on the Child Protection Register from 1% to 12%.[76]

The number of children living in non-decent homes across the social and private rented sectors fell by 1.4 million between 1997 and 2005.[77]

Since 2001 the number of non-decent homes in the social sector has reduced by over 50%.[78]

The Government has ended the long-term use of Bed & Breakfast accommodation for homeless families.[79]

Sustainable Communities: Homes for All and Settled Homes (2005) aims to improve the supply of new private and social housing and tackle homelessness.[80]

The **Decent Homes Programme** aims to ensure that all children living in the social rented sector have decent homes.[81]

Crime and experience of the criminal justice system

1.32 During 2005 around 162,000 children had a parent in prison.[82] Around 55% of female prisoners have a child under 16.[83] 25% of men in Young Offenders Institutions are, or are shortly to become, fathers.[84] Parental imprisonment disrupts contact between parent and child and is strongly associated with poor outcomes. Children of prisoners have about three times the risk for both mental health problems and anti-social or delinquent behaviour compared to their peers,[85] and they exhibit low self-confidence, truanting

behaviours and stress-related conditions. 63% of boys with convicted fathers go on to be convicted themselves.[86]

Crime has fallen by 44% since 1995, representing 8.4 million fewer crimes in total.[87]

Five Year Strategy for Protecting the Public and Reducing Re-offending (2006) introduced the Children and Families Pathway which aims to maintain prisoners' family relationships and expand parenting and relationship skills programmes for offenders.[88]

The Children of Offenders Review (2007) is being undertaken by the Department for Education and Skills and Ministry of Justice to identify how children affected by the imprisonment of a parent can be better supported.[89] This will be published shortly.

Anti-social behaviour

1.33 Parents who engage in anti-social behaviour are more likely to raise children who also behave anti-socially.[90] Children who know of their parents' involvement in drug misuse or crime, or whose parents condone such behaviour, are at increased risk of misusing drugs and of engaging in offending behaviour themselves.[91]

1.34 This can perpetuate a cycle of criminal behaviour where the children of parents who behave anti-socially are more likely to be both perpetrators and victims of crime themselves. Young people who commit crimes or engage in anti-social behaviour are also more likely to be victims of crime themselves.[92] Similarly, those who live in areas where anti-social behaviour is common are also at increased risk of being victims.
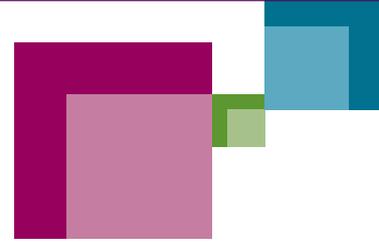
The Respect drive, as laid out in **The Respect Action Plan (2006)** focuses on addressing anti-social behaviour through interventions that support and challenge families, parents and children and young people to change their behaviours.[93] Key measures of the Respect drive include a new approach to tackling anti-social families through Family Intervention Projects, a wide-ranging programme to improve parenting and strengthening communities through more responsive public services.

Drugs

1.35 It is estimated that there are 250,000–350,000 children of problematic drug users* in the UK.[94] 2–3% of children under age 16 have at least one parent who misuses Class A drugs, although around half of these children do not live in their parent's care.[95]

1.36 Drug misuse can have significant impacts upon children. Maternal drug use during pregnancy carries significant health risks for the foetus. Parental problem drug use is associated with neglect, isolation, physical or emotional abuse, poverty, separation and exposure to criminal behaviour.[96] Over the longer term there is an increased risk of emotional, cognitive, behavioural and other psychological problems, early substance misuse and offending behaviour and poor educational attainment.[97]

Expansion of drug treatment led to 181,390 individuals receiving structured treatment in 2005/06.[98]

National Drugs Strategy – Tackling drugs to build a better Britain (1998) focuses on reducing the harm caused by drugs to communities, individuals and their families and will be updated in 2008.[99]

Drugs Intervention Programme (DIP) targets drug misusers involved in drug-related crime and aims to develop and integrate measures to aid the transition from crime and into drug treatment.[100]

Every Child Matters: Change for Children: Young People and Drugs (2005) sets out the government's strategy to address substance misuse among young people and emphasises preventative work.[101]

Alcohol

1.37 Around 1.3 million children live with parents who misuse alcohol.[102]** Studies have found that the children of parents who misuse alcohol are at a higher risk of mental ill-health, behavioural problems, involvement with the police, as well as substance and alcohol misuse.[103,104]

1.38 Parental alcohol misuse also raises the likelihood of having caring responsibilities at a young age and of poor educational attainment.[105] Children with problem drinking parents are more likely to witness domestic violence and to experience parental relationship breakdown.[106] Alcohol misuse has been identified as a factor in over 50% of all child protection cases.[107]

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* The Advisory Council on the Misuse of Drugs defines problem drug use as that with serious negative consequences of a physical, psychological, social and interpersonal, financial or legal nature for users and those around them.

** The World Health Organisation distinguishes between three categories of problem drinking: (i) hazardous drinking: people drinking above recognised sensible levels but not yet experiencing harm; (ii) harmful drinking: people drinking above sensible levels and experiencing harm; and (iii) alcohol dependence: people drinking above sensible levels and experiencing harm and symptoms of alcohol dependence. The estimated 1.3 million children with alcohol misusing parents would have parents in the second two categories.
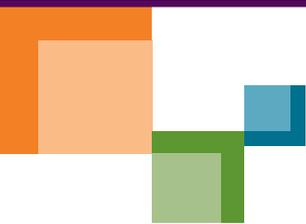
Safe. Sensible. Social. The next steps in the National Alcohol Strategy (2007) is the new cross-cutting alcohol strategy. It focuses on the harms caused by drinking, including those to the family and the wider community.[108]

Mental Health

1.39 Around 450,000 parents have mental health problems.[109] Poor parental mental health is significantly associated with children's own mental health and their social and emotional development. For example, the children of parents with mental ill-health are twice as likely to experience a childhood psychiatric disorder.[110]

1.40 The propensity to experience some major mental illnesses can be inherited genetically.[111] However the effects of poor parental mental health are also transmitted environmentally through processes during pregnancy and through family relationships. For example, one in ten new mothers develops post-natal depression[112] and prolonged post-natal depression can have a negative effect on the child's cognitive development and ability to form social relationships.[113]

Between 2001/02 and 2005/06, NHS and local authority planned expenditure on mental health services has seen a cash increase of £1.65 billion.[114]

The **National Service Framework for Mental Health (1999)** aims to modernise and set national standards for mental health services across the country to meet the needs of working age adults up to 65 who experience mental health problems.[115]

Physical Health

1.41 About 12% of Britain's 14.1 million parents are disabled.[116]* Parental poor health or disability increases the risk of parental worklessness and is strongly associated with family poverty and debt.[117] Poor physical health is also closely related to poor mental health.[118]

1.42 Parents with learning difficulties are far more likely than other parents to have their children removed from them and permanently placed outside the family home. Research indicates that one sixth of children subject to care proceedings have at least one parent with learning difficulties.[119] This figure rises to almost a quarter if parents with borderline learning difficulties are included.

1.43 Sometimes parental poor health means that the child becomes a carer. Being a young carer can have detrimental effects on a child's wellbeing, including health problems and emotional difficulties.[120]

Social care spending increased by £1 billion a year from 2003 to 2006.[121]

The number of extra-care housing rose from 18,000 residences in 1997 to 25,500 in 2003 as a result of additional funding.[122]

Valuing People – A new strategy for learning disability for the 21st century (2001) committed Learning Disability Partnership Boards to ensure that services are available to support parents with a learning disability.[123]

The National Service Framework (NSF) for Children, Young People and Maternity Services (2004) sets minimum standards for information, services and support for parents or carers to help ensure that all children have optimum life chances and are healthy and safe.[124]

* The term "disabled parent" refers to a parent who comes within the Disability Discrimination Act 1995 definition of a person with a disability, "anyone with a long-term health problem or disability which has a substantial and long-term adverse effect on the ability to carry out normal day to day activities".
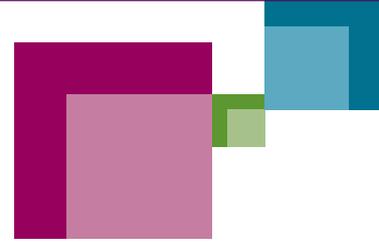
Relationship Conflict and Breakdown

1.44 Around 3 million children have experienced the separation of their parents and at least one in three children will experience parental separation before the age of 16.[125]

1.45 Parental conflict and hostility both within and outside of marriage or a civil partnership can have significant social and psychological impacts on children, including increased risks of anxiety and depression.[126] Children experiencing sustained family conflict also tend to have lower academic performance, independent of their socio-economic status.[127]

1.46 However, a good relationship between both parents acts as a buffer from many of the negative impacts of parental separation and divorce.[128] In particular, continuing contact between effective non-resident fathers and children after a divorce is positively associated with the child's achievement at school.[129]

The number of couples receiving publicly funded mediation has gone up from 400 in 1997/98 to 14,000 in 2005/06. An evaluation of mediation services showed that around 60% of these cases are resolved successfully without going to court.[130]

The Maintenance and Enforcement Commission (2006) is a more streamlined body to replace the existing Child Support Agency. The new system is intended to support more parents to make maintenance arrangements between themselves without recourse to the new enforcement body.[131]

Domestic Violence

1.47 There are no precise figures on the number of UK children exposed to domestic violence in the home, but estimates begin at 240,000 upwards.[132]

1.48 Around one in four children who have witnessed domestic violence have serious social and behavioural problems.[133] They are 2.5 times more likely to have these problems than children from non-violent backgrounds.[134] Three quarters of domestic violence cases result in physical injury or mental health consequences to the woman, seriously affecting her ability to exercise a parenting role.[135] Recent research indicates that witnessing domestic violence as a child results in males being more likely to engage in domestic violence as adults, and in females being more likely to be victims as adults.[136]

The successful prosecution rate for domestic violence rose from 46% in 2003 to 65.4% in December 2006.[137]

The Domestic Violence National Delivery Plan (2005) is a cross-cutting initiative that focuses on ensuring a clear and consistent multi-agency approach to understanding and supporting victims of domestic violence and reducing instances of domestic violence through multiple initiatives.[138]

Independent Domestic Violence Advocacy Services (IDVAs) provide advice, information and support to victims of domestic violence living in the community. IDVA involvement has been shown to decrease victimisation, increase notification of children at risk and increase the number of victims willing to support a prosecution.[139]
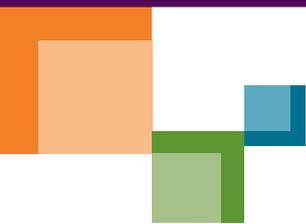
Wider family influences

1.49 All individual family members – not just parents – can have an impact on one another. The behaviour of older siblings, for example, often has a significant influence on younger children's outcomes. Older brothers and cousins are identified as influences by many persistent young offenders. For example, 45% of young offenders in one survey said they had committed crimes with family members.[140]

1.50 Children also have a large impact on their parents' circumstances and behaviour. They can be a source of motivation to curb risk-taking behaviours. For example, re-offending rates drop by up to six times if imprisoned fathers stay in touch with their families.[141] Unfortunately however, they can also be a trigger for challenges and stresses within the family. Childbirth can be a trigger for parental conflict, with around 30% of domestic violence cases starting during pregnancy.[142]

1.51 Having a disabled child can lead to particular strains on the family. The family may face financial stresses through additional costs such as specialised equipment and more expensive transport. Childcare can often be costly, inflexible and inaccessible.[143]

1.52 The demands of caring make it difficult for parents to increase their income through paid employment. Mothers of disabled children are less likely to be employed than their peers.[144] Parents of disabled children are also particularly vulnerable to stress and this can lead to relationship problems and breakdown.[145]

> **Aiming high for disabled children: better support for families**
>
> This document[146] sets out the Government's aim to ensure that every child, irrespective of race, gender, background or circumstances gets the best start in life, and the ongoing support that they and their families need to allow them to fulfil their potential.
>
> The report is a further step along the way to meeting the Government's vision of equality of opportunity for all disabled children and their families. It builds on progress already being made, for example in implementing the National Service Framework for Children and the Improving Life Chances for Disabled People report. Its aim is to improve outcomes in terms of educational attainment, social and emotional development, and to promote a degree of independent living, choice and control.

1.53 Extended families and wider social networks are also important influences on family outcomes. A lack of social and community networks has been identified as a risk factor for wider family problems. Research suggests that programmes to support families would achieve better outcomes if they placed greater emphasis on building community networks and wider parental support.[147,148]

1.54 Informal support can act as a strong protective factor in times of difficulty. For example, grandparents frequently take on caring responsibilities for their grandchildren as a result of parental substance misuse and other difficulties.[149] Many more friends and relatives provide informal care and support.
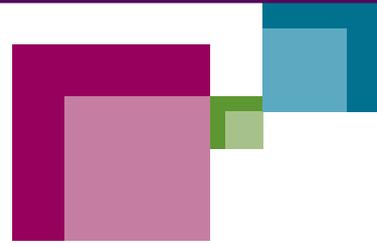
1.55 Services often engage only with the parents of a vulnerable child. However, reaching out to wider family members can have positive outcomes and avoid the need for the child to be taken into care.

Case study

The mother of Child A and Child B was imprisoned for prostitution and their father was admitted into rehabilitation. The family had extended family in the UK and Nigeria, but only the parents had had any engagement with formal adults' or children's services.

The family was offered a Family Group Conference in response to the need to find accommodation and security for the children, given the absence of both parents. The grandparent, step-grandparents and adult siblings attended. The resulting plan placed the children with the step-grandparents with high levels of informal contact within the family. The family felt that the process respected their traditions and that it engaged family members who would not have attended more formal meetings.

Source: Morris, K et al., (forthcoming) Literature Review by Birmingham University for the Families at Risk Review.

1.56 It is important to capitalise on these opportunities. The outcomes for children taken out of the family environment and into state care are extremely poor, even in comparison to children facing comparable levels of disadvantage.

Care Matters: Transforming the lives of children and young people in care (2006)[150]

The Green Paper included proposals giving Local Authorities the power to direct schools to admit children in care even when the school is already full; establishing a headteacher for children in care in local areas, responsible for raising standards for those children looked after by the local authority; and support for young people in care as they move towards adulthood, including a bursary to enable them to go to university and a boosted Child Trust Fund with an extra £100 for each year a child is in care.

The Children in Care White Paper will be published shortly.

1.57 Children can also face risks in the neighbourhood in which they live. Children who live in rundown neighbourhoods are at increased risk of school failure.[151] Community disorganisation and neglect, the perception of easily available drugs and a lack of neighbourhood attachment are all risk factors that make young people more likely to turn to drugs or youth crime.[152]

1.58 Residents of deprived areas are more likely to be the victims of crime than people who live in other areas of the UK.[153] Living in a deprived neighbourhood is also associated with an increased risk of poor mental and physical health for parents and behavioural problems for children.[154]
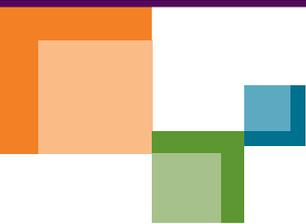
Neighbourhood Renewal Fund (NRF)

This fund is a special grant made available to England's 88 most deprived Local Authorities. The grant enables them to work in partnership with their Local Strategic Partnership to improve services with the aim of narrowing the gap between deprived areas and the rest of the country. The NRF provided £1.87 billion over the period 2001–2006 and another £1.05 billion has been made available for 2006–2008. The gap between the NRF areas and the England average has narrowed with regard to: the percentage of schools achieving Key Stage 3 targets by 47%; the circulatory disease mortality rate by 23%; overall crime rate by 14%; and employment rate by 4%.[155]

New Deal for Communities (NDC)

The New Deal for Communities gave £2 billion direct to locally elected residents in 39 of Britain's poorest neighbourhoods. Funding has been used to tackle a wide range of factors, including poor schools, youth crime, poor housing and worklessness.

Projects have helped to build or repair over 41,000 houses and have directly or indirectly led to jobs for 10,000 of the 390,000 residents. Job training schemes have led to 25,000 people gaining new qualifications, and co-operation between communities and the police has contributed to a 30% fall in burglaries. Almost 30% of residents have engaged in NDC areas with the New Deal.

Source: Communities and Local Government[156]

Costs of exclusion

1.59 The failure to address social exclusion can levy high costs on **children, parents, families, the community and wider society**, in terms of poor life experiences and future prospects.

1.60 Families facing multiple problems do not just have an impact upon themselves. They also impose a high cost to society, be it through the costs of support services or in some cases through lost productivity and the costs of policing anti-social behaviour.

1.61 In **Aiming high for children: supporting families**,[157] HM Treasury calculated that families experiencing five disadvantages (depression, alcohol misuse, domestic violence, periods of homelessness and involvement in criminality) can cost the state between **£55,000 and £115,000** a year. These figures reflect the cost of parental problems only. Children from families with additional support needs can add to the cost of the family. It is estimated that the cost per case for a child with additional support needs and who is in care is almost **£300,000**.

1.62 Part of the reason for these high costs is that families at risk often access services and support that are crisis-led, and are focused on the immediate presenting issue. This 'silo-based approach' fails to help those families who have multiple needs and require simultaneous support from a range of services to prevent them from falling through the gaps. Failing to provide the right support at the right time can have a significant impact on wider society – a theme to which we return in Section 2 of this report.
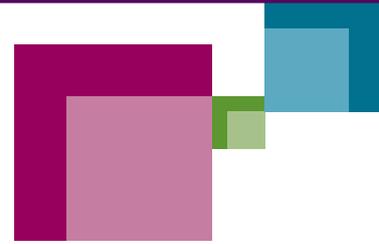
"Our approach is not about interfering, but empowering; not being a nanny state; but neither a neglectful state; and not about getting in people's way, but providing parents with the support which many of them are desperate to receive".

Alan Johnson, 2007

1.63 **In summary**, the most vulnerable and socially excluded families will almost certainly need continued support if they are to improve their own futures and ensure that their children can fulfil their potential and break the cycle of exclusion.

1.64 It is undeniable that a small minority of families continue to experience challenging lives compared to the majority who are enjoying ever increasing prosperity and increased opportunities. As well as wider tax and benefit reforms, this Government is committed to improving the life chances of the most disadvantaged through increasing the effectiveness of services. Success at improving the lives of the most excluded will support the government's main aim of enhanced wellbeing for all.

1.65 The State has a role in reducing the disadvantage experienced by people by improving the social infrastructure of communities. This includes the facilities, services and social organisation that help to tackle the root causes of social exclusion.[158] However, we should understand that the State is not always best placed to work directly with disadvantaged families, which is why in addition to working through local statutory sector organisations it also provides funding to a range of private and third sector organisations that deliver local support to parents and families.

1.66 The most challenging families need services that they may not want, and sometimes want services they do not need. The key challenge to policy-makers is to ensure that the services available to such families are both desirable and effective in improving their outcomes.

1.67 Parents with multiple disadvantages can face an uphill task to ensure their child is given the support that he or she needs to achieve positive outcomes. Family is a potential source of both resilience and risk. There has been significant progress in improving outcomes for the majority of families. But the complex needs of a small proportion of families who experience multiple and entrenched problems pose a distinct challenge to public services. Section 2 considers existing systems and services and how well these match up to the needs of the most disadvantaged families.

Section 2: Working with families

This section highlights the **challenges of engagement** with families with multiple problems and how the system and services needs to **'think family'** to address their needs effectively. It introduces models of **whole family approaches** and sets out the key **challenges that excluded families pose to the system**.

It goes on to highlight opportunities to **build on progress in systems reform** and in particular **Every Child Matters** by:

- extending the logic of **integration**;
- ensuring that systems and services have the **right incentives** to focus their energies on families at risk; and
- capitalising on the reach and expertise of the public sector to **identify and intervene earlier** to support families better.

Hard to reach? The challenges of engagement

2.1 Engaging and supporting families with multiple problems presents a distinctive challenge for public services. As these families make up a small percentage of the population, their needs can often be overlooked until their problems become highly visible.

2.2 Some families with multiple problems can create significant harm to themselves and the communities in which they live. They may externalise their problems through criminal or anti-social behaviour which can have an impact on whole communities. The Respect Action Plan[159] has introduced a radical package of measures to tackle anti-social behaviour, including the rollout of 53 Family Intervention Projects which challenge and support those families who are causing harm to the community. Services also have the ability to compel members of these families to engage, as their behaviour often breaks the law. Parenting Orders, Anti-Social Behaviour Orders (ASBOs) and threats of eviction can,

as a last resort, be used to enforce engagement with services.

2.3 However, there are also many families with multiple problems who do not behave anti-socially. For example, only 10% of children from families experiencing multiple disadvantages have been in trouble with the police.[160] Only around 7% of housing evictions are due to anti-social behaviour.[161] Families with less visible issues may also not think of themselves as in need of support or they may lack confidence to ask for help. This may result in them failing to access services at all.

2.4 Families may be unaware that there are services that can help them, or they may feel that existing services are inappropriate for their needs. This can be a particular issue for some minority groups. For example, a research study showed that very few South Asian parents of severely disabled children know about respite services and that only 10% use any form of short-term care.[162] Recent research into support for parents with learning difficulties found that they felt services do not listen to them, that they treat
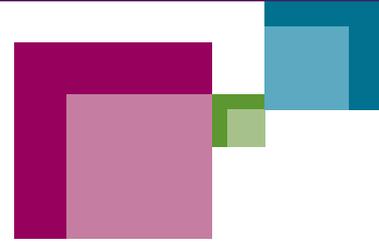
them differently from other parents and expect them to fail.[163]

2.5 Most families with multiple problems are likely to have had considerable experience of mainstream services, such as the child's school or the family's GP, as well as contact with specialist services. However, their engagement with services may often have been chaotic and it requires a level of coordination beyond the capacity of the individual frontline worker or indeed that of the clients themselves.

2.6 As the table below illustrates, there is a considerable gap in understanding between the way in which some services perceive excluded families and the way in which excluded families commonly perceive systems and services.

The challenges of engagement	
How the system sometimes views excluded families	**How excluded families sometimes view the system**
• Reluctant to engage with services[164] • Chaotic lifestyles and unable to keep appointments[165] • Aggressive and difficult behaviours[166] • Lacking in confidence and low motivation[167] • Multiple and entrenched problems mean that they are unlikely to succeed[168] • Easier to refer on to another agency[169] • Poor parenting and life skills[170] • Complex needs or conditions beyond staff capabilities[171] • Need to be challenged more than they need to be supported[172]	• Information on services is difficult to access or understand[173] • Services are not relevant to their specific needs[174] • Staff do not treat them with respect and lack knowledge to deal with problems[175] • Physical environment is intimidating[176] • Respond to single issues without reference to the complexity of problems[177] • Respond to problems when they reach crisis point rather than at an earlier stage[178] • Processes and services are inflexible[179] • Services are fragmented and poorly co-ordinated[180] • System may focus more on policing than on support – hence a fear of approaching for help[181]
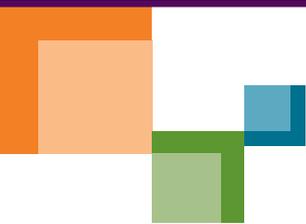
2.7 The net effect is that families and services fail to engage effectively. Despite high levels of expenditure and multiple crisis-led contacts, problems are not tackled effectively. They become more entrenched and then trigger the onset of further problems.

2.8 Crisis-led contact is expensive both to the individuals and families involved and also to the tax payer. For example, the cost of an emergency ambulance response is £237[182] and an A&E admission costs £110.[183] Expenditure spirals when crisis situations lead to family members moving into institutional care: accommodating a child in residential care can cost £75,000[184] a year and the cost of incarcerating a father in prison is estimated at over £40,000 a year.[185] Allowing problems to accumulate and become entrenched is deeply inefficient.

2.9 The findings of this review suggest that a new approach to engaging with excluded families is required. This would build on recent progress in public service reform and innovative approaches to engagement and service delivery to ensure that families with multiple needs are supported effectively. The system and services need to **'think family'**. This will be outlined in more detail in the next chapters.

Think family

2.10 **Think family to build on family strengths.** Family belief systems, family cohesion and coping strategies can all have a major impact on how effectively family members are able to respond to adversity.[186] Services that tap into these resources and build on the family's strengths may have a good chance of influencing behaviours and improving outcomes.

2.11 Many services begin with a single person and with a single problem. This tendency to individualise approaches to family difficulties can mean that the significant strengths demonstrated by even the most marginalised families can be overlooked. As a result, this problem-based approach can miss opportunities for engagement and for the formation of sustainable and constructive relationships between professionals and families.[187]

2.12 In contrast, a 'whole families approach' stresses the importance of looking at the family as a unit and of focusing on positive interdependency and supportive relationships. This approach takes the family's resilience and social capital as the foundations for achieving positive outcomes. Interactions between children and their families play a vital role in the development of children's social and emotional skills.[188] The support that parents give to their children's cognitive development is important, as is the instilling of values, aspirations and support for the development of wider interpersonal and social skills.[189] Adults' and children's services have a role to play together in helping to build family stability.

2.13 One example of a strengths-based approach is the Family Nurse Partnership:

Family Nurse Partnership (FNP)

The FNP is a strength-based and goal-orientated programme which is offered within the context of universal maternal and child health services.

Specially trained nurses, drawn from health visiting and midwifery visit families regularly. Using a structured programme, they work towards a set of objectives spanning pregnancy and the first two years of a child's life. The programme taps into every parent's instinctive desire to protect and do the best for their child, which is particularly strong in pregnancy and around the birth of the baby. It supports behavioural change, positive parenting and building economic self-sufficiency. Nurses promote supportive family relationships and they link mothers and other family members to services that they may need.[190]

Source: Department of Health and Department for Education and Skills

2.14 Think family as the problems of the individual do not exist in isolation.
Understanding the family situation (both in terms of the circumstances of individual family members *and* the quality of their relationships) can be highly important in diagnosing the root causes of a problem and in developing appropriate responses. Even the most effective integrated responses from children's services will only ever ameliorate the impacts of parent-based risk factors on a child. To reduce the *actual* risk factor at source, joint working with adults' services is required to tackle the parents' problems.

2.15 Some respondents to the review's call for evidence argue that a 'whole family' approach, especially when this may mean placing a family together 'in the same room to work out problems', may not be suitable in cases of domestic violence, child abuse or when a patient's right to confidentiality takes precedence. Each case will be different. What is important is that the needs of the family are considered and that a conscious decision is made about what is the most relevant approach.

2.16 Think family within the wider community.
The 'whole family' approach does not have to be limited to a strict notion of the family. It may involve the re-framing of responsibilities to the wider community – the family agreeing not to behave in an anti-social manner, for example. It can also involve drawing on friends, kin-carers, networks of support and the wider community as sources of social capital to help a family through adversity.

Models of services that 'think family'

2.17 Researchers from the University of Birmingham have identified three broad models of practice in working with families.[191] Within each of these categories, there is a range of examples of programmes that are already being delivered by voluntary and statutory agencies:
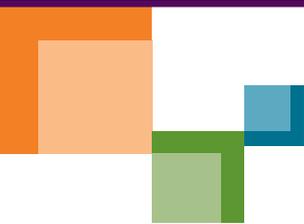
Models of working with families

Key attributes	Examples
1. Working with the family to support the individual service user	
The family is seen as a resource to support an individual family member. Service provision seeks to strengthen the ability of family members to achieve positive outcomes for the service user.	**Youth Justice Board Parenting Programmes** support the parents of young offenders through parenting programmes with the aim of cutting re-offending rates. Evaluations show a drop in conviction rates for offenders whose parents have participated.[192]
2. Identifying and addressing the needs of individual family members	
Services are developed that address the specific and independent needs of different family members. Services often address previously unidentified needs and result in family members being perceived to be service users in their own right.	**Strengthening Families** supports both a young person with mental illness and their family, through separate education and therapy sessions followed by group work.[193] **The 5 Step Model** supports families of substance misusers through educational sessions. It has led to changes in the substance misuse of the relative as well as improving family relationships.[194] **Young carers:** The Department for Education and Skills are funding forthcoming work on a family approach to supporting young carers, led by the Children's Society. The development of cross-agency family assessments aims to help bridge the gap between children's and adults' services and enable proactive support.[195]
3. Whole family support	
Work with the whole family. This type of approach analyses relationships between different family members and uses family strengths to limit negative impacts of family problems and encourages progress towards positive outcomes. It develops resilience and tackles problems that would be hard to achieve through an individualised approach.	**Family Group Conferencing (FGC)** is a system of family-led decision-making which now operates in around 40% of authorities in England and Wales. It draws on the resources of the extended family and empowers those involved to negotiate their own solutions to a problem, rather than imposing external remedies.[196] The **Marlborough Family Service** works with the most marginalised families. Intensive therapeutic interventions empower families to find non-violent solutions to problems. Around two thirds of families who access the service are reunited and incidences of repeat abuse have been extremely low.[197] **Multi-Systemic Therapy (MST)** is an intensive intervention that combines family and cognitive-behavioural therapy strategies with a range of other support services. Central to the model is an acceptance that school, work, peers and the wider community are inter-connected systems that can influence the behaviour of individual young people and their families.[198] **Family Intervention Projects (FIPs)** 'grip' some of the most difficult families in an intensive programme which both challenges and supports the whole family to achieve positive outcomes.
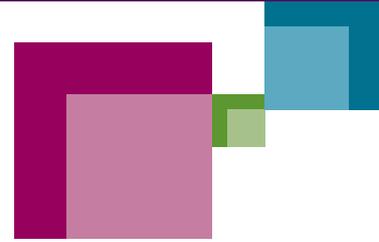
The views of families

2.18 As part of this review, researchers from Thomas Coram Research Unit at the Institute of Education, University of London,[199] undertook a small-scale qualitative study with nine groups of disadvantaged parents and young people to explore their experiences of services. Whilst this study by no means purports to represent the views of all disadvantaged families, it adds to our knowledge and understanding of their experiences and perceptions of services.

Key messages from the groups:

- a better system for responding to crisis and emergency situations;

- better systems for initial information, signposting and referral to appropriate services;

- greater use of the pool of talent and experience that exists amongst former service users;

- better public education, and better education of all professionals in service occupations, about the needs of young people in special family circumstances;

- lessons from the successful 'Children's Services Partnership' model applied more broadly;

- sustained funding for pilot services working well with vulnerable people; and

- more services for children where there is violence in the home and services for young carers.

2.19 **Trust is key to success.** The most excluded families may be distrustful of 'officials' and may take time to open up and engage with offers of support. Staff in universal services, such as teachers, doctors and health visitors can be important sources of support where families have built **strong and sustained personal relationships**. This can be crucial to achieving positive outcomes.

"I was self harming and took a few overdoses and she [resource worker] was the only person I could talk to. And I just rang up when I wanted, 'cos I had her mobile number … and she's helped me through a lot of stuff."

Young care leaver, Focus Groups

2.20 **Services need to be accessible** (in all senses: physical design, location, language and opening times). Professionals who are **flexible and responsive** and **recognise the diversity** of modern families are highly valued by clients whose lives do not easily conform to a 9–5 service environment.

Challenges for systems and services

2.21 The Government is committed to improving outcomes for all families. For example, the Government's strategy to get parents into work, linked to tax and benefit reforms, has been key to its success in reducing child poverty. Whilst successes for the majority of families are to be congratulated, there needs to be an *additional focus* on improving outcomes for the relatively small number who face multiple problems or who are at significant risk of multiple problems in the future.
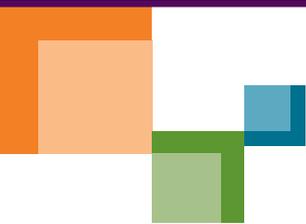
2.22 As well as targeting attention at improving outcomes for families already facing multiple problems, we need at the same time to work harder to 'stem the flow' – and halt the escalation of problems. Combating exclusion poses three challenges to our systems:

- **Prevention:** We need to focus on prevention at all levels (as illustrated below) in order to intervene before problems have a chance to escalate.
- **Tackling exclusion:** Specialist *and* mainstream service providers need the right incentives and motivation to focus on improving outcomes for the small minority of families who already have multiple problems. We need to ensure families are not written off because their needs are perceived to be 'too complex'.
- **Reintegration:** Services need to ensure adequate follow-up and sustained support to help excluded families make the transition into the mainstream.

2.23 **Prevention can operate at a number of levels** to support both those at risk of future adverse outcomes *and* to stop situations from getting even worse for those already experiencing problems.

2.24 **It is never too late to act preventatively.** Throughout life there are key moments of opportunity when families are more receptive to support, such as childbirth or moving into first independent accommodation. There are other opportunities when a family is in particularly acute need, such as at key transitions like leaving care or prison.

2.25 Even at crisis points, there are opportunities to intervene to prevent situations from deepening and widening. There may also be a chance to bring the family together in order to think through how to prevent the same situation from arising next time.

Figure 2a: Levels of prevention

Occurs **prior to the onset of a problem**. Takes a broad public health approach, building 'resilience to risk' and developing 'protective factors' to tackle emerging problems or probable future problems.

Primary prevention
Universal services

Secondary prevention
Targeted at deprived communities or populations

Targeted at at-risk areas, school or families (e.g. Sure Start Children's Centres). The aim is to **intervene as early as possible** after the identification of risk. This type of intervention is targeted to prevent risk escalating and minimise the impact of their problems on other family members.

Tertiary prevention
Preventing the recurrence of problems

Concerned with **preventing the recurrence and further escalation of existing problems** for families who already experience multiple problems.

> **Lewisham Council**
>
> Recognising the importance of providing opportunities at a key point of transition, Lewisham Council offers traineeships within council services to young people leaving care, providing them with the chance to build up skills and experience, and improve their chances of securing long-term employment.
>
> Source: Care Matters (2006)

> **Family Care Planning[200]**
>
> This model of family-led planning has been used in Australia to help families cope with parental mental illness. It involves the whole family in drawing up coping strategies in case of crisis, in addition to a longer term plan identifying family strengths and aspirations. Often triggered by a crisis, the plan develops both formal and informal support networks and focuses on recognising early warning signs which could prevent situations from escalating. This approach brings about greater family discussion and understanding of mental health issues.
>
> Source: Morris, K et al., (forthcoming) Literature Review by Birmingham University

Building on progress in Public Service Reform

2.26 Providing excellent public services is central to improving the life chances of all families – and particularly for the most disadvantaged. Analysis for the review has highlighted the potential for systems to work much more effectively for families at risk by building on recent Government progress in Public Service Reform,[201] and in particular by extending the logic of the Every Child Matters reforms.

2.27 There are many promising approaches and projects that take a 'whole families approach', such as the Family Intervention Projects and Family Nurse Partnerships. However, in order to ensure sustained improvements in outcomes we need to focus on improving systems. Only through reforming and integrating systems can we ensure that whole family approaches are embedded in both mainstream and specialist services for the long term.

2.28 Radical reforms introduced through the Every Child Matters agenda are driving system-wide integration across children's services to improve outcomes for all children and young people. Every Child Matters has created an overarching vision of integrated universal and targeted services for children aged 0–19, intended to secure improvements in five outcomes:

- Enjoy and achieve
- Be healthy
- Stay safe
- Make a positive contribution
- Enjoy economic wellbeing.

2.29 There has already been considerable progress in integrating children's services:
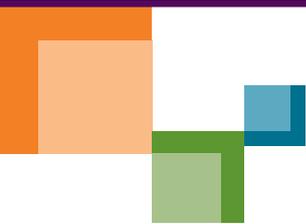
Every Child Matters: Progress in integrating children's services[202]	
Interagency governance	• Nearly all Local Authorities have Directors of Children's Services and Lead Members • All areas have established Local Safeguarding Children Boards
Integrated strategy	• All areas with a requirement to do so have children and young people's plans • There are 149 Local Area Agreements and LAAs will become statutory in 2007 • National ECM outcomes framework has been widely employed
Integrated processes	• 130 areas are using the Common Assessment Framework • 123 areas are using lead professionals – on course for all areas by 2008 • Information sharing (Contact Point) is being implemented
Integrated frontline delivery	• 1,263 Sure Start Children's Centres are in place serving a million under-5s and their families • Over 4,400 schools are providing extended services. Over 11,500 schools working on extended school provision • £115 million investment in integrated youth services

2.30 Within adults' services, **Our Health, Our Care, Our Say** has provided the impetus for greater integration of adult social care and health services. This White Paper[203] sets out a new vision for health and social care based upon the principles of better prevention, greater user choice and support for people with long-term needs through integrated services.

2.31 **Supporting People** helps vulnerable people to maintain or improve their ability to live independently. Communities and Local Government provides funding to 150 Local Authorities to commission services through local multi-agency commissioning bodies which include Health, Social Services, Housing and Probation services.

2.32 Systems reform is helping to link specialist services and universal provision. Extended school provision, being rolled out to every school by 2010, is enabling wider support to the family. This recognises the crucial role that schools can play in engaging with the family and providing a hub for integration of wider services.

2.33 For the most excluded families there is real potential to join up the reforms that are happening across the system to ensure that at all levels – from the front line to Whitehall – staff are energised and empowered to support families with multiple problems. Progress already made in these areas provides us with a solid platform for building an effective support system for families at risk.

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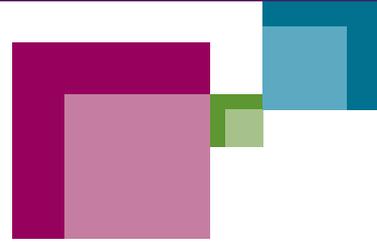
Extended Schools

The Blue Gate Fields Infant School in East London has run a range of initiatives to encourage parents to support their children's development in the early years. Nearly all the families have English as an additional language. Activities on offer are based on developing parenting skills, and in particular English language skills. A regular 12-week programme, facilitated by a Bengali-speaking teaching assistant, shows parents how to play games with their children and how to use English words in their play. In an area of high unemployment, the school places emphasis on helping attendees commit to the structure and responsibility of a regular programme.

Source: Department for Education and Skills

</div>

2.34 There is a real opportunity to test out and take the families approach forward. The HM Treasury/DfES review Aiming high for children: Support for families announced £13 million over the next Comprehensive Spending Review period to enable a number of local areas to set up pathfinders to pilot approaches of providing more effective support to families caught in a cycle of low achievement.

2.35 This is not about turning back the clock on improvements already made in system reforms, particularly in children's services. It is about extending the principles of coordination and integration to meet the needs of families whose needs are complex and which cannot be met by either children's or adults' services on their own. It is about **thinking family**.

2.36 The next chapters highlight opportunities to **build on progress in systems reform** by :

- extending the logic of **integration** from Every Child Matters and other reforms to all of the services working with families at risk;
- ensuring that systems and services have the **right incentives** to focus their energies on families at risk; and
- capitalising on the reach and expertise of the public sector to **identify and intervene earlier**.
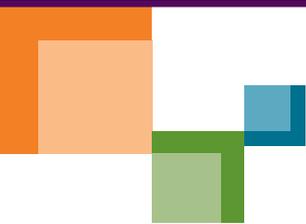
Integration

> **There is no single coherent system to support families**
>
> **Key findings:** Systems and services for families with multiple problems are highly complex and fragmented. Using the key features of the **Every Child Matters** model, we can build a wider, more inclusive structure to support families.
>
> - **Integrated governance:** Accountability for families can fall between services.
>
> - **Integrated strategy:** There are possibilities for greater coordination both *horizontally* across, and *vertically* between, different adults' and children's services.
>
> - **Integrated processes:** Services only have a partial picture of the family's needs due to a lack of joint working and information sharing which can lead to families receiving multiple, uncoordinated responses.
>
> - **Integrated front-line working:** Different service thresholds across agencies can hinder joint working. There are opportunities to embed greater joint working.
>
> **Integrated and tailored whole family approaches are required:**
>
> - Families are expected to engage with one-size-fits-all services.
>
> - Families need to be supported and challenged to take responsibility for their outcomes.

Integration matters

2.37 Inter-related needs cannot be effectively dealt with in isolation. The case study opposite highlights the complexity of, and inter-relationship between, the different problems faced by families at risk.

2.38 In the case study, the mother sought help because she wanted to improve her confidence and her employment situation. However, the chances of improving her economic prospects are intrinsically linked to other aspects of her life such as her lack of skills, her drug and alcohol misuse and her caring responsibilities.

2.39 Problems faced by individual family members influence outcomes for other family members. Many services are set up to deal with the specific problems of individuals without explicit recognition that the circumstances and situations of other family members might be drivers and/or consequences of what is going on with the individual client.

2.40 Integrated working can help draw out the best in families. Multi-agency working around the family can help mitigate risks and boost the resilience opportunities that other family members can offer. We know that wanting the best for their children can be a big incentive for parents to address their own problems.
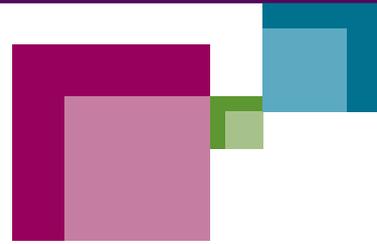
Case study

- 33-year-old lone mother of two children

- Previous history of Class A drug use; high level of alcohol dependency and heavy smoker

- Never worked; low skills and qualifications

- History of broken, dysfunctional relationships (children have witnessed arguments and domestic violence)

- High levels of debt due to drug and alcohol dependency

- Living in social housing in area of high deprivation

- 13-year-old child suffered as a result of mother's history of drug misuse: she was bullied at school and has become increasingly withdrawn and her school work is suffering

- Nine-year-old child was performing fairly well at school, but concern that the pattern of bullying experienced by his sister might be repeated

- Concern over both children's diet and dental problems

Source: Knowsley Metropolitan Borough Council

Addaction Maya Project

The Maya project works with mothers who are addicted to Class A drugs, particularly crack cocaine. It is a six-month residential project in which the mothers undertake intensive counselling to tackle their drug addiction and build up their self-esteem. This is combined with a parenting programme to build parenting skills and confidence.

Children are able to live with their mothers in the Maya project and they take part in high quality play time and early learning. This is an example of combining individual intensive support with preventative work to build up the family's protective factors.

Source: SETF visit to Addaction Maya Project
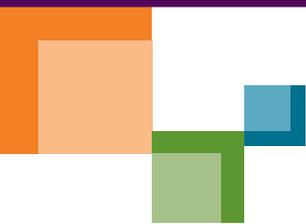
2.41 Multi-agency working ensures a consistent message. Tailored and integrated support packages and joined-up services help to ensure a consistent message and promote a mature relationship with services, which is particularly important in the case of families who may sometimes try to play services off against each other.

2.42 As the diagram below shows, families with multiple problems are likely to be in contact with several different systems of support. **Systems and services for families with multiple problems are complex and fragmented.** There is currently a lack of a systematic approach to the co-ordination of interventions and support for the family. This can hinder the timeliness, quality and appropriateness of support to tackle the causes of their social exclusion.*
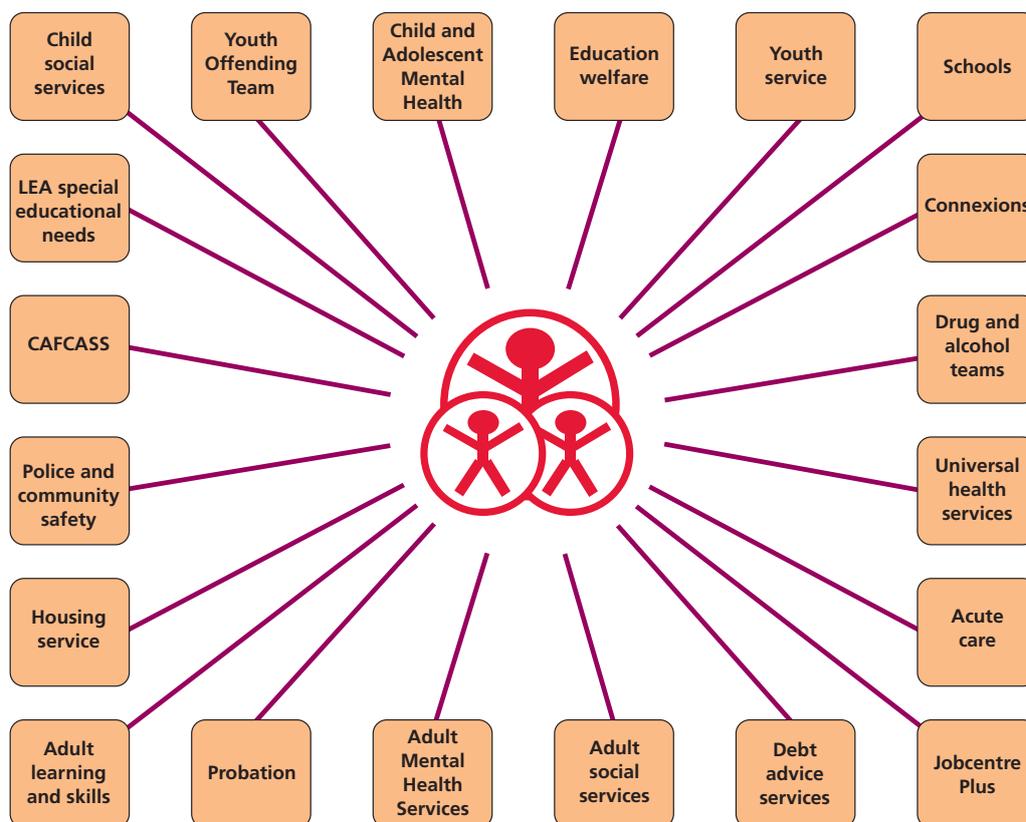
* This was a common issue which emerged from the call for evidence. One children's worker said "*most families with complex needs have a range of specialist and/or statutory agencies involved with them, they do not communicate effectively with each other. As a result, the family are confused about each agency's roles and responsibilities, leading to duplication and missed opportunities*".
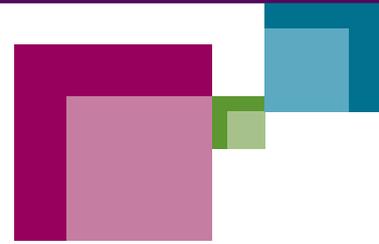
Integrated governance and strategy

2.43 **Accountability for families can fall between services.** In the wake of the Victoria Climbié tragedy, the Every Child Matters reforms introduced clear accountability for children at a local officer and political level. This has led to a focus on preventing harm to children as well as driving forward improved outcomes for all children across partner agencies.

2.44 Evaluation of Children's Trust Pathfinders found that the appointment of new Directors of Children's Services, responsible for both education and children's social services, helped to *'develop inter-agency governance and strategy, integrated processes, services and ways of working'*.[204]

2.45 Adults' services do not yet have such a clear accountability framework, with no one senior officer responsible for adult wellbeing overall. Health, social care, housing, employment, and adult skills can all be individually managed.

2.46 Families cut across the remits and responsibilities of adults' and children's services. Local Strategic Partnerships (LSPs) are breaking down some of the barriers to providing more coordinated responses to the needs of families. However, there is still only limited accountability and shared responsibility across services for improving families' outcomes.

2.47 **Families with multiple problems may cross local area and agency boundaries.** For example, educational services are determined by where the child attends school; health by where the family is registered with a GP; and housing and social care by where the family lives. All of this means that the family may cut across several different boundaries and therefore fall into many different local systems. Families themselves may also be dispersed across different areas or even countries.

2.48 Many Local Authorities have already made good progress in linking up systems not just within their own jurisdiction, but also to include wider partners such as those in the Criminal Justice System and the third sector. The challenge is particularly pronounced in two-tier authorities where key services such as housing operate within different organisational structures and chains of accountability. The varying levels of geography at which different agencies (such as the Police, Jobcentre Plus and Prisons) operate adds further complexity to the picture. The issue is not, however, about re-organising structures or changing geographical boundaries. Rather it is about coordinating systems and services around families' needs.

2.49 **There are benefits of greater coordination both *horizontally* across and *vertically* between different adults' and children's services.** Where agencies have overlapping objectives and a shared stake in the interests of a family, such coordination could improve the prospects of achieving each agency's own goals. More importantly, it helps deliver better outcomes for the family. For example, new duties in the Childcare Act (2006)[205] are paving the way for better joint working between Jobcentre Plus and children's centres to ensure an adequate supply of childcare places.

2.50 Children can be a big motivator for parents to change risk-taking behaviours. For example, a study of heroin-using mothers in Australia revealed that having a child was a key trigger for them to seek support and treatment to stop using drugs.[206] Similarly, dealing with

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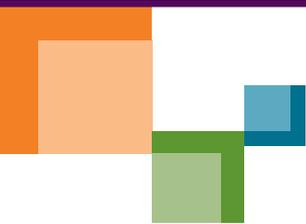
Sure Start West Allerdale Children's Centre

This Sure Start Centre in West Cumbria provides services to families with substance misuse issues. It offers support to tackle the interrelated problems they face, such as: assistance with housing and maintaining tenancies; debt management; childcare; help to access counselling for issues such as domestic violence and post-natal depression; transport; 'home making' and hygiene skills; and dispute resolution. This requires close working with health visitors and midwives, having regular contact with voluntary agencies in the area and developing links with schools and with the local community police officer.

Source: Department for Education and Skills

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adults' needs enables them as parents to support and build resilience in their children, as well as to reduce the risk that their children will go on to experience similar negative outcomes.

Integrated processes and front-line working

2.51 **Services only have a partial picture of family's needs.** At an operational level, individual professionals often have only a partial picture of a family's needs, based on an individual family member's problems and focussed on the agency's specific area of expertise. Families sometimes have up to 10 different assessments from a range of agencies. These can lead to a multitude of uncoordinated support plans for individual family members. On a practical level this can put strain on the family and can hinder effective responses. Multiple appointments with different agencies or conflicting priorities are not uncommon.

2.52 The lack of holistic assessment of a family's needs may mean that problems are not fully understood. The chances of successful interventions are then limited because inadequate or inappropriate support is prescribed.* However, reforms within children's services, such as the Common Assessment Framework demonstrate how these problems might begin to be overcome.

Common Assessment Framework (CAF)

The CAF is a standardised approach to assessing all of a child's additional needs and for securing an appropriate range of support for the child. In some areas this approach is being developed to look at the needs of the whole family, and is therefore being used by some adults' services. For example, Tower Hamlets is extending its multi-agency panel approach for children, which uses the CAF to allocate a lead professional. This includes adults' services to deal with all of the family's issues through a unified process.

Sources: Department for Education and Skills, SETF local study

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* This point was emphasised in the report into the death of Victoria Climbié by Lord Laming, which highlighted that the fragmented and piecemeal processes of assessment contributed to failings. Findings of the Laming Review inspired Every Child Matters and roll-out of a Common Assessment Framework.
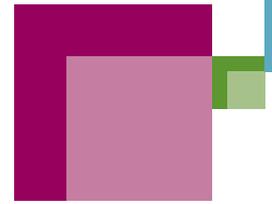
> **Multi-Agency Risk Assessment Conferencing (MARAC)**
>
> This is a tailored assessment procedure for cases involving domestic violence. Assessments take account of broader risk factors associated with domestic violence such as substance misuse, mental illness and relationship breakdown. Conferences are held on a monthly basis to discuss the highest-risk cases, and involve representatives from police, probation, local authority, health, housing, children's and women's services. Emerging evidence is that MARACs make a real difference. In Cardiff, repeat victimisation has reduced from 30% to less than 10% in two years. The success of the programme could be attributed to understanding the risks associated with each domestic violence victim and addressing the complex needs of each victim's family.[207]
>
> Source: Robinson, A.L. (2004) Domestic Violence MARACs for Very High Risk Victims in Cardiff, Wales: A Process and Outcome Evaluation

2.53 **Multi-agency panel** approaches are currently being used in both children's and adults' services to join up support for individuals. These approaches can help to deal with the initial presenting need by considering the wider family.

2.54 Some areas have established 'semi-located' teams* where workers form a team supporting families as part of their job but also remain part of their host agency. They are thus able to maintain their professional specialist skills and link into networks in their host agency, whilst also working with staff from other agencies to support families. Co-location and 'one-stop shop' approaches are also leading to better integrated services.

2.55 **Putting in place effective support for the whole family can be hindered by different eligibility thresholds across agencies.** We know that the more disadvantages a family has the greater the risks of negative outcomes. However, service

> **Joint working between Jobcentre Plus and Children's Centres**
>
> City and East London Jobcentre Plus District has been working closely with Children's Centres to offer parents access to employment advice and support, including current vacancies and training opportunities, from within the Children's Centre. Local employers attend the Children's Centre to meet with prospective employees to discuss job opportunities. They reach 'potential second earner' families who otherwise do not come into contact with Jobcentre Plus. The District has recently created the post of Children's Centre Outreach Worker to help engage with customers who would not normally engage with Jobcentre Plus.
>
> Source: Jobcentre Plus

* For example, Blackpool Council has a co-hosted team for families.

responses do not usually take into account the accumulated needs identified by different services as each agency is restrained in its intervention by its own eligibility criteria. It may be possible for some families to have a range of problems, all of which fall just below eligibility thresholds, but which in combination pose very significant risks.

2.56 When the families do access services they are often not linked into a coherent system. The wider needs within the family may not be dealt with until they reach the eligibility thresholds of individual services. This can hinder the ability of one agency to address the needs which it is presented with if another agency is not also working with the family. One example of this, highlighted in an area study, was of mental health services not working with an adult in the family as their needs were not deemed severe enough. This was hindering the effectiveness of drug treatments with the parents and affecting the child's school attendance, leading to a need for intervention from educational welfare officers.

One size does not fit all

2.57 **Families with multiple problems are frequently expected to engage with rigid one-size-fits-all services.** The diversity of family structures and the multi-faceted nature of the problems facing excluded families make tailored, flexible and holistic services vital to improving outcomes. Many services offer little flexibility to respond to complex lifestyles and rapidly changing circumstances. Families with multiple problems are often the least able (or willing) to navigate the complex web of support to which they are entitled. Consequently, interventions can be least effective with some of the most vulnerable families.

2.58 There have been encouraging efforts, at both local and national level, to **integrate and tailor services** around the complex needs of an individual. Integrated care plans are becoming accepted best practice in many service areas, for example support plans for disabled or homeless adults. Individual budget-holding and lead professional budget-holding pilots for children with

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Building Bridges

Building Bridges supports families affected by parental mental illness. Project workers and volunteers help with practical tasks in the home. They offer emotional support to the whole family and help parents to build confidence in their parenting role. Staff help children to develop a better understanding of their parent's mental illness and arrange social activities in the school holidays and after school.

This home-based support helps to bridge the gap between mainstream and specialist mental health provision. It takes a whole families approach that works across traditional boundaries between adults' and children's services.

Source: Family Welfare Association
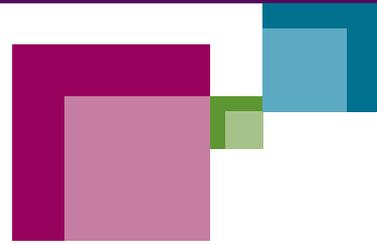
additional needs are helping to provide more tailored support. **The Adults facing Chronic Exclusion** pilots promise more innovation and evidence of what works. These 12 pilots will test new approaches for working with the

most chronically excluded adults to address their range of needs.

2.59 Family Intervention Projects are expanding this intensive wraparound approach to the whole family:

Family Intervention Projects (FIPs)

FIPs are a key part of the cross-Government Respect programme. Working with anti-social families, they employ **a twin-track approach**, combining intensive support with focused challenge.

The **key worker** is central to the projects. Their role is to manage or 'grip' the family's problems, coordinate the delivery of services and, using a combination of support and sanction, motivate the family to make changes to their behaviour. Persistence and assertiveness with families is critical to keeping them engaged and ensuring that they follow agreed steps.

A **contract** is drawn up between the family, the key worker and other agencies. This sets out the changes that are expected, the support that will be provided in order to facilitate that change and the consequences if changes are not made, or tasks are not undertaken.

They take a **whole family** approach. The projects look at the family as a whole and try to tackle all the interacting issues.

Source: Respect Task Force, Home Office

"In order to help families escape the cycle of low achievement, a balanced approach of support and enforcement is essential."
Aiming high for children, HM Treasury and Department for Education and Skills (2007)

"Services should work together with the whole family to identify their own solutions to their own issues. It feels more respectful and builds on the resources that each family has."
Local Authority Head of Children's Services, Call for Evidence

Support and Challenge

2.60 **Families need to be supported and challenged to take responsibility for their outcomes.** Integration of services around families needs to go hand in hand with the support for the family to take responsibility for their own outcomes. Families need to take an active role in planning and reviewing their own progress towards agreed goals. A tailored approach supports the most vulnerable families to take back control of their lives and to build aspirations for the future.

2.61 Underpinning the tailored approach is a clear framework setting out the **rights and responsibilities** of service users, service providers and the rest of the community. Creating a framework matched to the needs
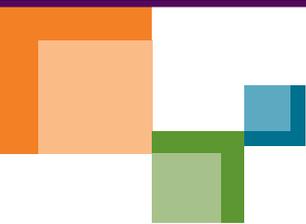
Parenting Contracts and Parenting Orders

A Parenting Contract is an agreement negotiated between a service provider and the parents of a child. A Parenting Order is made in similar circumstances by a criminal court, family court or Magistrates' Court acting under civil jurisdiction.

Parenting Contracts and Orders recognise the powerful impacts that parental behaviour have on children's outcomes and are designed to reinforce parental responsibilities. They can include a **parenting programme** to help parents address their child's misbehaviour and a **specification** of particular ways in which parents are required to exercise control over their child's behaviour. For example, this might involve ensuring that the child goes to school every day or is home during certain hours.

Source: Crime Reduction

and circumstances of the whole family can help to build trust and to sustain engagement. It sets out a clear path towards positive outcomes that are set and shared by the whole family. Parenting Contracts and Orders are examples of where this framework has been effective.

2.62 Advocates for tailored whole family support face many of the same structural and cultural barriers faced by those promoting greater multi-agency working more generally, including a lack of information sharing and siloed targets. The **separation of mainstream and specialist services** can present particular challenges to shaping support packages that meet the holistic needs of families. For instance, specialist professionals tailoring support to the most disadvantaged jobseekers report frustration at the barriers raised by mainstream employment services.[208] The inflexibility of benefit regimes and training programmes can create real difficulties in getting claimants into training that will lead to jobs.

The Wishes Project

Wishes is delivered through Children's Centres in Thurrock to engage unemployed or low-paid parents in taster workshops, basic skills and employment-related training. The project is innovative because it aims to provide individualised learning pathways shaped around the clients' own aspirations and wishes. For the learner, a Wishes "passport" provides both a means of crossing the frontiers of different institutions and a record of the journey travelled.

Wishes also recognise that, for some, progress can be slow because of other problems. For this reason, Wishes records every achievement, which might include better communication skills, or gains in self-confidence, or just feeling better able to tackle problems which crop up. These "soft" outcomes are important because, in the majority of cases, it is learner confidence which is the missing factor, holding parents back, rather than any lack of ability.

Source: The Wishes Project
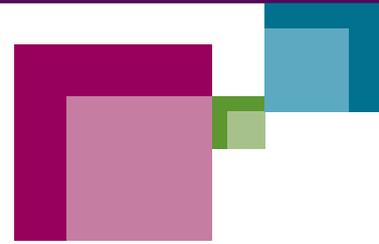
Getting the incentives right

Incentives to focus on families at risk are weak

Key findings

- **At the national level**, there is no shared framework of outcomes for families and there are inadequate incentives to target the most challenging families.

- **At the local level**, Local Area Agreements and joint commissioning frameworks may be instrumental in shifting the local focus more clearly on to the needs of families at risk.

- **At the frontline**, individual workers need better training and incentives to engage proactively and work with at-risk families.

2.63 We need to ensure that there are effective incentives at every level of the system to focus energies on improving outcomes for families who face multiple problems or who are at risk of multiple problems in the future. This is critical for ensuring that support and resources are used by the families that need them the most. The Government's approach of progressive universalism[209] promotes support for everybody, with more support for those who need it most.

2.64 **The poor outcomes of families with the most entrenched and complex problems can sometimes be masked.** The most excluded families make up only a small fraction of the population and performance indicators, incentive structures and inspections all tend to judge services on their overall performance.

2.65 **Families with multiple problems are often the most resource intensive and challenging cases for services.** It can be simpler for resources and energies to be directed at those with slightly less severe problems, or for frontline workers to work with the families who are grateful for support and who are less challenging to work with.

The focus needs to be on both preventing risks escalating for those families on the cusp **as well as** targeting those already facing multiple problems. Work with the most excluded families is very demanding, but it can also be highly rewarding. Frontline staff need training and support.

2.66 Across the entire system, there are currently inadequate incentives for many – particularly mainstream – services and agencies to target the most challenging families. Doing well with the vast majority should be congratulated, but it needs to sit alongside a clear strategy for those families who are not experiencing the same improvements in outcomes.

National incentives

2.67 At a **national level**, whilst performance management has driven major improvements for the vast majority of families, the system does not always provide the right incentives to target families with multiple problems and to support preventative work. Staff in local areas report a number of characteristics of national performance management systems which they feel can sometimes act as disincentives to working with the most at-risk families.

Issue raised	Example
Targets can encourage services to prioritise those already closest to the mainstream.	The Learning and Skills Council have a target on the numbers of adults achieving Level 2 qualifications.[210] This has resulted in significant improvements, with 71.4% of 19-year-olds achieving Level 2 or above in 2006 and exceeding the target set by the Government.[211] However, for the most excluded adults, who may lack the most basic skills and need additional help with social and emotional skills, reaching Level 2 may be a long-term and distant goal.
Tensions between different priorities.	Targets to reduce re-offending rates have meant that the National Offender Management Services (NOMS) tries to maintain a prisoner's relationship with her or his family, because strong family relationships are an important protective factor in reducing recidivism rates. There has been an almost 6% reduction in re-offending between 2000 and 2004.[212] However, this can cause tensions when a partner has moved on with her or his life and does not want to welcome the released offender back into the family home.
Numbers do not tell the whole story. There is a genuine challenge in measuring 'softer' outcomes.	Primary schools are often judged on their children's scores in SAT tests. In 2006, a record 76% of 11-year-olds achieved a Level 4 in the national curriculum maths test.[213] Social and emotional wellbeing is harder to measure, but is important for long-term positive outcomes especially for at-risk groups.[214]
Targets can drive increased outputs but may restrict flexibility to deal with the most excluded.	Primary Care Trusts have a target to provide every patient with a doctor's appointment within 48 hours. This has resulted in patients being seen quicker. However, there is still a challenge in ensuring that GPs have enough time to tackle more complex health problems or to engage with families' wider issues.[215]

2.68 Progress is being made. The Jobcentre Plus target system provides incentives for frontline staff to work more intensively with priority groups through a points system. The number of points awarded reflects the priority of the customer helped into employment in line with the Government's priorities for welfare reform. From April 2007, the target includes a new "Child Points Premium" whereby additional points are awarded for outcomes for parents to strengthen the focus on delivery of the 2010 child poverty targets.[216]

2.69 The forthcoming Comprehensive Spending Review 2007 also offers an opportunity to address some of the tensions in national level performance frameworks.
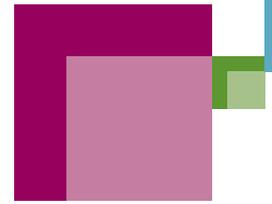
> **Comprehensive Spending Review (2007)**
>
> The 2007 Comprehensive Spending Review (CSR) will set out the Government's spending priorities for the next three years. The CSR will be informed by the Policy Review of Children and Young People which examines opportunities for adopting a stronger preventative approach to ensure that in the future the cycle of disadvantage across generations is not perpetuated.
>
> Through the CSR, the Government will be developing the performance management framework to continue driving outcome-focused improvements and target resources on the Government's priorities. These reforms combine a focused and cross-cutting set of Public Service Agreements with greater emphasis on local communities' voice in the design of public services and empowering users to play an active role in service delivery and governance. The Government is considering how best to address social exclusion through the new performance framework.
>
> Source: HM Treasury

Local incentives

2.70 **At the local level**, there is frequently a lack of strategic vision for families which may lead to fragmented planning and commissioning for the support services that the most at-risk families need. This filters down to service planning, often resulting in disjointed services and a lack of joint targets, aligned or pooled budgets.

2.71 There is **no family-based needs assessment or outcomes framework**. Therefore, there is no agreed process by which to assess family needs and wellbeing and to measure progress towards shared goals. This steers service providers towards individuals not families.

2.72 There is a broad range of **funding streams** filtering into the different services provided for families. This can hinder joint working and lead to tensions between the objectives and outcomes set out by different funders. However, where there is a clear local vision and flexibility in the use of funding this can lead to innovation in tackling entrenched problems.

2.73 The Local Government White Paper: Strong and Prosperous Communities[217] stresses the strategic leadership role of local authorities in bringing together local agencies and agreeing shared priorities on the use of funding. The White Paper sets out the Government's aim of enabling local partners to respond more flexibly to local needs to reshape services around the needs of their citizens and communities. This will be supported by a simplification of the performance framework and a requirement for areas to set out their priorities in a Local Area Agreement.
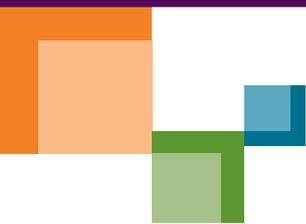
Using funding flexibly

A local area received a substantial Neighbourhood Renewal Fund (NRF) grant which it had been spending on a variety of small projects. The Chief Executive decided to use the funding to design a whole families approach, which would provide integrated and personalised support to the most excluded families through a multi-agency team. The pilot has been a success and is leading to the principles being rolled out in other local services.

Source: SETF Local Study

Local Area Agreements (LAAs)

LAAs represent a new approach to improving co-ordination between Central Government and Local Authorities and their partners, working through the Local Strategic Partnership (LSP). This will give Local Authorities and their partnerships the flexibility to find local solutions to local problems and to prioritise spending to achieve the identified outcomes. LAAs offer the potential to promote joint working; including through target setting and commissioning processes. Local Strategic Partnerships could scrutinise how well their plans are supporting families with multiple problems and ensure local leadership for a vision of improving outcomes for these families.

Source: Communities and Local Government

Commissioning for families

2.74 Commissioning services for the most excluded families presents a particularly complex challenge. These families tend to be small in number but have complex and changing needs. Collecting accurate data on their needs poses real difficulties and it is hard to predict service take-up.

2.75 Many specialist services for the most excluded families are run by the third sector. Third sector organisations are often particularly well placed when it comes to working with families at risk because of their detailed local knowledge of the issues faced by excluded families and because of their approachability in the eyes of family members. However, providers will often be small niche market organisations that might lack skills in costing their services and in evaluating outcomes. Local Authorities are not always proactive in involving third sector organisations in commissioning.[218]

2.76 Good commissioners involve the third sector in the design of services as well as, where appropriate, the delivery. Through its Partnership in Public Services action plan,[219] the Office of the Third Sector aims to improve this. Actions include a programme to train 2,000 commissioners, seeking to improve commissioning practice within public bodies, and working to improve the third sector's bidding capacity, in particular among smaller organisations.
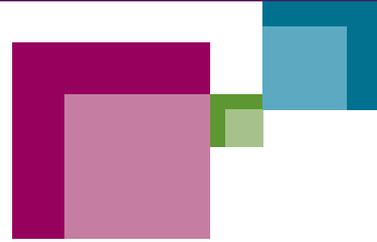
2.77 Joint needs assessment and commissioning of services provide a means of planning and providing local systems of support around the needs of the most vulnerable families. There are emerging models of best practice that are leading to a more integrated and preventative approach to commissioning across systems. For example, progress has been made in developing joint commissioning across education, children's social services and health through the nine-step joint commissioning framework being promoted by the Department for Education and Skills (DfES) to local Children's Trusts.[220] Joint needs assessments and reviews have been effective in helping to identify gaps in services and meet identified needs.[221]

Support for the frontline

2.78 Frontline staff need greater support and better incentives to proactively engage and work with the most challenging families. Local area studies presented many examples of committed frontline and strategic staff working round targets, information and systemic barriers to improve outcomes for the most excluded. Staff want clear targets and outcomes for families facing exclusion, to enable them to justify, reward and value their work with families at risk.

2.79 The **lead professional role** is being rolled out in children's services and the principles are being used in other areas such as the Family Intervention Projects, Family Nurse Partnership and key worker roles in some adults' services.

Figure 2b: DfES Joint planning and commissioning framework for children, young people and maternity services.

Process for joint planning and commissioning

- Look at outcomes for children and young people
- Look at particular groups of children and young people
- Develop needs assessment with user and staff views
- Identify resources and set priorities
- Plan pattern of services and focus on prevention
- Decide how to commission services efficiently
- Commission – including use of pooled resources
- Plan for workforce and market development
- Monitor and review services and processes

Springboard

Springboard is a multi-agency team working with some of the most excluded families in Blackpool. Project staff from a wide range of agencies including the Police, PCT and Social Services work together as one team. Each family is allocated a lead professional, but in practice any Springboard worker can find themselves providing support on a wide range of issues from family therapy to court appearances.

The project has amalgamated targets from the different partner agencies and the Local Area Agreement to form a set of joint family targets, which each team member takes joint responsibility for achieving. This enables staff to work across different roles whilst still contributing to the targets of each individual agency. Partner agencies remain accountable for the outcomes within their areas of responsibility.

Source: SETF local study

They take the lead in coordinating provision and act as a single point of contact for the user when a range of services are involved and an integrated response is required. The lead professional can be a key element of integrated support for a family and there need to be incentives for staff to take on these roles.

2.80 Whilst lead professional roles are welcomed, sometimes staff find it hard to take on these roles due to lack of capacity and unclear governance structures. Lead professionals are mainly workers who can readily adapt their existing roles: social workers and social care workers, health visitors and school nurses, special educational needs coordinators and education welfare officers.[222] Some staff have developed strong local partnerships to step out of their organisational boundaries to take the lead professional role. Staff need incentives and support to take broader roles with the family.

2.81 **Flexibility and freedoms** are seen by many staff as more important than levels of funding. A modest budget to commission support where needed is seen as very

important as it is often the small expenses that can be the most important steps towards achieving positive outcomes.

A flexible budget was used by a worker to buy a kitchen table for three of the families that he was working with. This simple addition to the family home helped to bring the family together for meal times and encouraged conversations, healthier eating and a more established routine.

Source: SETF local study

2.82 **Incentives for flexibility and choice through user involvement are important.** Mainstream agencies can no longer expect service users to fit in to the generic suite of services they have on offer, particularly for the most excluded who are least likely to fit into a standard programme of care. An example of choice driving public service reform for the most disadvantaged is the **individual budget holding pilots**, where people receiving social care are able to design the type of support they need.
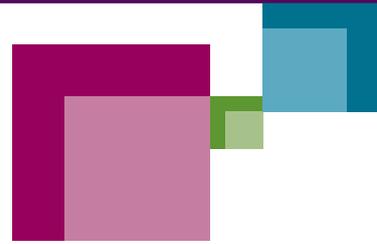
Case study

Julia is married with an 11-year-old son and has been disabled for 13 years. She was given a budget for the whole year and together with a support planner she wrote a plan of how she would spend the money to meet her eligible assessed needs. She found the Individual Budget assessment process very different to the usual Social Services assessments and described it as 'a bit like having a life coach'.

She has changed her care radically. She has purchased air conditioning to help reduce admissions to hospital and laid an accessible patio to enable wheelchair access to the garden. She has the same level of funding as before, but it has stretched further. This is because the process has allowed her make more use of informal support, including her husband and friends.

Source: CSIP Individual Budget Pilots website

2.83 The shift towards **greater user involvement** in the design of services offers opportunities. By engaging and involving users in the delivery of their services, it is possible to empower families, helping them to take back control of their lives and craft the most effective support plan for their particular circumstances. User involvement, when rigorously linked to evidence of effectiveness, offers the most excluded families the chance to design services that they want to engage with. This is happening both at an individual and community level.

Connected Care

Connected Care involves local communities directly in designing and developing accessible and appropriate health and social care services. This includes both universal services for those people with low level needs and also more specialist services for those who have multiple problems or complex needs and who are often left behind by the present system. Residents are trained to undertake an audit of existing support services for the local community and then work with local service providers to redesign services.

Source: Turning Point
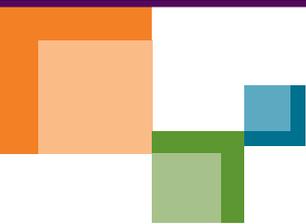
Early identification and intervention

We are failing to capitalise on the reach of the public sector work force and the data and information within services

Key findings

- There are multiple entry points into the system but currently these are not being used systematically to identify and engage with families at risk.

- There are key staff and agencies that could play a greater role in supporting families at risk.

- Information could be better used across the system to identify and target families at risk to halt the escalation of problems.

2.84 **The more entrenched problems become, the more difficult they are to deal with.** Systems and services that pick up early warning signs that families are not coping or are at risk can intervene before problems escalate. Once problems are more entrenched, agencies are more constrained in their ability to make structured interventions as they can be driven to respond to crises.

2.85 **The cycle of exclusion can be broken.** Interventions with one family member can open up opportunities for early identification and prevention activities with other family members. For instance, treatment of a parent's alcohol misuse might be a trigger to assess the risks posed to the child and consider preventative action for the children. The entry of a parent into prison could be a trigger to assess the implications for the rest of the family including assessing the risks posed to partners or dependent children.

2.86 **It is never too late to act preventatively.** Engagement of families through crisis can be an opportunity to support their multiple needs and prevent family life deteriorating further.

For example, Family Intervention Projects have shown that being evicted from housing for anti-social behaviour could be an opportunity to engage with the family to address wider issues such as worklessness and debt.

Capitalising on the reach of the public sector

2.87 There are **multiple entry points into the system**, but we do not make the most of these opportunities to systematically identify needs and to engage families by taking a clear responsibility for supporting them.

"One example is a mother with mental health issues where no one in adult services understands or wants to take account of the detrimental impact on children. Children's services see it as an adult problem."
Head of health visiting and school nursing, Call for Evidence
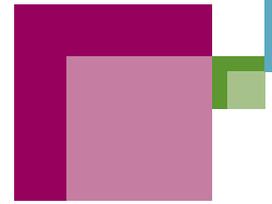
Alcohol Concern brief interventions training

Brief interventions are short one-to-one discussion sessions where the participant discusses their drinking patterns and receives advice and information. Research suggests that one in eight participants significantly decreases their alcohol intake following this straightforward intervention.[223]

Brief interventions can be delivered by non-professionals who have undergone just two days of training. Alcohol Concern are currently being employed to run Brief Interventions training by a Housing Association wanting to skill up their staff in order to better support their tenants. There is potential for a much wider range of frontline staff to help identify and address alcohol misuse in this way.

Source: Alcohol Concern

2.89 **There are many professionals in the workforce who may be well placed to identify and engage families at risk.** Local studies suggest, for example, that housing officers can play a key role as:

- they have contact with the household rather than just an individual family member;
- social housing is a key risk factor associated with multiple disadvantage for families; and
- housing officers already make home visits and have strong networks within local communities.

2.90 However, staff sometimes lack the skills to identify particular family-based risk factors. In order for such an approach to effectively shape personalised service delivery, frontline staff need to have the capacity to identify these factors and know which services will be best placed to provide the necessary support. Training on wider issues affecting the family can make a big difference.

Step in to Learning

Step in to Learning is a training programme to enable staff who work in the early years and childcare sector to identify parents and carers with gaps in their literacy, language and/or numeracy skills. The programme equips staff to encourage and signpost these parents and carers to appropriate local courses and opportunities to improve their skills. It recognises the key role that early years and childcare practitioners can play in engaging parents who may not see themselves as potential learners.

Source: Sure Start: Step Into Learning website

2.91 Professional practice and working cultures at the front line can make a big difference to families. A '**shared script**' in which staff across all agencies had key messages on what support is available and what core outcomes they aim to achieve for families could mean that families receive a consistent approach from public services as well as services looking slightly beyond the immediate presenting need.
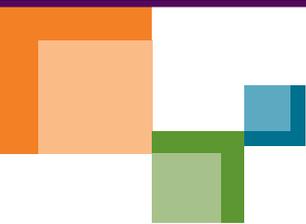
2.92 This type of approach is working well in children's services where the five Every Child Matters outcomes are becoming ingrained in professional consciousness across different agencies. This shared script, backed up by the Common Assessment Framework, not only helps staff in different agencies think about wider issues and identify other risks but can also allow innovation in thinking about how to address all of the needs of the family.

2.93 The tailored whole families approach requires a **shift in the mindset of professionals at all levels** and the challenges of this should not be underestimated. The whole families approach requires staff to ask 'what do we want to achieve with this family and what is needed for success?' rather than 'what can current services offer this family?' This has implications for training and workforce development across a range of different services and requires a strong commitment to the approach at leadership level.

"Working in a multi-agency team is quite a change and I am doing things I never thought I'd do as a Police Officer. But being flexible means we can provide support that's really needed. Working with the whole family means we get the full picture on the family's situation and can be honest about what we can and can't do. We make decisions together and that's empowering for project staff and the families. It's really rewarding to see what you are doing start to break the cycle of offending behaviour."
Police Officer, SETF Local Study

2.94 Staff who consider themselves over-worked and under-resourced, may be unreceptive to this new way of working. However, effecting cultural change should be seen as an opportunity rather than a barrier. Staff at all levels who are already working on whole family approaches have been positive about this way of working – both in terms of their own personal development and finding fulfilment in achieving positive outcomes for the most vulnerable families.

2.95 By **valuing the contribution of *all* staff** in supporting families there is greater potential to engage with families at risk. Enhancing the ability of staff to identify families' needs could open up access to support for families across the system. Staff, such as those on reception or in contact centres could potentially play a key role in identifying family risks. To take on such roles, staff would need training and to be empowered to call in other support if necessary.

Using data better

2.96 **We are failing to fully exploit the data already in the system.** A huge amount of information on risk factors within the population is collected by local agencies. At a community level, data could be used more effectively in order to identify and prioritise needs and commission appropriate and effective services. At an individual or family level, more use could be made of existing data to assess risk and target preventative interventions. For example, starting in 2008, Jobcentre Plus will collect and add information about the parental status and circumstances of each client to its overall management information systems. This could provide a rich source of local level information about disadvantaged parents and their needs.

2.97 Modelling techniques present possibilities for using routine data more effectively to improve our ability to act preventatively:
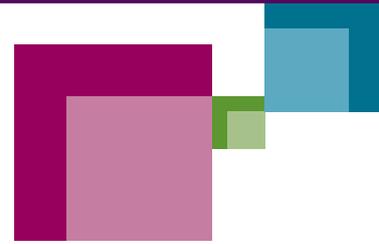
Risk modelling

Primary Care Trusts are using risk modelling tools to make forecasts of unplanned hospital admissions. The modelling generates a list of NHS numbers with a risk score attached to each, which can only be decrypted by each patient's own General Practitioner. The GP can then arrange preventative services that are appropriate to that individual patient's level of risk.

The Social Exclusion Task Force is interested in examining the feasibility of applying data modelling techniques to support the early identification of social exclusion in later life as there is a high level of predictability between early childhood information and later adverse adult outcomes.

Source: King's Fund[224]

2.98 When risks are identified, frequently this information is not shared with other agencies who may be able to act upon it in order to support the individual or family. As a result, Local Authorities can find it difficult to proactively target the most at-risk families. For example, even though the Probation Service does collect some information on the families of prisoners, what is collected is not systematically shared with other agencies that might be well placed to support the prisoner's family.

2.99 **Sharing information is essential** to enable early identification and intervention to help families who need additional services to achieve positive outcomes.[225] The families may have a range of complex and sensitive needs that cut across different agencies' data sharing agreements, frameworks and statutory powers. In particular, lack of information sharing between adults' and children's services is recognised as a significant barrier to better integrated and holistic service provision for families.[226]

2.100 Many barriers to information sharing have been highlighted in our local studies and in research:[227] failure to interpret data protection legislation appropriately; siloed working; incompatible technologies; absence of formal system-wide information sharing protocols; and professional boundaries were common reasons for limited data sharing. Often, the right information was not collected or available to be shared. The Government is currently working on an information sharing strategy to improve the sharing of personal information in the public sector where it will help to expand support for the most disadvantaged.

2.101 A system that shares information between services and professionals could far more effectively identify, track and mitigate risk in the family than the efforts of a single service or professional alone.[228] There can be real tensions in information sharing between issues of privacy and confidentiality and wanting to support the family in the most effective way. Information needs to be treated
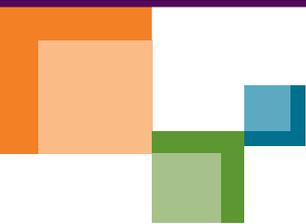
ContactPoint

ContactPoint forms a key element of the Every Child Matters programme. It aims to make it easier to spot problems early and prevent them escalating. It is an information sharing system providing basic information on all children in England (aged up to 18). It will identify the child's parent or carer and give contact details for services involved with the child.

ContactPoint will not hold assessment or case information, subjective observations or detailed personal information about a child or their parent. Informed consent will be required to record details about practitioners providing sensitive services, such as sexual and mental health, and substance misuse services. Where consent is given, access to the information will be strictly controlled and restricted to authorised users who need it as part of their work. All users will be trained in the safe and secure use of ContactPoint and will go through appropriate security checks, including enhanced Criminal Records Bureau checks.[229]

Source: Every Child Matters website

sensitively, but information sharing is critical to securing better outcomes, particularly for the most excluded families. There is potential to enhance the ability of services to share information in the interests of providing better support to families.

2.102 Significant progress has been made in the children's sector to break down organisational information boundaries to ensure children are protected from harm and achieve positive outcomes. The development of information sharing protocols is helping professionals to find out which other staff are working with a child.[230]
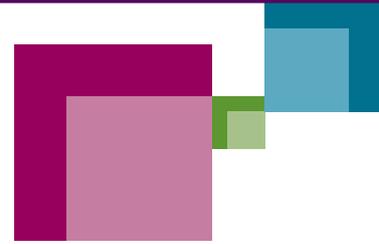
Section 3: Conclusion

3.1 Against a backdrop of increasing prosperity and progress for the majority, a small minority of families are still experiencing poor outcomes. Their complex problems provide significant challenges to public services if we are going to break intergenerational exclusion and close the gaps in achievement. This report has shown the impact of families is rarely neutral: they can sometimes be a great source of resilience and protection, but they can also pose grave risks.

3.2 Whilst this report has highlighted many challenges facing these families, our initial analysis shows that significant opportunities exist to make a real difference:

- Opportunities to extend the logic of the reforms in Every Child Matters to support the whole family. The application of key principles such as a common vision, clear accountability, multi-agency working, information sharing and core processes and assessments have helped to address the impact of parental risks on the child. We now can take this further by getting adults' and children's service to work together more effectively to better tackle adult-based risks within the family.

- Opportunities to build on promising approaches that tailor services to the diverse and different needs of the whole family. Supporting them with a lead professional and building trust and empowering even the most excluded families to build on the strengths they have and to learn to take responsibility for their own outcomes.

- Opportunities to capitalise on the reach and expertise of the public sector to provide families with joined-up support. Joining up multiple entry points so that agencies can use existing resources to support families better and prevent problems escalating.

3.3 There is scope to link up the progress being made through public service reform in the children's and adults' sectors to create a coherent system of support for the most vulnerable families. A system that is incentivised at all levels to prevent families deteriorating and support those already facing the most chronic exclusion. A system that reintegrates families, putting them back onto the road to success and enabling them to enjoy the improved outcomes that the rest of society is experiencing. We need a system that **thinks family** from Whitehall to the frontline.

3.4 This report is the beginning rather than the end. As the first stage of our work it sets out our key analysis alongside what we have learnt from families, practitioners and policy-makers. We are keen to work with our stakeholders and other government departments over the next few months to test out our analysis further and identify areas where policy changes could make a big difference to the lives of excluded families.
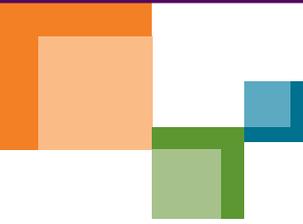
Annex A: Patterns of Family Life

People are waiting longer to start families

- **People are now marrying later:** In 2005, the average age of first marriage in England and Wales was 32 for men and 29 for women. This compares to 25 for men and 23 for women in 1971.[231]
- **Parents are having children later in life:** In 2005 the average age at which women had their first child was 27.3, compared to 23.7 in 1971.[232]
- **Lower rates of teen pregnancy:** Both the under-18 and under-16 conception rates are at their lowest rates for 20 years.[233]

There is an increasing diversity of relationships

- **Rise in cohabitation:** The proportion of non-married men and women aged under 60 who were cohabiting in Great Britain more than doubled for men between 1986 and 2005, from 11% to 24%, and almost doubled for women from 13% to 24%.[234]
- Around one in four children in Britain are born to cohabiting parents.[235]
- **Rise in divorce and remarriage:** The rate of divorce increased from 2.1 divorces per 1,000 married population in 1961 to around 13 per 1000 in 2005.[236] In 2005, there were more than 113,000 remarriages, accounting for two fifths of all marriages.[237]

Family structures are more diverse

- **Increasing number of lone parent families:** The proportion of children growing up in lone parent families increased from 7% in 1972 to 24% in 2006.[238]
- **More stepfamilies:** Around 10% of families with dependent children are now stepfamilies.[239]

- **Families are getting smaller in size:** Family size has declined for generations and is projected to continue to decline to around 1.74 children for women born in the late 1980s and early 1990s.[240] However, there has been a recent upturn in the fertility rate over the last five years, with the number of live births increasing steadily since 2001.[241]

Parenting and caring roles have shifted

- **Improved work-life balance:** Parents are trying to strike a better balance between work and family commitments. Between 2002 and 2005, the percentage of new fathers in the UK working flexitime to spend more time with their infants rose from 11% to 31%.[242]
- **Greater role for fathers:** British fathers now undertake approximately one third of childcare; and the amount of time that fathers of children under the age of 5 spend with them on child-related activities has gone up from less than a quarter of an hour per day in the mid 1970s to two hours a day by the late 1990s.[243] In the UK, fathers in two parent families carry out on average 25% of the family's childcare-related activities during the week and up to a third on weekends.[244]
- **Balancing caring responsibilities:** With the dual demographic trends of increased life expectancy and delayed child birth, parents have to increasingly juggle caring responsibilities for both their children and their elderly parents.
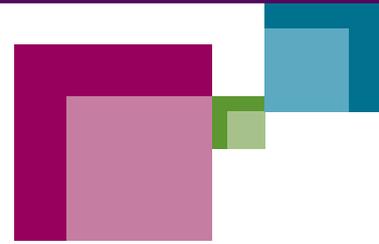
Informal carers provide unpaid care for family members who are sick, disabled or elderly. In April 2001 there were 5.9 million informal carers in the UK. The majority of these carers were female (3.4 million compared with 2.5 million males).[245]

Young carers are children and young people under 18 who care for a sick or disabled relative, including someone who has mental health or severe drug or alcohol problems. A young carer may also care for their sibling(s) if one or both parents is no longer around. The 2001 Census found that there were approximately 175,000 young carers in the UK.

There is great diversity in family life between different ethnic groups

- Of all ethnic groups, parents of **South Asian and Chinese origin** with dependent children were the most likely to be married and least likely to be lone parents; 85% of Indian families with dependent children were headed by a married couple.[246]
- Research shows that **families with a black mother** (African, Caribbean or Black British origin) are more likely than families with a white mother to be lone parents (54% compared with 25%); live in social housing (44% compared with 20%); and be in the lowest income quintile (30% compared with 16%).[247]
- **Pakistani and Bangladeshi** families experience the highest rates of poverty with 65% of children living in poverty (calculated after housing costs). 30% of children in Black families and 28% of children in families of Indian origin also live in poverty.[248]
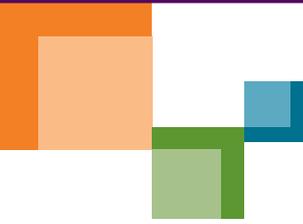
Annex B: Research Methodology

A call for evidence

A call for evidence was administered by the Centre for Economic and Social Inclusion. It took the form of a short electronic questionnaire that gathered the views of participants on whole family approaches and provided an opportunity to share good practice examples with the Social Exclusion Task Force (SETF). We are very grateful to the 178 individuals and organisations who took the time to share their knowledge and expertise. The majority of responses were from local organisations in the public and third sectors.

Three regional conferences

The Task Force ran social exclusion conferences in Brighton, Leeds and Birmingham in March 2007. The events were aimed at strategic policy-makers, service managers and delivery agencies at national and local levels – particularly those with an interest in services for at-risk adults and families. Over 300 people attended the conferences and took part in nine structured workshops themed around economic wellbeing, health and family life and communities and staying safe.

Literature review

The University of Birmingham was commissioned to undertake a literature review to identify research material both in the UK and internationally on concepts of whole family approaches in social policy. The review focused on policies aiming to tackle social exclusion or to address multiple or complex needs, models and typologies of practice where such whole family principles and approaches have already been applied and evidence on the effectiveness of such approaches. A report from the literature review will be published later in the year and available on the Social Exclusion Task Force at: www.cabinetoffice.gov.uk/social_exclusion_task_force/

Qualitative research with excluded families

Researchers from the Thomas Coram Research Unit undertook a small-scale qualitative study to identify the experiences and views of families facing multiple disadvantages on the services they access. Nine focus groups were held, consisting of between four to ten participants, including fathers, mothers, mothers who have experienced domestic violence, young carers and young care leavers. Ages of the participants ranged from 12 to 45.

We are grateful to the young people and parents who took part in the focus groups for sharing their experiences and insights. We would also like to thank NCH and the Respect Task Force Family Intervention Projects (FIPs) for helping to recruit families to take part in the research. Timescales meant we were unable to include findings from specific groups with ethnic minority families, parents with disabilities and kincarers for this report. We will seek to ensure the perspectives of these groups are reflected in our final report.

Local studies

As well as undertaking visits to many different projects across the country, the Social Exclusion Task Force conducted three studies in Knowsley, Blackpool and Tower Hamlets. These studies involved workshops and one-to-one interviews with staff at both strategic and operational levels. We are very grateful to all those who took part and supported our work.

Analysis of the Families and Children Study (FACS)

To supplement existing evidence on social exclusion outcomes for families with children, the SETF undertook new analysis of the Families and Children Study (FACS). The aims of the analysis were twofold:
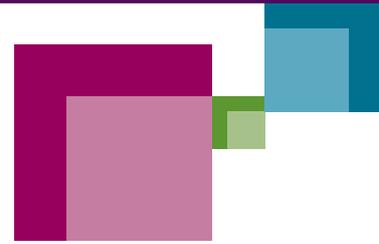
firstly to compare outcomes for different types of families with children; and secondly, to investigate the circumstances of families with children who face multiple disadvantages. FACS is suitable for this kind of analysis because it contains a range of information on characteristics of families, such as marital status, number of children and ethnicity, and outcomes for families, such as poverty, work and health. FACS also provides up-to-date information on families with children. The latest wave of the survey contains data collected from families in 2005. This data was first made available for public use in May 2007.

The crux of the analysis for this report focuses on a number of parent-based problems experienced by families across a range of outcome areas that reflect the cross-cutting nature of social exclusion. These problems include poverty, deprivation, low education and skills, worklessness, housing, parental alcohol consumption, and parental mental and physical health. The table on the following page describes how FACS has been used to measure each of these parent-based problems and how these problems are estimated in other sources, including official government statistics. Often there is no comparable statistic as estimates from other sources are not

calculated separately for parents or for families with children. Where comparisons are available the FACS estimates can be seen to perform satisfactorily against those from other sources.

The Social Exclusion Task Force is currently undertaking a programme of work to examine social exclusion across the life course to understand the nature of the problems individuals and families face, what drives these problems and how policies can tackle the drivers of social exclusion. This will include analytical work to identify:

- how many and what type of individuals and families experience social exclusion;
- the forms of exclusion that tend to be most strongly (and weakly) associated with one another;
- how long social exclusion lasts, how often it recurs and how different combinations of social exclusion problems interact over time; and
- the events that trigger experiences of social exclusion and the key drivers of social exclusion.

The findings from this programme of work are expected to be available at the end of 2007.

The Families and Children Study (FACS) is a series of annual surveys to investigate the circumstances of British families with dependent children. The study began in 1999 with a survey of all lone parent families and low-to-moderate income couples. In 2001 the third annual study was enlarged to be representative of all families with dependent children. Approximately 7,000 families are interviewed in FACS each year.

The FACS surveys are carried out via a face-to-face interview with the mother (and her partner in couple families). In 2003 and 2004 the surveys included a self-completion questionnaire that was answered by children aged 11 to 15 years. FACS is a panel study, which means the same families are interviewed year on year. Each year the panel sample is topped up with a booster sample of new families to ensure FACS is representative of all families with children in Britain each year. One of the greatest benefits of panel surveys such as FACS is that by returning to the same families year after year they allow observations of dynamic behaviour and experiences.
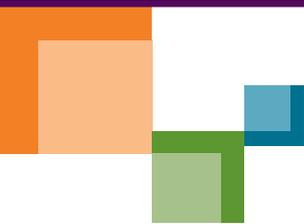
Comparing FACS estimates of parent-based social exclusion indicators with estimates from other sources

Problem	Indicator measurement	Prevalence
Low income	**FACS, DWP:** Percentage of families below 60% of median equivalised total family income, before housing costs.	18% (2005)
	Financial Resources Survey, DWP: Same definition, but for 2004.	18% (2004)
Worklessness	**FACS, DWP:** Percentage of families with no parent in work. Workless families are those with no resident parent in employment. Some families may contain working-age children, who may be in employment, but in this analysis the employment status of the family is based on the employment status of the parents only.	14% (2005)
	Labour Force Survey, ONS: Same definition, but for UK in 2004. http://www.statistics.gov.uk/downloads/theme_labour/Families_July05.pdf	16% (UK, 2004)
Bad housing	**FACS:** Included in our definition of bad housing are variables selecting people who have or are experiencing one or more of the following:	16% (2005)
	– Temporary accommodation, currently or in the past year lived in temporary accommodation such as a hostel or bed & breakfast hotel.	1% (2005)
	– Overcrowded accommodation, living in accommodation that falls short of the 'bedroom standard' by one room or more.	10% (2005)
	– Unfit accommodation, living in accommodation that is deemed to be in a poor or very poor condition.	7% (2005)
	Survey of English Housing (SEH) & English Housing Conditions Survey (EHCS), CLG:	
	– Temporary accommodation, children, England only. http://www.communities.gov.uk/index.asp?id=1156302	1% (2004)
	– Overcrowded accommodation, children, England only. Survey of English Housing. http://www.communities.gov.uk/index.asp?id=1154759	9% (2004)
	– Unfit accommodation, children, England only. English Housing Conditions Survey. http://www.communities.gov.uk/index.asp?id=1155269	5% (2004)

SEH and EHCS are two specialist housing surveys, but relate only to England. Comparisons of FACS estimates (for England) with these surveys suggest that FACS slightly overestimates overcrowded and unfit accommodation. A possible reason for this is that because FACS covers a range of social issues,

Problem	Indicator measurement	Prevalence
	not only housing, it is unable to go into the same level of detail, or be as accurate, in measuring housing conditions as specialist housing surveys. For example, in FACS the main respondent (usually the mother) is asked for her subjective view on the conditions of the accommodation, whereas in the EHCS an independent surveyor rates the condition of the accommodation.	
Deprivation	*FACS:* The percentage of families that would like to have but cannot afford two or more food and clothing items from the following list:	6% (2005)
	– a main meal every day	1% (2005)
	– meat or fish every other day	3% (2005)
	– roast meat every week	5% (2005)
	– vegetables on most days	3% (2005)
	– fruit on most days	3% (2005)
	– cakes/biscuits on most days	3% (2005)
	– brand name food on most days	10% (2005)
	Child poverty strategy, DWP: Currently there are no official measures of deprivation among families with children. However, the government's child poverty strategy will introduce a new measure of child poverty, combining low income and material deprivation, in the 2007 Comprehensive Spending Review. The list of items used in the new measure will be drawn from the Family Resources Survey, see: http://dwp.gov.uk/asd/asd5/wp28.pdf	N/A
Qualifications	*FACS:* The percentage of families where no parent has any academic qualifications.	11% (2005)
	Labour Force Survey, ONS: The percentage of all working-age adults with no academic qualifications is 14%. http://www.statistics.gov.uk/socialtrends37	N/A
Physical health	*FACS:* The percentage of families where at least one parent has a long-standing illness, disability or infirmity that limits daily activities in any way compared to other people of that age.	6% (2005)
	General Household Survey, ONS: The percentage of all people aged 16 to 44 years who reported having at least one long-standing limiting illness is 12%. http://www.statistics.gov.uk/StatBase/Product.asp?vlnk=5756	N/A

Problem	Indicator measurement	Prevalence
Mental health	**_FACS:_** The percentage of families where the mother has either depression, bad nerves or a mental illness or suffers from phobia, panics or other nervous disorders.	4% (2005)
	ONS: The percentage of working-age women with a generalised anxiety disorder was 5% in 2000. http://www.statistics.gov.uk/StatBase/Product.asp?vlnk=8258& Pos=1&ColRank=1&Rank=272	N/A
Alcohol misuse	**_FACS:_** The percentage of families where the mother usually drinks alcohol at least 1 to 2 times per week and drinks 21 or more units of alcohol per week. A unit is equivalent to 1/2 pint of low or ordinary strength beer, a very small glass of wine or a single measure of spirit/liqueur.	1% (2005)
	_DH:_ This definition is consistent with DH guidelines, which recommends that women consume no more than 2 to 3 units of alcohol per day. It is estimated that 3% of all women drink over 35 units of alcohol per week. http://www.alcoholconcern.org.uk/files/20040602_095617_Women% 20and%20alcohol%20update%20May%202004.pdf	N/A
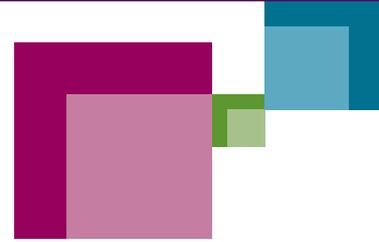
Annex C: Acknowledgements

We are grateful for the help of all those who took the time to contribute their knowledge, research, understanding and experiences of issues relevant to the review. We were unable to meet with all the stakeholders we wanted to but will endeavour to do so over the coming months in advance of the final report.

Conferences

We wish to thank the following people for giving keynote speeches or presenting in workshops at one or more of our Social Exclusion Conferences and also to thank the Government Office for the West Midlands who co-chaired the Birmingham Conference:

Plenary speakers

Victor Adebowale, Turning Point
Kate Billingham, Department of Health
Louise Casey, Respect Task Force
Julian Corner, Revolving Doors Agency
Roger Crouch, Government Office for the West Midlands (GOWM)
Trudi Elliott, Government Office for the West Midlands (GOWM)
Ian Kennedy, Healthcare Commission
Claire Phillips, 11 Million (formerly known as Office of the Children's Commissioner)
Polly Toynbee, Guardian Columnist and Broadcaster

Workshops Speakers

Barry Anderson, Rainer (formerly Communities that Care)
Martin Barnes, DrugScope
Andrew Barnett, Joseph Rowntree Foundation
David Bartlett, Fathers Direct
Jonathan Bradshaw, University of York
Deborah Cameron, Addaction
Mary Crowley, Parenting UK
Paul Dornan, Child Poverty Action Group

Leon Feinstein, Institute of Education, University of London
Angela Greatley, Sainsbury Centre for Mental Health
Paul Gregg, University of Bristol
David Hawker, Brighton and Hove Children & Young People's Trust
Lynda Ince, Parenting UK
Paul Jenkins, Rethink
Annette Mountford, Family Links
Jenny North, Relate
Srabani Sen, Alcohol Concern
Alan Sinclair, The Work Foundation
Mark Thomas, Shelter
Hugh Thornbery, NCH

Organisations and Visits

11 Million (formerly Office of the Children's Commissioner)
Adfam
Addaction
Alcohol Concern
Andrew Provan House, Field Lane
Association of Directors of Adult Social Services (ADASS)
Barnados
Blackpool Council
Brighton and Hove Children and Young People's Trust
Campaign for Learning
Care Services Improvement Partnership (CSIP)
Centre for Economic and Social Inclusion
Child Poverty Action Group
City Parochial Foundation
Community Development Foundation
Crime Concern
Crime Concern, Nottingham
Crisis
DrugScope
End Violence Against Women
Equalities Commission
Families need Fathers
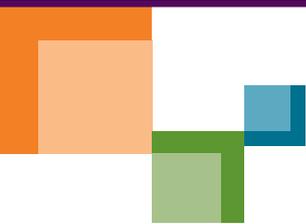
Fathers Direct
Family and Parenting Institute
Family Links
Family Welfare Association
Grandparents Plus
Healthcare Commission
HMP Leeds, Stepping Stones Project
Homeless Link
Jobcentre Plus
Knowsley Metropolitan Borough Council
Live Magazine
Liverpool Young Carers Project
Local Government Association (LGA)
London Borough of Tower Hamlets
Maya Project, Peckham
National Children's Bureau
National Children's Homes (NCH)
National Society for the Prevention of Cruelty to Children (NSPCC)
National Skills Forum
National Treatment Agency
National Institute for Adult Continuing Education (NIACE)
New Wortley Community Centre, Leeds
Nottingham City Council
One Plus One
Parenting UK
Parentline Plus
Rainer (formerly Communities that Care)
Relate
Rethink
Revolving Doors Agency
The Royal Society for the Encouragement of Arts, Manufactures and Commerce (RSA)
Sainsbury Centre for Mental Health
Sandwell Organisation against Domestic Abuse (SOADA)
Shelter
Social Care Institute of Excellence (SCIE)
Southend Women's Aid
Springboard, Blackpool

The Work Foundation
Thomas Coram Research Unit, Institute of Education, University of London
Turning Point
University of Birmingham
University of Bristol
University of Colorado, Boulder
University of East Anglia
University of Wales, Bangor
University of York
Warwick School of Local Government – Local Authority Social Exclusion Network
Wishes, Thurrock

We are also grateful to policy-makers and analysts within the Cabinet Office and across Whitehall departments who provided evidence and participated in workshops to inform our analysis.
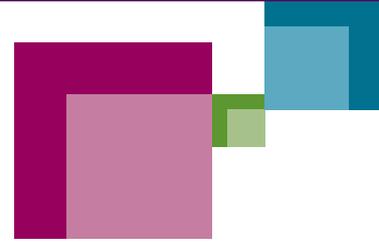
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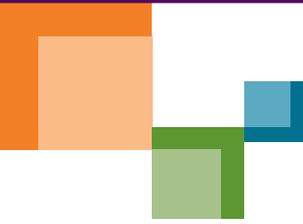
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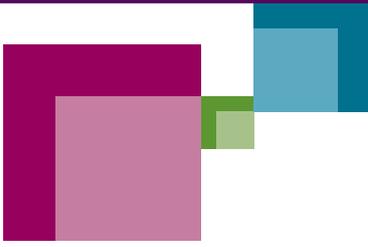
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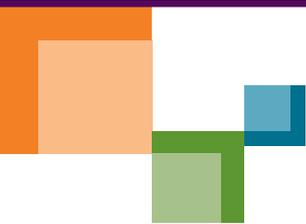
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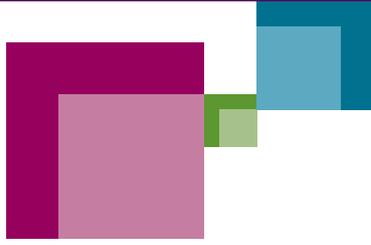
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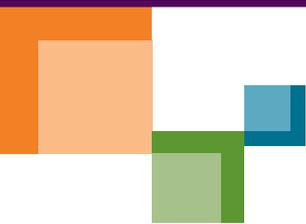
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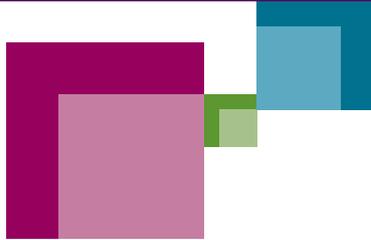
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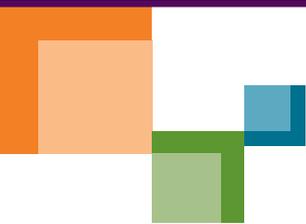
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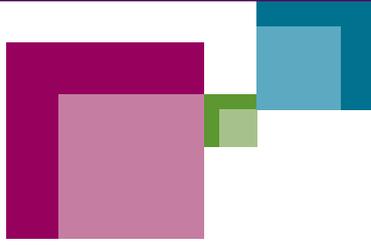
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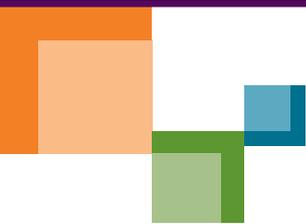
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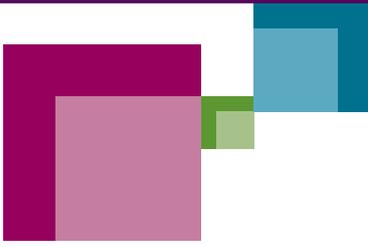
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