# Aiming high for children: supporting families

March 2007

HM TREASURY

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# EXECUTIVE SUMMARY

The Government's aim is 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. It wants to do this in a partnership with active, responsible parents and empowered communities, supported by public services that deliver packages of support tailored to families' needs.

To support parents to meet their responsibilities in raising their children and to help strengthen the role of communities in supporting parents, the Government has made tackling child poverty a priority since 1997, has created a network of Sure Start Children's Centres to support children and families in the vital early years and has invested record sums in schools to help raise attainment.

The Government wants to ensure that the primary role of public services is to support families and communities to improve children's outcomes. The Government's change programme for children's services, *Every Child Matters,* has established a strong foundation for a new, integrated way of delivering support to children and families and the communities in which they live. *Every Child Matters* sets out that every child, whatever their background or their circumstances, should have the support they need to achieve five key outcomes:

- be healthy;
- stay safe;
- enjoy and achieve;
- make a positive contribution; and
- achieve economic well-being.

Children's Trusts are bringing together services for children, particularly local education services, children's social services and health services, by ensuring that planning and delivery is coordinated and information is shared so that children are supported before they reach crisis point.

In the future the UK must respond to new challenges that will impact upon children and families: demographic and socio-economic change; technological developments and increasing global competition. To continue to support parents and families and ensure that public services contribute as effectively as possible to improved outcomes for all children, young people and families in ways that meet their needs, the Government will, over this Comprehensive Spending Review (CSR) period (2008-09 to 2010-11), take action in a number of key areas.

**A new emphasis on building resilience.** Attainment in education, good social and emotional skills and positive parenting are critical protective factors: they promote better outcomes for children in childhood and later life. Over the CSR period the Government will increase investment in services and support that help to protect children and families from poor outcomes in later life through:

- significant additional funding for Sure Start Children's Centres, childcare and early years of at least £340 million by 2010-11 compared with 2007-08 (over £1.6 billion in total by 2010-11), as well as extension of the weekly entitlement to early education for three and four year-olds to 15 hours by 2010;
- going further to narrow attainment gaps, building on the Every Child a Reader programme, by providing an average of 10 hours, one to one teacher-led tuition for 300,000 under-attaining pupils a year in English and a further 300,000 a year in Maths by 2010-11;

- funding so that by 2010-11 schools can offer two hours of free extended activities a week during term time, with two weeks a year of part-time holiday provision for children eligible for Free Schools Meals;

- rolling out to all schools the successful Social and Emotional Aspects of Learning programme – building children's social and emotional skills and providing the foundation for higher academic attainment; and

- more support to help parents play their critical role in supporting children's development – specific activities for fathers in children's centres, new investment in a universal advice and guidance service for all parents and more intensive support for up to 30,000 parents who most need parenting support, focusing in particular on fathers.

**Greater personalisation.** Children's centres, health services (particularly midwives and health visitors), schools and youth services play a critical role in supporting children and families. The Government aims to ensure that the services provided are more responsive to the needs of families, that they offer further support earlier and that packages of support are tailored in accordance with need. To achieve this the Government will:

- make the Common Assessment Framework electronic to help schools, health services and other children's services assess risks better;

- provide funding to ensure that local areas can build on and roll out effective practice in supporting children and young people with social and emotional difficulties in schools

- ensure the five *Every Child Matters* outcomes are reflected in the way the Government articulates national priorities for children, in the national performance management framework.

**Proactive support for those who need it most.** Public services work best where users and the community are engaged and empowered to participate actively in the design and delivery of the services provided. Public services also need to ensure that they reach out to those children and families who need them most but who may be less willing or able to articulate their needs. Over the forthcoming CSR period the Government will take action to:

- set out a Parents' Charter – making it clear the minimum level of support all parents – fathers and mothers – should expect from local services, what is available where parents have greater need and in return the responsibilities of parents towards their children; and

- ensure that existing support for parents and also the new levels of support announced as part of this Review reach out effectively to those most in need who may traditionally be less likely to receive it – in particular, ensuring fathers get the support they need to play a full role in their child's development.

**Helping families to break out of a cycle of low achievement.** The worst child outcomes tend to be associated with families with complex needs. There is a relatively small number of these families and the Government aims that in future even fewer families should require intensive support and intervention. To help families to break the cycle of low achievement through support coupled with appropriate sanctions, the Government:

- expects that over the CSR period all local areas build on best practice for supporting families with the most severe and complex needs – providing dedicated and integrated 'whole-family' support through the use of family lead professionals and/or multi-agency teams; with conditions explicitly set out where appropriate, for example through use of parenting contracts with these families, on the contribution and engagement expected of them; and

- to help drive change the Government will provide £13 million over the CSR period to enable a significant number of local areas to set up pathfinders, providing more effective support to families caught in a cycle of low achievement.

# 1 SUPPORTING CHILDREN AND FAMILIES

## THE BEST START FOR CHILDREN

**1.1**    The Government is determined to work in partnership with parents and with communities to ensure that every child gets the best start in life and the ongoing support they and their families need to allow them to fulfil their potential, irrespective of race, gender, background or circumstances. Since 1997, the Government has placed children and families at the heart of policy and has delivered unprecedented levels of investment to improve outcomes for all children and break the cycle of deprivation for those most in need.

**1.2**    Higher incomes, quality service provision in the early years, improved health and well-being and increasing educational attainment are fundamental to tackling disadvantage and ensuring all children have an equal opportunity to realise their talents. These areas were the Government's immediate priorities in 1997:

- introducing welfare reforms to make work pay and provide financial support for families with children;

- ensuring every child has the best start through Sure Start Children's Centres and expanded early years provision – with investment of more than £21 billion in these areas since 1997;

- raising school standards for all while giving priority to improving schools in the most challenging circumstances. Total schools resource and capital funding has risen from under £2,500 per pupil in 1997-98, to £4,800 in 2005-06, and £5,550 in 2007-08. Budget 07 announced that this would rise to over £6,600 by 2010-11 (equivalent to £5,800 in 2005-06 prices); and

- investing record sums in health services – from £33 billion in 1996-97 to £92.2 billion in 2007-08.

**1.3**    The lives of children have improved as a result of the Government's approach:

- the risk of a child living in poverty has declined: over 600,000 fewer children live in relative low income poverty than in 1998;

- more families are able to meet the basic material needs of their children, such as new shoes and a winter coat, as well as treats for birthdays and celebrations;

- educational attainment has increased at all Key Stages and in 2006 schools secured record rates of improvement in GCSEs with 58.5 per cent of 16 year-olds achieving five or more good GCSEs compared to 45.1 per cent in 1997. Some of the biggest increases are in areas of significant disadvantage and historic low achievement;

- in 1997 over a third of children left primary school without the literacy and numeracy skills necessary to succeed at secondary school and beyond. Now 79 per cent achieve the nationally expected standards in English and 76 per cent in Maths;

- there are nearly 440,000 fewer children living in workless households; and

- almost a quarter of parents with children under the age of six have requested to work flexibly since the right was introduced in 2003 and there are now 1.29 million childcare places helping parents to balance the demands of work and family life.

I.4    These improvements have been underpinned by important and far-reaching reforms to public services. For example:

- *Every Child Matters: change for children* has established a strong foundation for a new, integrated way of delivering support to children and families. Children's Trusts are bringing together services for children, particularly local education, children's social services and health services, ensuring that planning and delivery is coordinated and information is shared so that children are supported before they reach crisis point;

- standards set out in the *National Service Framework for Children, Young People and Maternity Services* articulate how the NHS and its partners can support better outcomes through integrated services;

- through the development of lead professionals (some with budget responsibilities) and multi-agency teams, services are becoming more personalised to meet the needs of individual children and families;

- new services such as Sure Start Children Centres are providing children and families with increased levels of support in areas such as early education and care, health, nutrition and parenting in this vital phase of children's development;

- in addition to record levels of investment, the Government has delivered reforms to improve outcomes in schools, driven by a stronger role for parents in how schools are run and greater choice, with education tailored to the needs of each child; and

- schools are becoming embedded in their local communities through the creation of extended schools and young people are being empowered to help design and deliver services with the creation of the Youth Opportunity Fund – putting funds directly in the hands of young people to spend on activities in their local area that better meet their needs and interests.

I.5    No government can afford to be complacent about the life chances and well-being of children. The UK must respond to new challenges that will impact upon children and families: demographic and socio-economic change; technological developments and increasing global competition. The importance of formal qualifications is growing. Social and emotional skills (such as communication or team working) are also seen as a priority by employers.

I.6    Family size has been decreasing. Paths to adulthood are more complex than they once were. Research suggests young people in the UK are now exposed to more information, make more consumer decisions and are faced with less straightforward paths through education and into employment.[1]

I.7    Government must recognise the challenges of the decade ahead and, in partnership with parents and communities, respond to the changing pressures that parents and families may experience. Key challenges include:

[1] *Transitions – Young Adults with Complex Needs*, Social Exclusion Unit, Office of the Deputy Prime Minister, 2005.

- tackling the relatively low rates of social mobility in the UK: social mobility in the UK lags behind most developed countries apart from the USA. A cycle of disadvantage is keeping some children and young people from fulfilling their full potential;[2]

- narrowing attainment gaps: while average attainment has risen, attainment gaps both within and between schools remain, both between boys and girls, and between disadvantaged children and their better off peers;

- promoting social and emotional skills: good progress has been made focusing on the cognitive ability of children, but more could be done to support the wider set of skills that enable children to learn and succeed in life and which are increasingly important in employment; and

- enhancing support for parents: much more could be done to help parents meet their responsibilities to their children through a continuum of support.

## A principled approach

**1.8**    Building on the progress of *Every Child Matters,* the Government's strategy for breaking the cycle of deprivation and securing improved outcomes for children and young people will continue to be guided by three underpinning principles:

- **rights and responsibilities:** Parents' role is central to the well-being and development of their children through to adulthood. They should provide their children with a loving, supportive, safe, healthy and secure environment. This role can be challenging for all parents at times. All parents – fathers and mothers – have the right to support from government to enable them to meet their responsibilities if they need it;

- **progressive universalism:** Those children and families who need it should receive additional support to address the persistent gap in outcomes between the lowest and the highest socio-economic groups. This means offering a continuum of support according to need, with greater personalisation of services to meet every child's and family's requirements; and

- **prevention:** Preventing poor outcomes from arising in the first place benefits children, young people and families directly. In addition, failure to prevent problems impacts not only on the family but also society more widely, for example in lost economic contributions, poor health, and the effects of anti-social behaviour.

**1.9**    This document sets out the outcomes of the Policy Review of Children and Young People. Box 1.1 explains the background to this Review and the process that has underpinned it. As part of Budget 2007, the Government announced an early Comprehensive Spending Review (CSR) settlement for the Department for Education and Skills, informed by the findings of this Review. It will see education spending in England rise from £63.7 billion in 2007-08 to £74.4 billion by 2010-11. This document sets out the actions which the Government will now take to support parents and communities with improving children and young people's outcomes further.

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[2] *Intergenerational Mobility in Europe and America*, Blanden, Gregg and Machin, Centre for Economic Performance, 2005.

**Box 1.1: The Policy Review of Children and Young People**

In July 2005, the Government announced that it would undertake a second Comprehensive Spending Review, reporting in 2007. Budget 2006 announced that the 2007 Comprehensive Spending Review would be informed by a series of policy reviews, including a policy review of children and young people, building on the Government's strategy to improve their outcomes.

A discussion paper, setting out the evidence and analysis that has been gathered to inform the Policy Review of Children and Young People was published in January 2007. It also provided a discussion of the issues and challenges raised by that evidence. The Review has drawn on a number of sources of evidence, including:

- research studies and evaluations of interventions to support children, young people and families;
- consultation with groups of young people, particularly those who have difficulty accessing services;
- consultation events with parents, practitioners, commissioners of services from public agencies or the third sector, academics and others with relevant expertise;
- smaller workshops, meetings and visits to experts and projects in relevant fields;
- a public Call for Evidence to support the Review's analysis – the Review's discussion paper provides details of those organisations and individuals that responded; and
- new research commissioned to support the Review, which is also set out in more detail in the Review's discussion paper.

The Policy Review of Children and Young People consists of four sub-reviews. All four are completing their analysis and recommendations in spring 2007. This document is the final report on sub-reviews seeking to establish what further action Government needs to take to:

- raise the life chances of all children and young people, building their resilience to cope with negative experiences and supporting them as soon as possible when problems emerge; and
- assessing the most effective way to support those families with the poorest outcomes, caught in a cycle of low achievement – ensuring that public services are helping them on a sustainable and cost effective basis.

## FULFILLING CHILDREN'S POTENTIAL

**1.10**     A child's background environment, key features of their family (such as physical health), and family processes (for example, parenting quality and aspirations) all influence outcomes and life chances. Where unfavourable or challenging background factors, family characteristics or processes are present, the risk that a child will experience poor outcomes increases. These potentially negative influences are known as 'risk factors'. For example, children from lower income families are more likely to have poor outcomes than children from higher income families. Boys with a convicted father are three times more likely to be convicted of a crime than those with a non-convicted father.[3] Children who experience parental separation and divorce are more likely to have no qualifications.[4] Risk factors tend to compound each other – the more risks a child is exposed to, the more likely they are to suffer poor outcomes. However, it is important to note that the relationship between risk and poor outcomes is a complex one and poor outcomes are not inevitable.

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[3] *The concentration of offending in families*, Farrington, Barnes and Lambert, Legal and Criminological Psychology, 1996.

[4] *Children and divorce: educational performance and behaviour before and after parental separation*, Elliot and Richards, International Journal of Law and the Family, 1991.

I.II    The chart below illustrates the nature and range of factors that can influence a child's life chances – in both a negative and positive way.[5]

## Chart I.I: Childhood factors can operate at different levels

**BACKGROUND FACTORS**
Family structure / size
Age of mother
Income & poverty
Occupation / SES
Employment
Housing
Neighbourhood

**KEY FAMILY FEATURES**
Parental cognition
Mental health and well being
Physical health
Family relations

**FAMILY PROCESSES**
Parenting quality
Home learning
Aspirations and expectations

**OUTCOME**
Child development

*Source: Feinstein, Duckworth and Sabates, 2004.*

I.I2    A child's background or family factors can also operate positively – they can build his or her resilience and counteract the existence of any risk factors so that children are less likely to be affected by negative influences in their lives. For example, coming from a low-income family exposes a child to greater risk that they will experience poorer outcomes in life. However, if the same child has supportive parents or does well at school, this builds a child's potential to succeed. When background factors or the characteristics of the family build a child's resilience they are 'protective': they help to mitigate any negative influences to which the child is exposed.

## Why building resilience matters

I.I3    The Government has sought to work with parents and communities to reduce key risks or negative influences on children's lives, through the priority attached to eradicating child poverty (see Box 1.2), investment in the early years and raising attainment. It has also acted in other areas, for example:

- by reducing the number of social sector homes not in decent condition by over 1 million since 1998;

- over £2 billion invested since 2002 through the Neighbourhood Renewal Fund in the most deprived 88 Local Authorities in England to improve outcomes in the key areas of health, education, employment, housing, liveability and crime;

- more than £1 billion invested in 39 deprived communities since 1999 through the New Deal for Communities;

- record investment in health services, from £33 billion in 1996-97 to £92.2 billion in 2007-08, delivering over 1 million more operations compared to 1997-98. There are now 85,300 more qualified nurses and 32,726 more doctors than in 1997; and

- tackling health inequalities and engaging people in looking after their own health – focusing both on physical health (such as action to reduce smoking and obesity levels) and mental health.

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[5] *A model of the intergenerational transmission of educational success*, Feinstein, Duckworth and Sabates, Centre for Research on the Wider Benefits of Learning, 2004.

**Box: 1.2: Child Poverty Review**

The Child Poverty Review, published alongside the 2004 Spending Review, set out the Government's comprehensive strategy to halve child poverty by 2010, on the way to eradication by 2020. Following an extensive consultation process, the Review set out commitments that will contribute to the Government's challenging goals, with a particular focus on the important role of the public services. The review set out a strategy with four main strands:

- financial support for all families, with more support for those who need it most, when they need it most: the Government has already committed to increase tax credit payment per child in line with average earnings for the rest of this Parliament, and from April 2009 will extend Child Benefit to pregnant women. Budget 2007 announced that it will rise by a further £150 per year above earnings indexation in April 2008;

- work for those who can, by helping parents participate in the labour market: the Government's Ten Year Childcare Strategy outlined plans to deliver affordable, flexible and high quality childcare. The Child Poverty Review also highlighted the issues of maternity, paternity and adoption pay. In April 2006, the flat rate of statutory pay was increased to £108.85 a week. In April 2007, paid maternity leave will extend to nine months and the Government aims to extend this to 12 months by the end of this Parliament, as well as to introduce Additional Paternity Leave of up to 26 weeks;

- tackling material deprivation to improve living standards directly: to improve the quality of accommodation for families with children, the Government has introduced the Decent Homes programme. As a result, 1.2 million more homes in the social sector are in a decent condition than in 1997. In order to tackle access to banking, affordable credit and money advice, the 2004 Pre-Budget Report announced the establishment of a Financial Inclusion Taskforce and a Financial Inclusion Fund of £120 million to tackle financial exclusion. In March 2007, the Government announced the continuation of these for the spending period from 2008-09 to 2010-11; and

- delivering excellent public services that improve poor children's life chances and break cycles of deprivation: the *Child Poverty: Fair Funding for Schools Review* found wide variation in the way Local Authorities assess and fund the costs of deprivation, therefore leading to disparities in the level of funding for schools with a similar number of pupils receiving free school meals. The Government has now asked Local Authorities to review the effectiveness of their funding formula to tackle deprivation, with the aim of introducing necessary changes from 2008.

**1.14**    Government cannot eradicate all negative influences in children and young people's lives. For example, family breakdown or the separation of parents is likely to continue to be a feature of some young people's lives. But government has an important role to play in building resilience and the capacity to cope well when and if problems emerge. One of the key objectives of this Review is to identify the priorities for government to go further in building children and young people's resilience by strengthening protective factors in young people's lives to help avoid or cope better with the onset of problems.

## Priorities for building children's resilience

**1.15** Promoting good outcomes and a happy and fulfilling childhood is important in itself. There is also growing evidence that boosting protective factors can provide net benefits to society and represent a cost-effective response by public services. The Review identified evidence of programmes which show that the benefits of support for children and young people to boost their resilience can very quickly outweigh any initial costs associated with that support. Box 1.3 briefly describes the findings of evaluations of key preventative and early intervention programmes that have been delivered in the US.

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**Box 1.3: Examples of preventative and early intervention programmes in the US**

- The *Parents As Teachers* programme which operates in all 50 states in the USA provides home visiting support to parents and children with the aim that the children are healthy and ready to learn by the time they go to school. The evaluation of the scheme showed that higher test scores were achieved by the children taking part. The combined benefits to the child and indirect benefits for others in society were also evaluated to be higher than the net costs of the support programme;[6]

- Long term evaluation of the *Perry Pre-School Project* which operated in Michigan in the 1960s and targeted children with low IQ and poor social emotional skills has shown that at each stage in later life that measurements are taken, adult outcomes for the children who attended the project are significantly better than those who did not, and that the direct benefits to the child and to society over a lifetime substantially outweigh the cost of the programme;

- The *Iowa Strengthening Programme*, a seven week programme for pupils and their families which operates across the US, attempts to reduce behaviour problems and substance use by enhancing parenting skills, parent-child relationships and family communication. Evaluation has shown that children on the programme are less likely to experience conduct problems, to commit crime, to start smoking, to start drinking alcohol and to start taking illegal drugs. The programme evaluation shows a strong positive ratio of benefit to cost; and

- The *Chicago Child Parent Centre Programme* has been running in Chicago since 1967 and aims to improve educational outcomes for disadvantaged children by delivering targeted teaching and health support in the early years. Evaluations show that (compared to those not participating in the programme): at age five children were more likely to be ready for school; at age 14 they had higher test scores in reading and maths and were less likely to have repeated a school year; at age 18 were less likely to have received special education; and at age 20 were more likely to have finished high school, had a lower rate of overall arrests, had a lower rate of violent arrests and were less than half as likely to have suffered maltreatment as a child. Again, this programme has delivered estimated benefits to society significantly above the costs of the programme.

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**1.16** To identify the priorities for government action to enhance its preventative approach, the Review assessed the factors that can offer children and young people protection against a wide range of poor outcomes and which can also be influenced by public services. Three areas of protection have been examined by the Review:

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[6] http://www.parentsasteachers.org

- **academic attainment** – high academic attainment is a key protective factor outside of income. Low academic attainment can be very predictive of poor adult outcomes for children;

- **social and emotional skills** – evidence is growing that good social and emotional skills are becoming increasingly important in the modern world. Such skills enable learning and are valued highly by employers. Children from higher income backgrounds appear to have more opportunities to develop these skills than their less well off peers; and

- **positive parenting** – parents are the most important influence on their children's lives, especially in the very early years. Good parenting – what parents do rather than who they are – can help children to overcome disadvantage.

**1.17**    The Review has assessed the role public services can play in building resilience in children and young people across these three factors, the progress already made and the priorities the Government now needs to place on action to work with parents and communities to raise outcomes further.

## SERVICE RESPONSIVENESS WHEN RISKS EMERGE

**1.18**    Research has shown that the key risk periods for children are at major transition points in their lives. For example when they leave the security of the family and enter primary school, when they move on to secondary school, or when parents separate.[7] Evidence set out in the Review's interim discussion document painted a more complex picture of how indicators of potential poor outcomes can fluctuate throughout childhood.

**1.19**    Analysis shows that for some children there is considerable continuity in the existence of risk indicators over time. Chart 1.2 shows that those children identified as being 'at risk' at one age have a 40-45 per cent probability of also being 'at risk' at the next age.



**Chart 1.2: Probability of being at 'risk' from age to age**

Age 0 → a. 45% → Age 5 → b. 46% → Age 10 → c. 42% → Age 16

Source: Feinstein & Sabates, 2007.
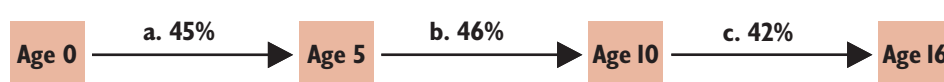
**1.20**    However, analysis also shows that there is considerable mobility at each stage: throughout childhood there is significant flow into the children at risk group from the general population. This means that while some children at risk at one age are likely to still be at risk at a later age, a substantial proportion – around half – will not previously have been so.

**1.21**    The policy implications of these two findings – continuity of risk for some, dynamism for others – is crucially important. Reducing the number of children having indicators of potential poor outcomes at any one age depends on public services being able to carry out two distinct, but inter-related functions:

1.    addressing the needs of those children who are already experiencing poor outcomes; and

2.    identifying those children who may be more likely to experience poor outcomes in the future.

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[7] *Preventing drug abuse among children and adolescents*, National Instute of Drug Abuse (NIDA), 2005.

**I.22**    The need to identify children experiencing poor outcomes, and those children who might be showing signs of developing poor outcomes, implies a key role for universal services, such as schools and health services. As they are in contact with the general population of children and young people they are well placed to monitor changes in the risk factors throughout children's lives. However, they also need to work in partnership with more targeted services – such as Child and Adolescent Mental Health Services – providing a continuum of support depending on the severity of children's needs. To be effective, the support needs to be responsive to individual circumstances.

**I.23**    The Government has already made important progress towards better identification and monitoring of risks. For example, through the *Every Child Matters* programme, reforms have improved information collection and sharing between services in contact with children. The development of a Common Assessment Framework (CAF) is allowing different services to come together to identify need and reach decisions more quickly about action needed to support children. The Government has also invested in new forms of public health information and universal health services to support people in assessing risk and accessing services. For example, the 2006 White Paper, *Our Health Our Care Our Say: A new direction for community services*, announced a new NHS "Life Check" service to help people assess their own risks of ill health.

**I.24**    The Review has assessed what further action is necessary to ensure services are centred around the changing needs of children, in particular, how changing needs can be identified early quickly and, where extra support is required, what priorities the Government should place on enhancing the support currently available.

## PROACTIVE SUPPORT FOR CHILDREN, YOUNG PEOPLE AND FAMILIES

**I.25**    Raising outcomes for children and young people relies on partnership between active, responsible parents and an empowered community, supported by enabling government. While public services have a role to play in directly supporting children, for example through high quality school provision, the most important influences on children and young people are those closest to them.

**I.26**    For example the influence of parents on child development continues right through childhood:

- recent research in neuroscience shows that the environment in which children are brought up during the first three years of life can impact on the brain's capacity to learn;[8] and

- parental involvement accounts for at least 10 per cent of the variance in academic attainment not explained by social class.[9]

**I.27**    As children get older, their friends become more important and influences outside the home become stronger. Adults outside the immediate family can also be important influences. For example, research indicates that participation in positive activities for young people involving adults can help young people raise their aspirations and provide a safe environment which is more likely to promote better outcomes.[10] Public services should therefore have a proactive role to support parents and others in communities to play their part in raising outcomes for children and young people.

[8] *The Solid Facts* (second edition) Wilkinson and Marmot, World Health Organisation Europe, 2003.

[9] *The impact of parental involvement, parental support and family education on pupil achievement and adjustment: A literature review*, Desforges and Abouchaar, DfES, 2003.

[10] See *Policy Review of Children and Young People: a discussion paper*, HM Treasury and DfES, 2007.

**I.28**     Where children, young people and families need support, the effectiveness of public services will also depend on how well they can reach out to support those children and families who are most in need. There is evidence that those most in need of support are the least likely to access it: analysis from the Millennium Cohort Study showed that poorer families were less likely to receive a visit from health visitors than those families with higher incomes.[11] The Review's discussion paper identified a number of potential barriers to engagement of those most in need of support:

- a 'fear' or mistrust of statutory services and concerns about negative consequences of engaging – for example, that services might take away children from parents if they are seen to have some problems; and

- there is evidence that children from lower socio-economic groups have lower aspirations for themselves and their parents have lower aspirations for them, which may reduce the pressure they place on services to respond to their needs.

**I.29**     There is also evidence that services which involve users in their design and implementation are more likely to succeed with those they are trying to help. For example, there is evidence that engaging young people in the design of positive activities in their local area increases the likelihood that they will find the activities attractive.[12]

**I.30**     Children's services are beginning to deliver proactive support. For example extended schools and children's centres are at the heart of their local communities, and are easily accessible places for parents. Embedding targeted services within universal settings can help to ensure more seamless provision of services and more rapid support without delays caused by formal referral. The Government has also put in place the foundations of a continuum of support for parents. The Review identifies further action the Government will take to ensure that services deliver more proactive support.

## INTEGRATED SUPPORT FOR THOSE FAMILIES WITH THE MOST COMPLEX NEEDS

**I.31**     At present there are a small number of children who experience very poor outcomes. Intensive support from public services is essential to restore their chances of better outcomes. Over the period covered by the 2007 Comprehensive Spending Review, and beyond, the Government's aim is that fewer families will require intensive support, although despite the falling number, some children and young people may still need acute support.

**I.32**     Research shows that the poorest and most severe outcomes tend to be associated with multiple problems occurring across different members of a family. For example, research commissioned by the Review and published in the Review's discussion paper showed that the more problems are present in a family, the greater the likelihood was that the children in the family were frequently playing truant, being suspended or being excluded from school.[13]

**I.33**     There are a range of parental problems which are strongly associated with poor outcomes for the family, especially for children. These include: mental health problems, alcohol and substance misuse, domestic violence, learning difficulties, physical disability, financial stress, teenage parenthood, worklessness, poor basic skills and poor housing conditions.

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[11] *Reaching Out: A Plan on Social Exclusion*, Cabinet Office, 2006.

[12] *Supporting the Hardest-to-Reach Young People: the contribution of the Neighbourhood Support Fund*, NFER, 2004; and *Personalisation through participation – a new script for public services*, Leadbeater, Demos, 2004.

[13] *The prevalence of multiple deprivation for children in the UK: Analysis of the Millenium Cohert and Longitudinal Survey of Young People in England*, Feinstein and Sabates, 2007.

**I.34**     Analysis for the Review suggests that although having one problem in the family is fairly common – it is estimated that almost three million families in the UK have at least one significant problem – the number of families decreases sharply as the number of problems increases. About 5,000 families experience seven or more significant problems, putting their children and young people at extreme risk of poor outcomes.

**I.35**     Despite their small number, the Review has identified the importance of supporting this group of families:

- without sufficient support, these families are likely to perpetuate a cycle of low achievement, which passes from one generation to the next; and

- they can represent a high cost both to society and to public services, creating problems for local communities and also using resources which cannot be released to fund preventative support elsewhere.

**I.36**     There is evidence that in order to improve these families' outcomes on a sustainable basis, interventions and support offers need to be:

- **integrated** – evidence suggests that in order to tackle the root causes of problems effectively, services need to coordinate their activities to provide an effective package of support.[14] For example, where parental problems impact negatively on the child, an intervention aimed only at the child will not have a sustained impact;

- **tailored** – research[15] shows that families with multiple problems are a very diverse group. There appear to be no specific combinations of problems, which occur significantly more often than others, meaning that families will vary considerably in terms of the support and interventions they require. Tailored responses are required to ensure that services effectively tackle differing patterns of problems; and

- **proactive** – evidence from fieldwork and responses to the Review's Call for Evidence suggest that many of the families with the greatest need are not willing to engage with services, often because of a lack trust and confidence in services' ability to help. Assertive support is needed in order to reach those families who are most reluctant to engage.

## 2007 Comprehensive Spending Review

**I.37**     The aim of this Review is to ensure the 2007 Comprehensive Spending Review locks in and builds on progress already made to improve outcomes for children and young people. To do that, the Government will go further to ensure public services work in partnership with parents and communities:

- to build resilience to risk in all children by boosting the three key protective factors of high attainment, good social and emotional skills and positive parenting;

- to increase the responsiveness of services to the early signs of need by improving risk assessment and capacity in key targeted services;

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[14] See *Supporting disabled parents and parents with additional support needs*, Social Care Institute for Excellence, Knowledge Review 11, 2006; *Breaking the Cycle*, Social Exclusion Unit, 2004; and *Support for parents – messages from research*, Quinton, 2004.

[15] *The prevalence of multiple deprivation for children in the UK: Analysis of the Millennium Cohort and Longitudinal Survey of Young People in England*, Feinstein and Sabates, 2007.

- to empower children, parents and communities by encouraging services to develop a more proactive approach to delivering support; and

- to deliver much better coordinated packages of support to the small number of families with very complex additional needs.

**I.38**    The following chapters set out the actions the Government will now take to ensure public services are equipped, in partnership with parents and communities, to improve children's outcomes further.

# 2 BUILDING RESILIENCE, FULFILLING POTENTIAL

## INTRODUCTION

**2.1**    Poor outcomes are often the result of risks that children are exposed to in life. Protective factors that build resilience help to increase children and families' ability to meet the challenges they face successfully. This chapter examines the importance of action to build resilience.

**2.2**    All children are exposed to risks as they grow up and the opportunity to experience and deal with risk is an important part of children's development. For example, taking risks in the playground can help children to develop their independence, preparing them for adult life.

**2.3**    Understanding these risk factors is crucial. As Chapter 1 explained, some children who are exposed to many risks throughout their childhood are more likely to have poor outcomes, because the real impact of risk is cumulative.

**2.4**    For children to reach their full potential, it is vital that these risks do not detrimentally impact on their life chances. While it is possible for Government to significantly reduce some of the risk associated with poor outcomes – for example by reducing the number of children growing up in relative poverty – it is not possible, nor is it desirable, to protect children from all risks all the time.

**2.5**    Given all risks cannot and should not be removed, children need to be resilient to them. Children need to be able to withstand risk or poor experiences without these having long-term negative impacts on their outcomes. The more resilient children and families are, the less likely it is that negative experiences or exposure to risk will result in poor outcomes later in life.

**Three key protective factors for building resilience**

**2.6**    'Protective factors' can increase the likelihood of positive life outcomes which can boost children's resilience. Analysis published in the Review's discussion paper[1] identified three key 'protective factors', which universal services for children and families are ideally placed to influence:

- **high attainment:** children who do well at school are far less likely to experience poor outcomes than their lower attaining peers;

- **good social and emotional skills:** having the opportunity to develop effective social and emotional skills is linked to high attainment, whereas those children who have social and emotional difficulties are more likely to experience poor outcomes in adulthood; and

- **positive parenting:** a positive parenting style has a strong and beneficial impact on children's outcomes and can act as a protective factor against other risks, including relationship breakdown. There is also evidence suggesting that good, enthusiastic parenting is not determined by social class or ethnic background and importantly that it can be learned.

**2.7**    These factors are inter-related and reinforcing. Good parenting and good social and emotional skills, for example, both contribute to high attainment.

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[1] *Policy Review of Children and Young People: a discussion paper*, HM Treasury and DfES, 2007.

**2.8**    This chapter takes each of these factors in turn, discusses progress that has been made since 1997, and sets out what more can be done to build the resilience of children and families.

## ATTAINMENT

**A vital protective factor**    **2.9**    Box 1.2 sets out how the Government is tackling child poverty. Along with higher income, higher attainment is a key protective factor in building children's resilience to risk. While children who do well at school tend to do well in later life, low attainment is a common factor in most poor outcomes.

**2.10**    Parental education is strongly correlated with children's attainment. Recent evidence has shown that one of the reasons for the decrease in social mobility in recent years is that children's outcomes have become more closely correlated to their parents' level of educational achievement.[2] High levels of attainment at school may give children from lower income backgrounds a better chance of breaking out of this 'cycle of disadvantage'.

**Mastering the basics at primary school**    **2.11**    Evidence suggests that mastering the basics of literacy and numeracy in the primary school years is crucial. Pupils entering secondary school without basic literacy and numeracy skills struggle to access the curriculum and are at substantial risk of falling further behind their peers. For example, longitudinal research has found that pupils registering in the bottom 20 per cent of reading skills at age ten are up to four times more likely not to be entered for any public examinations at age 16 than good readers at age ten with similar social disadvantages.[3]

**Long-term benefits to children**    **2.12**    At a high level, it is possible to quantify the potential benefits to individual children from higher attainment – at least in terms of future employment prospects and income level. Recent analysis for the Leitch Review estimates that returns to an individual obtaining an academic Level 2 qualification – equivalent to five good GCSEs are:[4]

- a ten percentage point increase in chances of employment;

- if in employment, around a 25 per cent gain in wages – estimated at £3,270 a year (with 30 years of higher wages equivalent to a net present value of £29,000); and

- combining increases in wages and likelihood of employment – the Department for Education and Skills (DfES) estimates that a person with five or more good GCSEs will earn on average around £150,000 more over their working life compared with a similar person who does not have five or more good GCSEs; and

- research commissioned by the Government for *Reaching Out: An Action Plan on Social Exclusion*[5] showed that low attendance at ages 15 and 16, a poor teacher assessment of progress at age 16, and low standardised maths scores at age 11 were among the five most predictive risk factors for multiple disadvantage in adulthood.[6]

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[2] *Explaining intergenerational income persistence: Non-cognitive skills, ability and education.* Blanden, Gregg and Macmillan, 2006.

[3] *Basic skills and social exclusion,* Parsons and Bynner, 2002.

[4] *Prosperity for all in the global economy – world class skills,* Leitch Review of Skills Final Report, HM Treasury, December 2006.

[5] *Reaching Out: An Action Plan on Social Exclusion,* Cabinet Office, 2006.

[6] *Predicting adult life outcomes from earlier signals: identifying those at risk,* Feinstein and Sabates, Cabinet Office, 2006.
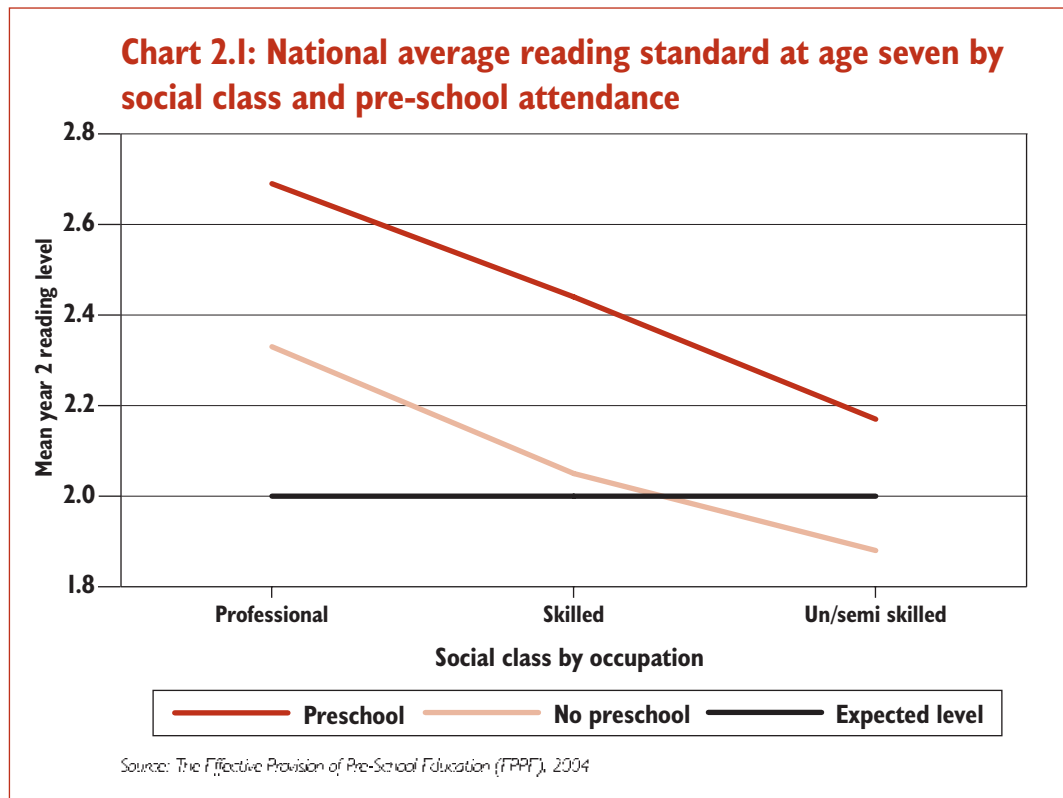
## Recent investment

**2.13**    Formal early education and childcare and early years support have a key role to play in building children's resilience to poor outcomes. The Effective Provision of Pre-School Education (EPPE) project shows the positive effects of high quality pre-school provision on children's intellectual and social behavioural development through the early years of primary school, up to age ten.[7]

**2.14**    In particular, disadvantaged children can benefit significantly from good quality pre-school experiences, boosting their development before they enter primary school. Chart 2.1 shows that pre-school attendance raises the average (mean) attainment of children above the expected level at age seven. Without attending pre-school, children from low socio-economic backgrounds fall below expected standards.

**2.15**    To give children the best chance of attaining well at school by providing them with the right foundation for learning, the Government has consistently invested in early years:

- the Government has invested over £21 billion in early years and childcare services since 1997. In addition, the Government is providing substantial help with childcare costs (over £2 million a day) to lower and middle income families through the tax credit system;

- the Government is moving from Sure Start Local Programmes, an initiative that benefited children in disadvantaged areas, to a permanent, universal programme of children's centres. Sure Start Children's Centres will offer a one stop shop of integrated services to all children under five and their families. Over 1,150 of these are already in place, and one will be available to every community by 2010, through a network of 3,500 Centres nationwide;

- all three and four year olds are now guaranteed a part time early education place for 12.5 hours a week. Nearly 100 per cent of four year olds and 96 per cent of three year olds take up at least part of this offer; and

- 87 per cent of schools in England have either achieved, or are working towards, the Healthy Schools standard. A Healthy School promotes the health and well-being of its pupils and staff through a well-planned, taught curriculum in a physical and emotional environment that promotes learning and healthy lifestyle choices. Schools with Healthy School status have better results for all age seven assessments and age 11 Science compared with other schools.

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[7] *The Effective Provision of Pre-School Education (EPPE) Project:* Final Report, Sylva, Melhuish and Sammons, 2004.

**Chart 2.1: National average reading standard at age seven by social class and pre-school attendance**



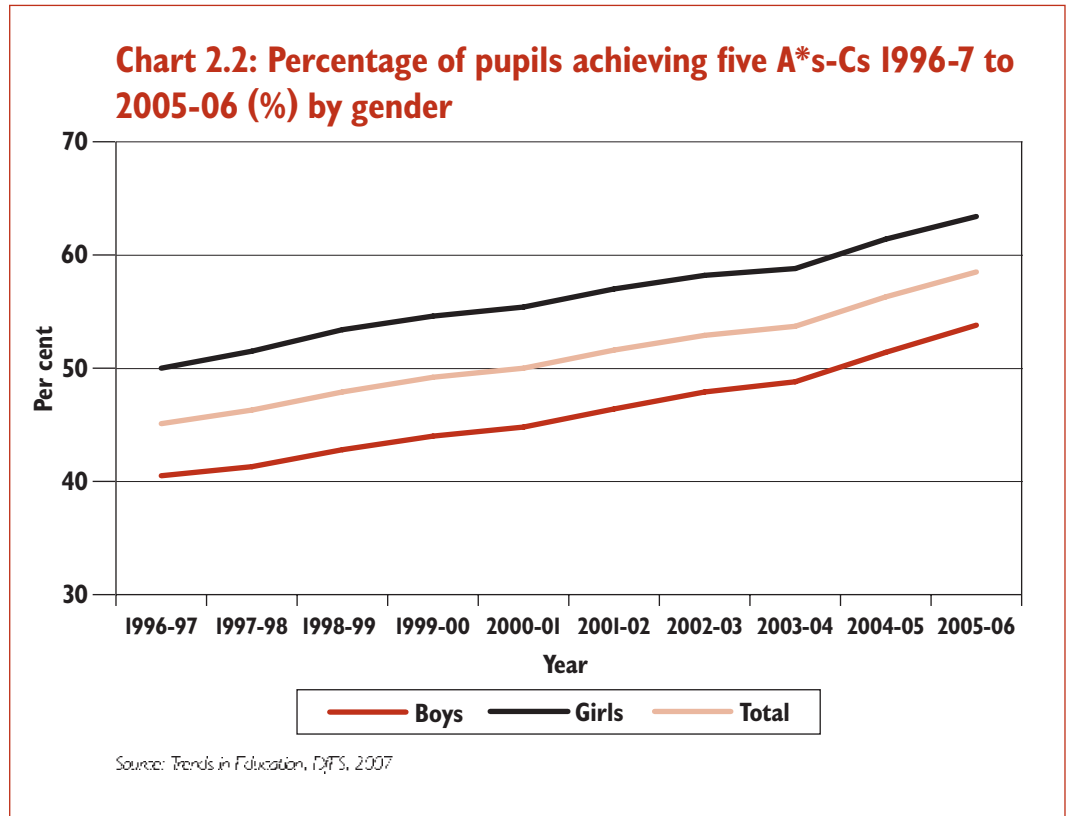Source: The Effective Provision of Pre-School Education (EPPE), 2004

**2.16**    **To ensure every child has the best start in life and the ongoing support they and their families need to fulfil their potential, the Government will meet and build on the commitments set out in the Ten Year Strategy for Childcare. Budget 2007 therefore announced:**

- **significant additional funding for Sure Start, childcare and early years of at least £340 million by 2010-11 compared with 2007-08 – over £1.6 billion in total by 2010-11; and**

- **funding to ensure the extension of the weekly early education entitlement for three and four year olds to 15 hours by 2010, with a long-term goal of 20 hours a week.**

**2.17**    Gains in the early years must be sustained and built on throughout school. The Government has provided record levels of investment across the schools system since 1997, with:

- overall school funding rising in real terms by an average of over 4 per cent a year, and total per pupil funding growing from under £2,500 in 1997 to £5,550 by 2007-08. Budget 2007 announced that this number would rise further, to over £6,600 in 2010-11 (equivalent to £5,800 in 2005-06 prices).;

- real terms capital investment rising by a factor of more than six between 1997 and 2007-08; and

- £680 million of funding available for extended schools over the 2004 Spending Review period.

**2.18**    This investment has supported significant increases in attainment at all Key Stages. At age 11, the proportion of pupils achieving expected levels in English has risen from 63 per cent in 1997 to 79 per cent today – equivalent to around 100,000 more children reaching expected levels each year. At GCSE some 58.5 per cent of 15 year olds now achieve five passes at A*-C, compared with 45.1 per cent in 1997. Good progress has also been made in raising attainment including English and Maths – with 45.3 per cent of pupils achieving five good GCSEs including English and Maths, compared with 35.6 per cent in 1997. Chart 2.2 shows the continuous increases in attainment at GCSE.

## Chart 2.2: Percentage of pupils achieving five A*s-Cs 1996-7 to 2005-06 (%) by gender



Source: Trends in Education, DfES, 2007

## More to be done – narrowing attainment gaps

**Attainment gaps**  **2.19**    While the average level of attainment for all children has risen substantially since 1997, attainment gaps by gender, socio-economic background and ethnicity persist. For example, as shown in Chart 2.2, 63.4 per cent of girls achieved 5 GCSEs at grades A* –C in 2006, compared with only 53.8 per cent of boys.

**Disadvantaged children**  **2.20**    While the gender gap is significant, the single largest attainment gap is between deprived and more affluent pupils. Although some progress has been made in narrowing the school-level gap between deprived and more affluent schools, this has largely been driven by improvements in attainment among less disadvantaged pupils attending schools in deprived areas. Across the system as a whole, the gap between disadvantaged children and their peers remains significant, and in some cases it is even slightly widening. This is illustrated in Chart 2.3.

**Chart 2.3: Percentage of pupils achieving five A\*s-Cs 2002-2006, by Free School Meals (FSM) and non-FSM status**

Source: DfES, 2003-2007
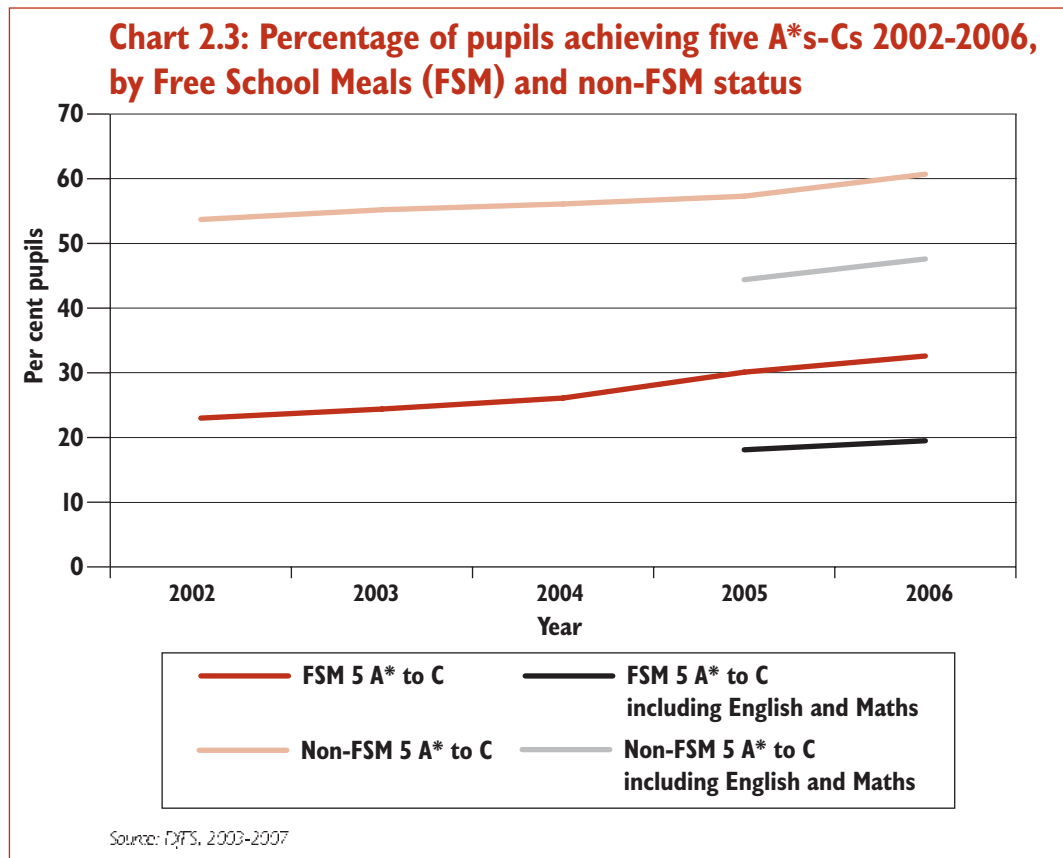
**2.21** Tackling these gaps is a key government priority. Policies such as the Literacy Strategy, and now the Primary National Strategy, have already supported major gains in the number of children achieving expected levels at ages seven to eleven, and raised minimum standards for all. Proposals in the Rose Review on the use of systematic phonics are now being implemented through the primary framework to further raise standards.

**2.22** Similarly, the Secondary National Strategy has supported improvements at ages 14 and 16, working in particular with Local Authorities and schools in need of the greatest support. The National Strategies make a key contribution to tackling school-level attainment gaps by providing schools with expert advice on improving school leadership, catch-up materials for pupils who are struggling, and targeted programmes for groups vulnerable to poor attainment, for example children from certain black and minority ethnic backgrounds. Programmes such as London Challenge provide specific support in areas where attainment gaps are particularly pronounced.

**2.23** In addition, the Department for Communities and Local Government (DCLG) is looking to build on joint work with the Department for Education and Skills (DfES) aimed at improving attainment at age 14 in those schools that are struggling the most. This could include supporting Local Strategic Partnerships (LSPs) building their capacity to improve performance through a combination of school and non-school based interventions.

**Recommendations** **2.24** The 2007 Comprehensive Spending Review (CSR) will set out the next steps the Government will take to ensure public services better support parents and communities to help narrow attainment gaps and improve standards for all:

- attainment gaps between children can be observed right from the beginning of children's time in school. Attainment at each level is linked to earlier attainment, so the longer attainment gaps are left to grow, the harder they are to tackle. To narrow attainment gaps every effort must be made at the earliest stages of children's education to ensure all children leave primary school with

a firm command of the basics – with solid literacy and numeracy skills that enable them to fully access the secondary curriculum and to build on their earlier progress. **To support progress for children performing significantly below expected levels in literacy, the Government has committed to rolling out the Every Child a Reader programme nationally, to benefit over 30,000 children a year by 2010-11;**

- all children are different, with their own skills and aptitudes and preferred ways of learning. The Government recognises that narrowing attainment gaps cannot be achieved with a one size fits all approach, and can only be realised where schools tailor the support they provide to each child's individual talents and needs. Building on the conclusions of the *Review of Teaching and Learning in 2020*[8], the Government is committed to increasingly personalising education, so that all children, especially those who are falling behind, are given the best chance to reach their full potential at school. **Budget 2007 provided substantial additional resources to ensure that personalised teaching and learning becomes a reality for all pupils (see Box 2.1 below), together with funding to provide an average of ten hours of one to one teacher led tuition for over 300,000 under-attaining pupils a year in English by 2010-11, and a further 300,000 under-attaining pupils a year in Maths;**

- personalised education tailored to children's individual needs represents a fundamental shift in the way children are supported, and can only be delivered by teachers and support staff with the right skills. The Government recognises that narrowing attainment gaps depends on a skilled and high quality school workforce, and is committed to ensuring that schools are able to raise standards for all pupils, and that teachers and support staff are fully equipped to meet the new challenges of personalisation, extended services and the *Every Child Matters* agenda;

- children's attainment is strongly linked to their social and emotional development. The Government recognises that narrowing attainment gaps depends on more than just teaching and learning across the core curriculum. **The Government therefore wants to see extended schools embedded in communities, providing access to a full core offer of extended services by 2010, including a wide range of enrichment activities for children and acting as a resource for the local community. Budget 2007 announced additional resources to secure this objective, with funding for extended service coordinators in secondary schools and clusters of primary schools; and**

- parents play an even more important role than schools in ensuring their children are able to reach their full potential. This means that narrowing attainment gaps cannot rely on an in-school approach alone. **Consistent with the principle of rights and responsibilities, the Government is committed to using the opportunities afforded by children's centres and extended schools to help narrow attainment gaps by maximising parental involvement in their children's education, with all parents able to play a full role in supporting their children's learning, including through better information from schools on needs and progress.**

**2.25**     The Government believes that these measures will have a significant impact on closing attainment gaps, particularly for boys, children from disadvantaged backgrounds, and children from those ethnic minority groups who are currently achieving less well.

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[8] *2020 Vision: Report of the Teaching and Learning in 2020 Review Group*, DfES, 2007.

**Box 2.1: Personalisation for all**

**Personalisation is about fulfilling potential. It means supporting every child to learn and achieve in the way that is most effective for them. The Government is committed to building on the recommendations of the *Teaching and Learning in 2020* Review group, chaired by Christine Gilbert, to ensure all pupils benefit from an increasingly personalised approach. The 2007 CSR settlement for the Department for Education and Skills announced in Budget 2007 provides substantial additional resources to support this vision. The Government expects that, over the CSR, every pupil should have access to a single member of staff – for example a learning guide, a class teacher, a form tutor or a Director of Studies – who is able to coordinate a package of support that best supports this pupil. This should include:**

- **working with the pupil to identify their long term aspirations and guide them on the best choice of subjects, especially after the age of 14;**

- **agreeing individual targets for their learning across the curriculum, and monitoring progress on a subject by subject, and term by term basis;**

- **identifying and arranging any additional support that the pupil needs to develop within class and out of school, both in academic subjects and in the development of social and emotional skills;**

- **identifying and tackling any wider barriers to progress, linking in with the *Every Child Matters* agenda; and**

- **ensuring frequent and effective communication with parents and carers to report on progress and advise on the best way they can support their child's learning.**

## SOCIAL AND EMOTIONAL SKILLS

**Defining social and emotional skills**

2.26    Having opportunities to develop effective social and emotional skills is of long-term importance to children's life outcomes.[9] These skills are:
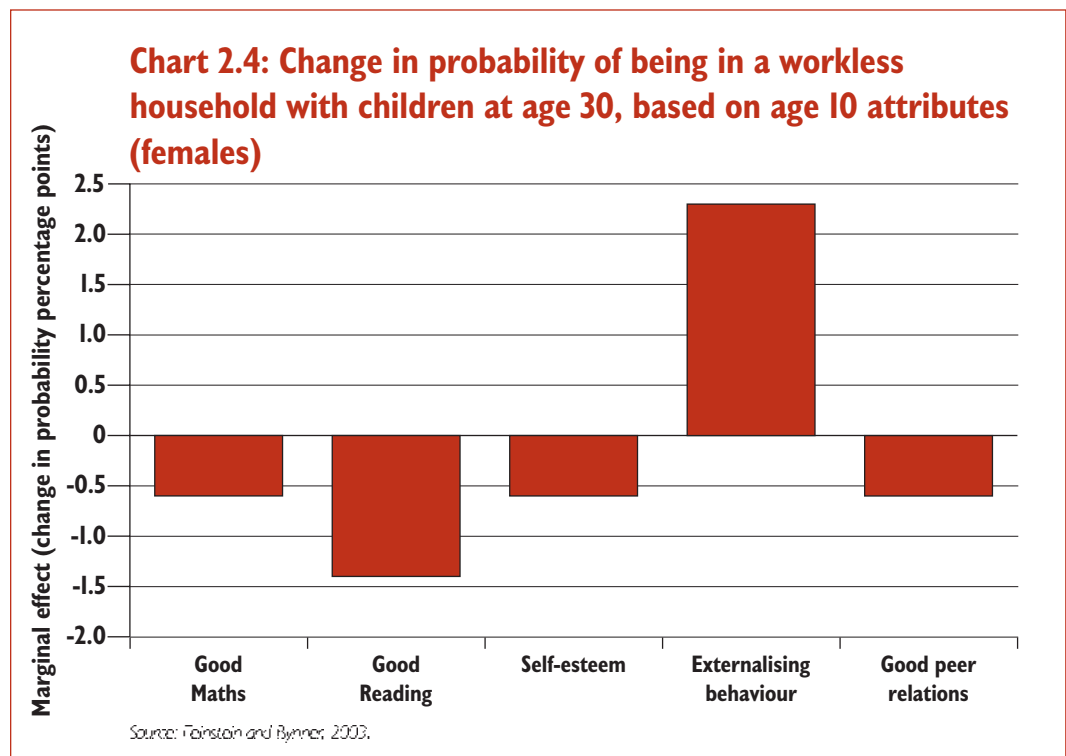
- **self-awareness,** which enables children to have some understanding of themselves: how they learn, how they relate to others, what they are thinking and what they are feeling. They can use this understanding to organise themselves and plan their learning;

- **the ability to manage feelings:** children use a range of strategies to recognise and accept their feelings. They can use this to regulate their learning and behaviour – for example managing anxiety or anger, or demonstrating resilience in the face of difficulty;

- **motivation:** which enables learners to take an active and enthusiastic part in learning: motivated learners recognise and derive pleasure from learning. Motivation enables learners to set themselves goals and work towards them, focus and concentrate on learning, persist when learning is difficult and develop independence, resourcefulness and personal organisation;

- **empathy:** children being able to empathise involves understanding others and anticipating and predicting their likely thoughts, feelings and perceptions. It involves seeing things from another's point of view and modifying one's own response, if appropriate, in the light of this understanding; and

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[9] *Primary National Strategy: Excellence and Enjoyment – social and emotional aspects of learning,* Guidance, DfES, 2005.

- **social skills:** these enable children to relate to others, play an active part in a group, communicate with different audiences, negotiate, resolve differences and support the learning of others.

**Impact on outcomes**  **2.27**  Chart 2.4 shows that exhibiting 'externalising behaviour' at age ten – defined in the research literature as engaging in disruptive, hyperactive, and aggressive behaviour – can increase children's probability of having poor adult outcomes. This negative impact is greater than the positive impact of high attainment in English and Maths.

**2.28**  Evidence also shows that good social and emotional skills can help to build children's resilience to some poor outcomes. For example, a sense of self-esteem at age ten is protective against adult depression, and having good peer relations at age ten is protective against teen motherhood for girls.[10]

**Chart 2.4: Change in probability of being in a workless household with children at age 30, based on age 10 attributes (females)**



Source: Feinstein and Bynner, 2003.

**Links to attainment**  **2.29**  Narrowing attainment gaps will require a strong focus on cognitive ability and traditional teaching and learning. However, the Review has also concluded that developing a wider conception of child development, and looking to boost wider social and emotional skills could further support progress. Without such 'skills for learning' or 'life skills', children are less able to learn at school and to make the transition into adult life successfully.

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[10] *The benefits of assets in childhood as protection against adult social exclusion: the relative effects of financial, human, social and psychological assets,* Feinstein and Bynner, 2003.

**2.30**    Social and emotional skills and attainment are mutually reinforcing. For example, the ability of children to manage their emotions directly impacts on their capacity to learn: some negative emotions (such as sadness and anger) can block learning, while other positive feelings (such as a sense of well-being, feeling safe and valued) promote learning.[11]

**Links to disadvantage**    **2.31**    There is some evidence that poor social and emotional skills are more likely to be present in children from lower socio-economic backgrounds than in their better off peers.[12] Given the direct link between social and emotional skills and attainment, this may point to one cause of the attainment gap between children eligible for Free School Meals (FSM) and non-FSM children described above.

**2.32**    Social and emotional skills are also linked to social mobility. One study has suggested that the decline in intergenerational mobility is partly linked to the gap in social, emotional and behavioural skills. Whereas cognitive variables account for 20 per cent intergenerational persistence of disadvantage, social, emotional and behavioural skills account for a further 10 per cent.[13] A further study of declining social mobility has suggested that as labour markets and employers' preferred skill sets have changed, good social and emotional skills have become 33 times more important to delivering positive life outcomes than they were in the past.[14] This is reflected in the priority employers place on social and emotional skills, such as team working or communication skills, when asked to identify and prioritise skills shortages across the workforce.[15, 16]

**These skills are amenable to intervention**    **2.33**    Variance in social and emotional skills emerges early in children's lives. Early developmental outcomes, such as their language development by age two, are highly predictive of children's social and emotional skills at age seven.[17] This suggests that early family and environmental influences play an important role in their development. However, such skills can also be developed at a later age. For example, evidence from mentoring programmes for teenagers shows that improvements in attainment are largely driven by increases in the young person's social and emotional skills.[18]

## Effectiveness of addressing social and emotional skills

**2.34**    Children's social and emotional skills can be developed:

- in the family, where parents have a significant impact on their children's life chances (as discussed in the following section on parenting);

- in the school, where whole school approaches to supporting children's emotional and social skills, allied with personalised learning and delivered by a skilled workforce, can help all children thrive and succeed and help narrow attainment gaps; and

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[11] *Emotional Growth and Learning,* Greenhalgh, London 1994.

[12] *The Relationship Between Low Family Income and Psychological Disturbance in Young Children: An Australian Longitudinal Study,* Bor, Najman, Andersen, O'Callaghan, Williams and Behrens, Queensland, 1997.

[13] *Explaining Intergenerational Income Persistence: Non-cognitive Skills, Ability and Education.* Blanden, Gregg and Macmillan, Bristol, 2006.

[14] *Freedom's Orphans,* Institute for Public Policy Research, 2006.

[15] YouGov Survey commissioned by the Learning and Skills Council, 2006.
http://readingroom.lsc.gov.uk/LSC/2006/externalrelations/press/nat-bosseswanttohirenotfireteamplayers-pr-may2006.pdf.

[16] Learning and Skills Council Employer Skills Survey 2005,
http://readingroom.lsc.gov.uk/Lsc/2006/research/commissioned/nat-nationalemployersskillssurvey2005keyfindings-re-june2006.pdf.

[17] *Which Skills Matter?* Carneiro, Crawford and Goodman, London 2006.

[18] *Human Capital Policy,* Carneiro and Heckman, Bonn 2003.

- outside of school, through opportunities to take part in high quality and structured activities which foster positive relationships with peers and adults, enable them to learn and practice new 'pro-social' skills, enable them to experience new and challenging opportunities and as a result help them meet their full potential.

**Social and Emotional Aspects of Learning (SEAL)**

**2.35** School-based programmes to improve social and emotional skills can have a direct impact on higher attainment and therefore build children's resilience to risk. The Social and Emotional Aspects of Learning (SEAL) programme is currently being rolled out in primary schools, two thirds of which are expected to be implementing it by July 2007. SEAL provides a whole curriculum framework for teaching social and emotional skills to children from the Foundation Stage to Year 6. Materials are provided with ideas and activities to help children to develop these skills in a planned and systematic way through assemblies and curriculum subjects, along with training materials and guidance for school staff.

**2.36** Evidence from the evaluation of SEAL found that schools piloting the programme and related measures showed consistent above average improvements in their national test scores at age 11 across all subjects between 2003 and 2005. Box 2.2 shows that the increase in the proportions of pupils achieving national levels in English and Maths for schools piloting SEAL was more than double the national average. In Science the gain was even greater.

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**Box 2.2: Impact of SEAL on attainment at Key Stage 2 (age 11) increases in proportion of pupils achieving national levels between 2003 and 2005**

|  | **National average** | **Average in SEAL pilot schools** |
|---|---|---|
| **English** | + 3.8% | + 8.2% |
| **Maths** | + 2.6% | + 6.2% |
| **Science** | − 0.1% | + 3.9% |

*Source: Evaluation of the primary behaviour and attendance pilot, DfES, 2006.*

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**2.37** Teachers in the SEAL pilots also reported improvements in learning due to the calmer environment and a major impact on children's well-being, confidence, social and communication skills, relationships (including bullying), playtime behaviour, pro-social behaviour and attitudes towards school.[19]

**2.38** Major gains in average academic attainment have been delivered in recent years by focusing strongly on driving up academic standards. However, the Report of the *Teaching and Learning in 2020* Review Group notes the importance of social and emotional (non–cognitive) skills to making further progress, delivered through better personalisation of education.

**2.39** **Given the direct link between social and emotional skills and academic attainment, and the success of the SEAL pilots in raising academic attainment in primary schools, the Government will build on the findings of this Review by providing funding over the CSR period to ensure that by 2010-11 SEAL is available to all schools nationally, both primary and secondary. This will include an enhanced capacity for Local Authorities to support schools to implement SEAL.**

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[19] *Evaluation of the Primary Behaviour and Attendance Pilot,* Hallam, Rhamie, and Shaw, London 2006.

**Extended schools**  **2.40**   Outside the classroom, the Government's extended schools programme has a key role to play in boosting social and emotional skills and raising aspirations. Extended schools are resources for the whole community and are ideally placed to give parents and communities access to a wide range of services and support. By 2010, all schools are expected to offer access to a full menu of extended activities and services, including:[20]

- high-quality childcare in primary schools provided on the school site, through clusters or other local providers, with supervised transfer arrangements where appropriate, available 8am-6pm all year round;

- a varied programme of activities, such as homework clubs and study support, sport (at least two hours a week beyond the school day for those who want it), music tuition, dance and drama, arts and crafts, special interest clubs such as chess and first aid courses, visits to museums and galleries, learning a foreign language, volunteering, business and enterprise activities, and a safe place to be;

- parenting support, including information sessions for parents at key transition points, parenting programmes run with the support of other children's services and family learning sessions to allow children to learn with their parents;

- swift and easy referral to a wide range of targeted support services such as speech therapy, child and adolescent mental health services, drug and alcohol services, family support services, intensive behaviour support, and (for young people) sexual health services. Some may be delivered on school sites; and

- providing wider community access to ICT, sports and arts facilities, including adult learning.

**2.41**   In addition to developing children's academic abilities, extended schools can provide a breadth of activities that can raise aspirations by broadening children's horizons and help them to discover and develop talents they may have outside the classroom.

**2.42**   Recent evidence on extended schools shows that participation in extended activities can be associated with higher levels of attainment. Analysis of the performance of 'full service' extended schools showed in secondary schools:[21]

- at Key Stage 4 / GCSE the percentage of pupils in 'Wave 1' schools[22] achieving five or more A*-C grades at GCSE and equivalents increased by just over five percentage points (ppt) between 2005 and 2006, up from 40.1 per cent in 2005 to 45.3 per cent in 2006. This compares with a 3.5 ppt increase in schools in the control group and a 2.5 ppt increase in the National Average over the same period;

- between 2002 and 2006, the proportion of pupils achieving five or more A*-C grades in GCSE and equivalents in 'Wave 1' schools improved by 14.6 ppts compared with an improvement of 12.4 ppts in control schools. They also improved nearly double that of the National Average rate (7.8 ppts); and

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[20] *Extended schools: Access to opportunities and services for all,* DfES, 2005.

[21] DfES Schools Analysis and Research Division. It is important to note that because of the complex interactions involved, the clear correlation between full services extended schools and improved attainment cannot be directly attributed to the Full Services Extended Schools policy. However it is also highly likely that the full benefits of the policy are not being accurately captured.

[22] 'Wave 1' extended schools were funded from the 2003-04 academic year. Wave 2 schools were funded from the 2004-05 financial year.

- schools in Wave 1 also made strong progress in terms of the percentage of pupils achieving five or more A\*-C grades including English and Maths at GCSE or equivalents, with an improvement of 3.3 ppts between 2005 and 2006 compared with a 1.6 ppt increase for schools in the control group. The improvement between 2002 and 2006 was 7.4 ppts in Wave 1 schools compared with a 4.6 per cent increase in schools in the control group.

**2.43**   And in primary schools:

- between 2005 and 2006 Wave 1 schools improved their Key Stage 2 (age 11) Average Point Score by 0.5 points, from 26.0 average points in 2005 to 26.5 average points in 2006. This compared with an increase of 0.1 points in control schools and 0.2 points in the National Average; and

- Wave 1 schools saw an increase in their Key Stage 2 Average Point Score between 2002 and 2006 of 0.8 points compared with an increase of 0.2 points in schools in the control group and a 0.4 points increase in the National Average. This was also mirrored in Wave 2 school results with an increase of 1.6 points between 2003 and 2006 compared with a 1.0 point increase in schools in the control group and a 0.5 points increase in the National Average.

**2.44**   The success of extended schools depends upon how effective they are at providing the right type of support to the parents and the communities they serve. Every community has different needs, so extended schools must tailor what they provide to support local parents and communities.

**2.45**   This means that extended schools need to work with parent groups, voluntary services, local businesses and community groups, as well as the range of other children's services in a partnership which enables all involved to play an active part in improving children's outcomes. An extended school needs to enable the community to come together to address its own needs.

**2.46**   This can mean co-locating a range of different public services within an extended school, ensuring that the right expertise is available within school and the right links are in place to draw in additional support as needed from other local agencies. Reforms to targeted youth support services currently under way have brought a focus on early identification and intervention across young people's services, and this will play a key role in supporting the extended services agenda in schools.

**Support for those who need it most**   **2.47**   Extended services have been associated with improved attainment in full service extended schools, as well as being directly linked to improved social and emotional skills and higher motivation and engagement, often through targeted work to support children and young people with additional needs through working with multi-agency teams.

**2.48**   While the Government has provided substantial start-up funding for extended services directly to schools, the ongoing sustainability of regular and high quality extended activities will depend on sensible charging by schools. Activities for which a school might charge include breakfast clubs; sports, music and arts beyond the curriculum; and enrichment activities such as film clubs and visits. The childcare element of the Working Tax Credit provides substantial support to children of parents in work, meeting up to 80 per cent of the costs of activity-based care with registered providers. However, this support is not available to those with parents out of work. While schools are able to subsidise costs for any pupil from their delegated budgets, there is a real risk that, in the absence of specific support, the most deprived children with parents out of work – for whom the benefits of extended activities may be greatest – will be unable to participate fully.

**Recommendation**    **2.49**    **The Government will provide further resources over the CSR period to fund access to extended activities for the most deprived pupils. By 2010-11, these resources will enable the Government to offer two hours of free extended activities a week during term time, with two weeks a year of part time holiday provision for children eligible for Free School Meals.**

**2.50**    Outside of schools, participation in positive activities for young people (for example, sports, arts and leisure facilities, leadership or volunteering opportunities) is also associated with improved non-cognitive skills. This aspect of government policy is being considered in further detail as part of the 10-year Strategy for Youth Services. The Review's research has revealed that a relatively high proportion of young people do not participate in any positive activities, thereby missing out on opportunities to reach their full potential.

**2.5I**    In particular, young people from disadvantaged backgrounds and from some marginalised groups are less likely to participate than others. In order to address this, the Review is considering reform to improve quality, empower young people and improve access. Recognising that some young people may not want to take part in leisure activities in school, the Review recognises the crucial role of the third sector in improving young people's outcomes. A framework that promotes joint working across all providers will be necessary to create a coherent local offer that offers young people opportunities to reach their full potential. The Strategy for Youth Services will report in spring 2007.

## POSITIVE PARENTING

**2.52**    Parental involvement has a significant impact on children's cognitive development and literacy and numeracy skills, particularly in the early years.[23] The role of parents in building resilience is crucial in three separate but interrelated ways:

- a positive parenting style has a strong and beneficial impact on children's outcomes. Evidence shows that good, enthusiastic parenting is not determined by social class or ethnic background and, importantly, that it can be learned. Research commissioned for *Reaching Out: An Action Plan on Social Exclusion* showed that poor parenting is especially predictive of poor adult outcomes;[24] and

- how parents engage in their children's learning, especially in the early years, has a much greater impact on their children's attainment than schools. Parental engagement in learning is therefore a contributory factor to high attainment, and a key element of building children's resilience to risk.

**2.53**    Positive parenting is important even before birth. During pregnancy the behaviours and lifestyle of a mother to be can have long-term impacts on later life outcomes of her children. One of the most predictive indicators of poor adult outcomes is low birth weight. Babies below average weight are at higher risk of health complications throughout childhood. Evidence suggests that causes of low birth weight include mothers smoking during pregnancy and in the home, poor diet, and excessive alcohol or drug consumption during pregnancy.[25, 26, 27, 28]

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[23] *The Effective Provision of Pre-School Education (EPPE) Project: Final Report,* Sylva, Melhuish, Sammons, Siraj-Blatchford and Taggart, 2004.

[24] *Predicting adult life outcomes from earlier signals: identifying those at risk,* Feinstein and Sabates, 2006.

[25] *Review of the Health Inequalities Infant Mortality Target,* Department of Health (forthcoming).

[26] *Epidemiology of preterm birth,* Tucker and McGuire, BMJ 329:675-678, 2004.

[27] *Research agenda for preterm birth: Recommendations from the March of Dimes,* Green, Damus, Simpson, Iams, Reece, Hobel, Merkatz, Greene, Schwarz and the March of Dimes Scientific Advisory Committee on Prematurity, Amercian Journal of Obstetrics and Gynaecology,193:626-35, 2005.

[28] *Substance use during pregnancy: time for policy to catch up with research,* Lester, Andreozzi, Appiah, Harm Reduction Journal, 2004.

**The importance of stable parental relationships**

**2.54** Children's outcomes are best when they grow up in a stable family structures with a positive relationship between parents.[29] The quality of each parent's relationship with the other is vital. Government wants to support stable relationships between parents. However, where relationships break down, the Government also wants to provide the necessary support to ensure children get the best start.

**2.55** There is a high correlation between family breakdown and poor child outcomes. However, parental separation is not an isolated event, but a process that starts long before the actual separation and can continue to impact after the parents have parted.[30] The evidence shows that parental conflict can also be very damaging to children's outcomes, and that support offered to parents can be effective to help minimise such conflict.

**2.56** How parents continue to engage with each other to support their children after separation can have a major impact on promoting a child's well-being. A low level of conflict between parents, a good quality relationship with the resident parent and high parenting capacity of both the resident and non-resident parent can all minimise the negative impacts that parental separation might otherwise have on children's health, social and educational outcomes.[31]

**Impact on attainment**

**2.57** The years between birth and age three are especially crucial to children's development:

> *"...studies show that the foundations of adult health are laid in early childhood and before birth. Slow growth and poor emotional support raise the lifetime risk of poor physical health and reduce physical, cognitive and emotional functioning in adulthood ... insecure emotional attachment and poor stimulation can lead to reduced readiness for school, low educational attainment, and problem behaviour, and the risk of social marginalisation in adulthood."* [32]

**2.58** The important influence of parents continues right through childhood. Parental engagement in their children's learning can have significant benefits for children's attainment, accounting for at least 10 per cent of the variance in achievement net of social class. This makes parental involvement a much bigger factor than school effects in shaping achievement.[33]

**Parenting in a complex world**

**2.59** Pressures on parents are growing. There are increasing numbers of parents who are having to balance work and family and helping parents juggle all the pressures on them is a key challenge for the Government today.

**2.60** The proliferation of mass media and cheaper travel has opened up for children a far wider range of influences. Much of these are good – the internet is an effective tool for learning – but arguably it has also helped erode the boundaries between childhood and adulthood.

**2.61** Parents who want to teach their children right from wrong and standards of behaviour and how to exercise discipline and self control, can find themselves competing with popular culture which often seems to be sending out competing messages and which then reinforces all the peer pressure on their own children.

[29] *Divorce and separation: the outcomes for children,* Rodgers and Pryor, 1998.
[30] *Together and Apart,* Maclean, Joseph Rowntree Foundation, 2004.
[31] *Nonresident fathers and children's well-being: a meta-analysis,* Amato and Gilbreth, Journal of Marriage & Family, 61(3): 557-73, 1999; *Children in changing families: life after parental separation,* Pryor and Rodgers, 2001.
[32] *The solid facts* (second edition), Wilkinson and Marmot, World Health Organization Europe, 2003.
[33] *The impact of parental involvement, parental support and family education on pupil achievement and adjustment: A literature review,* Desforges and Abouchaar, DfES, 2003.

**2.62**    Promoting a culture which favours responsibility and establishes limits of what is acceptable and unacceptable means enabling parents to exercise the control they want over the new influences on their children.

**2.63**    **Ofcom has therefore agreed to promote a series of common labelling standards, agreed with stakeholders, providing information on the type of content, regardless of the medium concerned – cinema, TV, radio, video games, or the internet.**

**2.64**    **As part of its responsibilities for content regulation and media literacy, Ofcom will also undertake a number of initiatives to make it easier for parents to protect their children from what they are seeing:**

- **conduct an information campaign for parents which will let them know what parental control software is available for computers and TV set-top boxes;**

- **work with equipment manufacturers to ensure parents have better information on how to use blocking software; and**

- **consider what can be done to assist parents in restricting access to violent and obscene material sent over the internet.**

**2.65**    **Ofcom will also work with the Internet Watch Foundation to ensure internet service providers tell their subscribers about software which blocks access to sites.**

**Aspirations**    **2.66**    Poverty of aspiration for the more vulnerable in society can be a key contributory factor to why children and parents do not feel empowered to demand change in public services.

**2.67**    Low parental aspirations for their children can become a self-fulfilling prophecy. Research commissioned to inform *Reaching Out: An action plan on social exclusion* showed that low maternal aspirations for children, articulated in a low expectation for children to stay on at school, was one of the most predictive risk factors for suffering from multiple deprivation in adult life.[34]

**2.68**    Children with low aspirations for themselves, or parents with low aspirations for their children, tend to put less pressure on schools and other public services to meet their needs. Recent research commissioned by HM Treasury and the Sutton Trust from the Ipsos MORI Social Research Institute shows that 59 per cent of parents agree that their child's prospects are better than their own were. For lower socio-economic groups, this figure rises to nearly 70 per cent.[35]

**2.69**    However, this generally positive assessment about future prospects does not necessarily imply that they have high aspirations for their children. While two in five parents expect their child to achieve a degree or higher degree, one in seven parents expect their child to 'peak' at GCSE. And the level of aspiration is largely determined by socio-economic status and by parents' own education.

**2.70**    **To support children and parents in raising their aspirations, the Government is investing heavily in Sure Start Children's Centres and extended schools. As set out above, the Government will introduce a subsidy for disadvantaged children to ensure fair access to the extended activities on offer at extended schools, such as after school music and drama societies, sports clubs, and arts classes.**

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[34] *Predicting adult life outcomes from earlier signals: identifying those at risk,* Feinstein and Sabates, Cabinet Office, 2006.

[35] *Creating A High Aspirations Culture for Young People in the UK*, Ipsos MORI Social Research Institute, 2007, available on www.suttontrust.com.

**2.71**    The Government also recognises that some parents' aspirations need to be raised. Through extended schools and Sure Start Children's Centres, parents will be able to access adult education classes and other forms of support to help them get back into work or improve their skills.

**2.72**    The Government is also providing further support to help lone parents back into work. Budget 2007 announced that the In-Work Credit will continue to be available to eligible lone parents in the current pilot areas until June 2008, benefiting over 250,000 lone parents, and offered at a higher rate of £60 in London.

## Support for parents

**Health services**    **2.73**    Universal health services are of crucial importance to parents and families. The substantial investment in these services is bringing its rewards. For instance, as a result of the hard work and dedication of around 160,000 GPs, nurses and others working in and alongside general practice, primary care is now delivering better quality services than ever before. Midwives and health visitors provide an invaluable universal service to parents and parents to be.

**Sure Start**    **2.74**    Since 1998, Sure Start has provided integrated support to parents and families with young children in disadvantaged areas. 524 Sure Start Local Programmes were created, providing a range of health, parenting, family support and childcare services to families. These have now become Sure Start Children's Centres and are part of a growing network of provision. There are currently over 1,150 children's centres across the country, reaching over 925,000 children, with 3,500 planned by 2010 – one for every community in the country.

**2.75**    Sure Start programmes have been strongly rooted in local communities, giving parents the chance to shape services themselves, and drawing in community groups and the third sector to help change cultures and improve provision. Parents have also benefited from bringing services together, giving them the confidence that – whatever the health, education or emotional needs of their child – they are able to approach their local Sure Start centre for help. Evidence shows that parents welcome the extra support provided through Sure Start.

**2.76**    Furthermore, new ways of delivering parenting support are being tested:

- the £25 million Parenting Fund is being administered by the Family and Parenting Institute (FPI) to 134 parent support projects in the voluntary and community sector in England. One of the most popular services funded through the Parenting Fund is Parentline Plus, which receives over 100,000 calls a year from parents looking for help and advice;

- as announced in the 2005 Pre Budget Report, the government is piloting Parent Support Advisers in over 600 schools. Parent Support Advisers have a preventative role, working in partnership with parents to support children and families where there are early signs that they could benefit from additional help. Pilots started in September 2006. It is anticipated that as many as 900 schools will have Parent Support Advisers during 2007;

- to improve workforce capacity, a National Academy for Parenting Practitioners to train and support the parenting workforce will be launched in Autumn 2007; and

- recognising the fundamental role of the health services in providing support to prospective parents and parents of young children, *Reaching Out: An Action Plan on Social Exclusion* announced ten health led parenting support demonstration projects. The objectives are to demonstrate the potential efficacy and cost-effectiveness of sustained and systematic health visitor and midwife led early intervention for at-risk families based on a model of progressive universalism, mainly through Sure Start's Children's Centres but with strong links to other local family support services and general practice.

## More to do

**2.77**   Despite this progress, the Review's Call for Evidence suggested that provision of parenting and family support of this type is still in its infancy, and gaps remain in the support offered to parents. Although the Government will have made substantial strides to delivering a more consistent package of support to all parents with 3,500 Sure Start Children's Centres and all schools offering access to extended services by 2010, for some parents the Government needs to do more to ensure that they access support when they need it.

**2.78**   In addition, the support available to parents who need additional help is incomplete. For example, feedback from parenting programmes such as Webster Stratton's Incredible Years and Triple P show that parents value the extra support – such as parenting classes – that these services offer. Yet not all parents who need these services can access them, for example services should consider the needs of parents from minority ethnic backgrounds. The principle of progressive universalism is not yet being met with respect to support for parents.

**Fathers**   **2.79**   The Review has found that the involvement of both mothers and fathers is important to achieving good outcomes, but services do not yet fully recognise or support the key role of fathers.

**2.80**   In particular, evidence shows that fathers have a crucial role to play in raising the educational attainment of children.[36] A father's involvement in his child's education at age seven predicts a higher educational outcome by age 20 in both boys and girls.

**2.81**   The very word "parent" in relation to services can have the effect of excluding fathers – both because fathers often perceive the term to mean "mothers" and because this can be reinforced by the approach of practitioners whose habits of working mainly with mothers are deeply ingrained. This impacts on the ability of both parents to fulfil their rights and responsibilities towards their children and, particularly after separation, can lead to fathers drifting out of the life of their children. This can have wider negative emotional, financial and educational consequences for children.[37]

**Recommendation**   **2.82**   The Review has concluded that more can be done to support families by expanding parenting support.

**2.83**   **To help support parents in the difficult job of parenting, the extra resources for the Department for Education and Skills announced in Budget 2007 will deliver:**

- **new ways of providing information, advice and guidance to all parents, building on the successes of *Parentline Plus*, with additional resources from the Government by 2010-11 to help create a new universal integrated system of advice and support for parents, and providing a gateway to the wide range of support on offer for parents through the third sector;**

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[36] *Fathers' Involvement in their Children's Education,* Goldman, National Family and Parenting Institute, 2005.

[37] *An Investigation of CSA Maintenance Direct Payments,* Kazimirski and La Valle, Department for Work and Pensions, 2006; *Children in changing families: life after parental separation,* Pryor and Rodgers, 2001.

- additional funding through children's centres to support outreach amongst disadvantaged parents and provide parenting classes for up to 30,000 parents with a particular emphasis on reaching out to and supporting more fathers; and

- free childcare places for up to 50,000 workless parents undertaking training, to enable more parents to go back into work.

**2.84** The Department for Education and Skills recently published *Every Parent Matters,*[38] which sets out the range of its ongoing work to support parents in helping themselves help their children learn, enjoy and achieve.

**2.85** Going forward, the Department for Education and Skills will now lead work to consider:

- how parents' aspirations can be raised;

- what further parenting support can be offered;

- what further steps need to be taken to improve the evidence base for how health services can best support parents and families in the very early years of children's lives;

- how extended schools and children's centres can engage parents better in securing improved outcomes for their children;

- the role that local communities have in supporting parents to carry out their responsibilities, for example through support groups; and

- how fathers in particular can be better supported and more engaged in improving outcomes for their children.

**2.86** The Secretary of State for Education and Skills will publish a report on the outcome of this work in 2008.

## BUILDING RESILIENCE: NEXT STEPS

**2.87** The recommendations of this Review will mean that by 2010-11:

- all parents can expect a continuum of support to help them meet their responsibilities to their children; and

- all children have access to a broader range of support that is personalised to their own needs and aims to develop a broader set of their skills to give them the best chance of fulfilling their potential.

**2.88** Building resilience in children is crucial to equip them to meet the challenges of growing up. But support to build resilience is not enough. Some children will still be vulnerable to risks. The next chapter discusses earlier interventions as a complementary and necessary approach by ensuring an effective safety net for children for whom improved resilience is not enough.

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[38] *Improving Outcomes for Children – Why Parents Matter,* DfES 2007.

# 3 IMPROVING RESPONSIVENESS: BETTER EARLY INTERVENTION

## INTRODUCTION

**3.1**     The previous chapter discussed how public services can work in partnership with parents and communities to help to build children's resilience to risk so that they are less likely to be negatively impacted by the adverse circumstances they may face as they grow up. However, for some children the first line of defence – resilience – is not quite enough, so this partnership needs to be able to respond as quickly as possible to get children back on track, and to prevent specific risks compounding and becoming worse.

**3.2**     This chapter sets out the progress that has been made in delivering effective early intervention for those children, young people and families who are experiencing problems in their lives, and suggests further action. Universal public services must become more responsive to the early signs of need, in particular by:

- monitoring risks and identifying need as early as possible;

- where problems emerge, providing tailored support; and

- working with partners to ensure that children and their families have access to more targeted support and helping to bring in more specialist services where necessary.

**3.3**     The Government believes that universal services should play a central role in a new system of building resilience and delivering early interventions, acting as a locus for the delivery of targeted services, and working with partners to draw in additional services and expertise where appropriate. This chapter therefore sets out:

- the role of universal children's services at the centre of a preventative system: health services, children's centres and schools;

- how to strengthen capacity in services to assess risk and to meet need; and

- the right framework of incentives to support providers to respond more effectively to the needs of children and families.

## A new vision for the role of universal services

**3.4**     Building on the progress made so far under *Every Child Matters* and through the standards set out in the *National Service Framework for Children, Young People and Maternity Services,* the Government believes that universal services need to develop their role to respond earlier and more effectively to children's and families' needs.

**3.5**     The universal services critical to children and families are:

- health services;

- Sure Start Children's Centres; and

- schools.

**3.6**     These services are crucial because as universal services they have the most contact with all children and their families, and are best placed to spot the early signs of additional risk. As set out in the Review's discussion document, there is substantial dynamism in childhood risk, this means universal services must play the primary role in spotting additional need in children who are not currently identified as being 'at risk'. Targeted services, such as housing support or mental health support, cannot carry out this role alone because they are not in contact with all children and families, and are provided to children and families who have already had additional need identified.

**3.7**     The Government has already invested in equipping universal services to support early intervention and prevention. For instance, by establishing NHS Direct in 1999, parents and families have an additional point of contact for advice on health issues, and support in assessing risk. NHS Direct takes around six million calls per year, around a quarter of which are in relation to under-16 year olds. Self care advice can be provided to around 30 per cent of callers. £132.5 million was invested in NHS Direct in 2006-07.

**3.8**     Box 3.1 sets out a new vision for universal services, complementing the measures to build resilience discussed in Chapter 2:

- to identify, assess and monitor risk; and

- as a location for the delivery of more integrated, targeted support to deliver early interventions to children with low levels of additional need, before such needs become severe.

**3.9**     In turn, universal services need to be supported by Children's Trusts to be able to deliver greater personalised support for children and young people. Children's Trusts are responsible for establishing multi-agency arrangements to support schools and other universal services – consulting them on the needs of their users and how the services should be developed. Based on an assessment of need, Children's Trusts should commission services that boost children and young people's resilience, promote prevention and early intervention, and support universal services in their role in a preventative system.

**Box 3.1: A new vision for more personalised services for children**

The Government's vision for more personalised support means that each of the key universal services for children and families – health, Sure Start Children's Centres and schools – will need to work with partners to deliver better risk assessment and more integrated, tailored support to service users. The Government will support these reforms by putting in place an incentive framework that frees up services to focus on the five *Every Child Matters* outcomes and build personalised support based on boosting resilience and delivering early interventions.

*Assessing risk:*

- by ensuring professionals in universal services can understand risk and protective factors and work with partners to consider the benefits of carrying out need assessments under the Common Assessment Framework and draw in additional support where necessary.

*Delivering integrated support with:*

- children's services staff trained to offer a wider range of support to families;

- a strong health presence within children's centres, that builds on examples of best practice being developed in some Primary Care Trusts and Local Authorities;

- all children's centres being a centre for the delivery of more targeted services to families with additional need, including by third sector providers – especially to vulnerable families who might not yet be accessing the support available;

- rising standards in schools, benefiting disadvantaged children, through personalised learning that incentivises progression and, swiftly identifies barriers to learning and supports pupils at risk of falling behind;

- a strong focus on health in schools, building on the current Healthy Schools initiative;

- schools having access to staff with the relevant skills and expertise to deliver effective early intervention work for those children and their families who have additional support needs, through multi-agency, early intervention teams, based for example in schools or working with a school 'cluster';

- additional services in extended schools where appropriate, as well as locating 'low level' additional support such as mental health support within schools to help children achieve all five *Every Child Matters* outcomes;

- reformed targeted youth support to ensure that the needs of young people at risk are identified effectively in a range of settings and the young people receive a personalised, integrated response, coordinated by a lead professional and delivered by agencies working effectively together; and

- coordinated packages of support from a range of agencies where additional need is identified.

*Backed up with the right framework of incentives:*

- by ensuring that central government articulates the need for universal services to build resilience and respond to risk by clarifying key priorities for services in line with the five *Every Child Matters* outcomes and *the National Service Framework for Children, Young People and Maternity Services* outcomes for children.

## IDENTIFYING AND ASSESSING RISK

**3.10**   The Government is already delivering elements of this vision and creating a framework for integrated, multi-agency and multi-disciplinary working across children's services. In particular, through Children's Trusts, *Every Child Matters* has built a strong foundation on which further progress can be made.

**3.11**   As part of the *National Service Framework (NSF) for Children, Young People and Maternity Services*, the Child Health Promotion Programme was introduced as a comprehensive system of care that includes needs assessment, promotion of key public health issues, childhood screening, and early intervention to address identified need. It is being implemented as part of the NSF standards (which are to be delivered by 2014) and will help to ensure that children and families get access to the services they need. An assessment of each child's physical, emotional and social development and of family needs will be completed by their first birthday. The programme represents a shift from a system of child health surveillance with a primary aim of identification of health and developmental problems. Though these remain important components of the programme, there is now an increased emphasis on promoting health.

**3.12**   A key feature of the Child Health Promotion Programme in the future will be the early years "Life Check", which will be piloted in 2007. Announced as part of the *Our Health, Our Care, Our Say: a new direction for community services* White Paper in 2006, the Life Check services will help people – particularly at critical points in their life – to assess their own risk of ill-health.

**3.13**   The implementation of the Common Assessment Framework (CAF) and *Contact Point* (the children's Information Sharing Index) will enable agencies to identify risk earlier, and ensure the right services provide the right support at the right time for children and families in need. It will allow risks identified by one agency to flag the potential need for additional support from other agencies. Effective identification and assessment of risk is also a fundamental component of the health led parent support demonstration projects. Box 3.2 shows how use of the CAF in a universal setting such as a school can help deliver better, more bespoke packages of support for children with additional needs.

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**Box 3.2: Integrated working in schools – use of the Common Assessment Framework (CAF) to deliver better services to children**

**1. Castle Rock High School, Meadow Lane, Coalville, Leicestershire**

A multi-agency forum was established three years ago with the aim of providing focused, coordinated and effective intervention and support for vulnerable and challenging young people in order to:

- improve educational outcomes and life chances;
- enable schools and agencies to facilitate and coordinate collaborative working; and
- ensure that the resources available are used to maximum effect.

The forum proved highly successful with agencies working together and sharing information in order to provide the support to students and families when it was needed the forum discusses on average 40 students in each meeting and allocates provision as necessary. Use of the CAF has enabled meetings to be well-focused and facilitated the quick identification of the needs of each young person. The CAF is completed by the referring school or agency and presented at the meeting. An action plan is then drawn up support the CAF and highlight areas of intervention. This means all agencies have a common understanding of the issue. As each agency uses the CAF as their referral form staff spend less time on filling out additional forms.

**2. Nightingale Junior School, Derby**

Nightingale School serves a challenging catchment area with high unemployment and a high level of deprivation. The school was keen to address issues indirectly linked to education, which would also benefit attainment.

A learning mentor was placed in charge of completing CAFs and has developed successful relationships with other agencies, gradually encouraging them to share information and be involved in multi-agency meetings.

Work on the lead professional was then developed, and many other services agreed to take on a role as part of the multi-agency response to a child. The school now even has a parent acting as a CAF 'champion'.

## More to do

**3.14**    Responses to the Review's Call for Evidence, along with findings from local fieldwork, showed that while services are often well placed to identify which children may be 'at risk', they do not always carry out assessments that identify the full range of need. This can be because the right tools are not yet in place to carry out such a risk assessment, or because staff have not yet been trained in recognising and assessing risk, leading to a lack of confidence in dealing with issues like drug and alcohol use, or a combination of both.

**3.15**    As set out in Chapter 1, the dynamic nature of children's risk means that targeted services alone cannot successfully assess which children may be 'at risk'. Universal services have a key role to play in identifying risk and providing early intervention. Where they take on this role universal services can make a real difference, as Box 3.2 shows.

**3.16**    However, feedback from Local Authorities has suggested that the Common Assessment Framework (CAF) is not yet widely used in universal services. Moreover, use of the CAF is hampered because systems have not yet been widely developed to carry out and store assessments electronically, with many services relying on paper assessments.

**Recommendation**    **3.17**    The Government believes that to deliver better earlier interventions, universal services need to take the lead role in assessing and monitoring risk. In the case of early interventions, this means using risk assessments to deliver appropriate support within a universal context, drawing in other targeted services to provide additional support where necessary. For instance, the Government is already exploring how the health led parent support demonstration projects might feature as part of the wider Child Health Promotion Programme.

**3.18**    **To identify risk better, the Government will develop an electronic Common Assessment Framework (e-CAF) to allow services, particularly universal services such as schools, health services and children's centres, to quickly and easily assess children they think may be at risk, and to help draw in more targeted support to help meet additional needs.**

**3.19**    The Government should ensure that such risk assessment by universal services will be proportionate to need. Assessments should only be carried out where clear risk factors have been identified, and assessments themselves will be light touch and sensitively implemented so as not to disrupt children.

**3.20**    **In addition, building on the progress of their current rollout, the Government will promote the role of extended schools in identifying pupils at risk of poor outcomes and taking part in local multi-agency arrangements for children and young people who would most benefit from this approach.**

## INTEGRATED WORKING

**Personalised support**    **3.21**    Following the identification of risk, public services need to be capable of responding quickly to emerging need and provide personalised support to children across all services throughout childhood.

### Progress made

**3.22**    In partnership with voluntary and community groups, Primary Care Trusts (PCTs) and Local Authorities, the Government is facilitating new ways of working in front-line public services. Local Authority fieldwork has shown that by re-engineering the way in which services are delivered – for example by creating co-located multi-agency or multi-disciplinary teams – more effective, coherent support can be provided where previously it was fragmented and less effective. It is becoming much more common for professionals to share information about children's needs, and to work as a team across traditional professional boundaries.

**3.23**    The broader geographical boundaries have changed too. Through the Government's proposals on *Commissioning a patient led NHS*, many Primary Care Trusts have reconfigured their boundaries, leading to greater coterminosity with their Local Authority partners. The number of PCTs is down from 303 to 152, with coterminosity now up from 44 per cent to around 70 per cent. The proximity of front-line professionals to each other is good for children and families and enables professionals to share information and expertise and to help improve outcomes.

**3.24**   The Government is developing new ways of front line working:

- Budget Holding Lead Professionals are being piloted in 15 Local Authorities in England to test whether putting funding in the hands of front-line professionals can enable them to coordinate packages of support for children, young people and families that are better tailored to people's needs;

- Parent Support Advisers are being piloted in 600 schools in 2006-07, rising to as many as 900 in 2007-08, to see how a dedicated professional in schools can help to engage parents in tackling the early signs that their child might not be fulfilling his or her full potential at school;

- ten health led parent support demonstration projects are being set up from 2007 to show the crucial role health services have in leading coordinated packages of support for vulnerable, especially first time, families in the very early years;

- local areas are currently reforming the way services identify and support vulnerable young people, to establish a coherent, targeted youth support system in all areas by 2008. The reforms aim to develop the capacity of agencies to identify young people at risk early on and will bring services together to deliver personalised, integrated support for young people, coordinated by a lead professional; and

- the Children's Fund has developed innovative new ways of working with voluntary and community groups to deliver preventative and early intervention services for children and young people, which will need to be mainstreamed from 2008.

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**Box 3.3: The Children's Fund**

The Children's Fund is delivered through 149 Children's Fund partnerships in England – which include strong third sector representation – and aims to demonstrate how the point of intervention by services to support children and families can be shifted from acute need towards earlier interventions.

The Children's Fund has helped:

- develop responsive, specialist support tailored to the individual needs of the child and family;

- achieve positive outcomes with a range of children and parents, including impacts on school attendance, behaviour, self-esteem, and relationships;

- improve skills, confidence and emotional well being for parents; and

- improve relationships and communication between families and professionals.

Given the successful contribution of the Children's Fund in developing good quality preventative services for 5-13 year olds and their families, it is vital that Local Authorities mainstream the lessons learnt from the Children's Fund when developing the Children's Trust's overall strategy for supporting children and families.

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## More to do

**3.25**   Building on this progress, the Government believes that there is more that can be done to ensure that, once risks have been identified, services work with parents and communities to personalise services for children and build coherent packages of support around individual needs.

**3.26**   **In Autumn 2007, the Government will publish a revised Children's Workforce Strategy, which will set out the vision for the workforce of the future, including proposals to support and improve leadership within children's services and better support the delivery of effective integrated working and the promotion of prevention and early intervention.**

**3.27**   Respondents to the Review's Call for Evidence suggested that some need goes unmet because of a lack of capacity in public services. Local fieldwork has shown that re-organising services into new partnerships with each other and with voluntary and community groups can help to meet some of this need, but the Call for Evidence also showed that there were gaps in the continuum of support for some types of need that could not be met by reorganising services.

**3.28**   Some of the recommendations of this Review set out in Chapter 2 will assist in strengthening the responsiveness of services to the additional or specific needs of children and families. For example:

- the expansion of personalised support in the classroom, for example through targeted support in the form of the Every Child a Reader programme and the progression pilots, will make schools more responsive to the educational needs of those children who are at risk of falling behind, or who have already done so;

- the subsidy so that by 2010-11, the Government will be able to offer two hours of free extended activities a week during term time, with two weeks a year of part-time holiday provision for children eligible for free school meals, to increase the breadth of experiences for these children, helping them to raise their aspirations and develop their talents; and

- improving and expanding universal parents information, guidance and advice services, by developing *Parents Know How*, which will enable parents to have a better understanding of the support that is on offer for them and a more convenient way of accessing that support, 24 hours a day.

**3.29**   In addition, to improve service responsiveness, **the Government will identify and disseminate the lessons from the current Budget Holding Lead Professional pilots for children with additional needs.**

**3.30**   However, the Call for Evidence also identified two key barriers to service responsiveness that hamper the development of integrated, early interventions for children with additional needs:

- a number of respondents stressed the importance of integration between health and other children's services, but highlighted that despite the enthusiasm and dedication of individual health staff, health services were sometimes unable to play a full role; and

- in mental health services, a lack of capacity in lower level support was identified as a barrier to delivering early interventions for children at risk of mental health problems.

**Health services** **3.31** Delivery of the *National Service Framework for Children, Young People and Maternity Services* relies on effective integration between health and other children's services.

**3.32** Health services have a key role to play in Children's Trust arrangements. As is recognised under *Every Child Matters*, health services are a vital component of any system of integrated response to need. The NHS has a key role to play in commissioning (and providing) excellent children's services. Given that health services are the only universal service for children under the age of three, they have a unique role for these children and their parents in terms of assessing risk and responding, in the first instance, to additional need. Box 3.4 shows how it is possible for service partners to benefit from health services taking a leading role in the delivery of more integrated, personalised packages of support to children and their parents. For example, midwifery support linked to community services improves accessibility, safety and early integration into other services.

**3.33** Support needs to start during pregnancy. The Government will soon be setting out a framework for local delivery of safe, high quality maternity care for all women. As well as articulating the choice guarantee for all women, making maternity services more accessible, it will set out a framework of support which will be linked closely to other services provided in the community, such as children's centres, to improve accessibility and promote early integration with other services. The framework will stress that every woman will be supported by a midwife she knows and trusts throughout her pregnancy and afterwards so as to provide continuity of care.

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**Box 3.4: Health led local practice – Brighton and Hove**

There are some local examples of excellent practice where health services are taking the lead in developing a more integrated, responsive approach to additional need.

For example, in Brighton and Hove, all pregnancies are booked by midwives in children's centres serving defined geographical areas.

Brighton's children's centres are also the base for all health visitors – rather than GPs' surgeries. Indeed, all of Brighton's children's centres are led by health visitors, and also act as hubs for other types of support – ranging from speech and language therapy to support for fathers and mental health support.

Such a model means that families have to go to only one place for their basic support needs, and that staff in children's centres are well placed to work together and learn from each other's expertise.

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**3.34** The more general picture highlighted in the Call for Evidence, however, is that capacity constraints in health provision – and particularly in midwifery and health visiting – mean that health services as a whole sometimes find it difficult to engage with other services for children and families, despite good will and enthusiasm among the workforce.

**3.35** The UK evidence about what works in integrated health provision is not yet strong. Recognising this, the Government has already announced ten health led parent support demonstration projects to begin in 2007-08 that will seek to demonstrate how health professionals can lead an approach to support vulnerable, often first time, families in the very early years.

**3.36** Building on these projects, the Government believes that the evidence base for health led provision needs to be strengthened further. Subject to the Comprehensive Spending Review, the Department of Health will therefore examine what further steps need to be taken to improve the evidence base and the economic case for:

- how health services can best lead the public service approach to supporting parents and families in the very early years of children's lives, by expanding the scope and duration of the current demonstration pilots; and

- how Local Authorities and Primary Care Trusts can best commission preventative health services for children and young people, building on existing flexibilities and system reforms.

**Mental health** **3.37** There have been significant advances in the provision of Child and Adolescent Mental Health Services (CAMHS) in a relatively short period of time. This has been driven by substantial new investment. Expenditure has risen from £284 million in 2002-03 to £513 million in 2005-06, an increase of over 80 per cent. This has led to increased activity: total caseloads have increased by 40 per cent between 2002 and 2005, and new cases seen have increased by some 219 per cent over the same period. Children and families are also being seen sooner. Cases waiting to be seen fell by 15 per cent between 2004 and 2005; while 30,660 cases were waiting to be seen in 2004 this fell to 26,207 in 2005.

**3.38** However, while capacity has increased in these more acute services, there is a case for a greater focus on the provision of community based children's mental health services (tier 2 mental health support) – especially in universal services. Box 3.5 shows how such services can effectively intervene in cases where children have specific identified need.

**3.39**     Such early intervention work, with community based mental health services working as part of a coherent support system within and linked to schools and local settings, is an important means of ensuring that those children who are experiencing social and emotional problems, which may impact on their long term outcomes, have access to effective early intervention work to address these.

**3.40**     The Review has concluded that there is a need to respond to the evidence of under-capacity in public services in children's 'tier 2' mental health services. **To begin to meet this need better, the Government will provide funding to ensure that local areas can build on and roll out effective practice in supporting children and young people with social and emotional difficulties in schools. This will enable increasing numbers of pupils to access additional help within the school and enable schools to access more resposive community based mental health support for those pupils who need it.**

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**Box 3.5: Case study on successful mental health support**

**Multi-agency teams which are located in or close to schools and community based settings can provide vital support for those children and their families who are experiencing emotional, behavioural and mental health problems. Such teams – staffed by practitioners with a range of expertise including mental health practitioners, family support workers, learning mentors, educational welfare officers, police officers, youth workers and behaviour specialists – are able to offer a holistic view of individual children's needs, provide appropriate support in the school and home setting to both children and their parents, and deliver group and individual based early intervention work for children and their parents alongside expert training and support for other staff working in these settings.**

**Scallywags project, Cornwall**

**Scallywags is an inter-agency early intervention project in Cornwall. It aims to *'identify and intervene at an early stage with those children who have the potential to become marginalised through school exclusion and family breakdown'*. The project aims to achieve this by promoting parent, teacher and children's competences, in order to prevent the development of more serious problems. The project is tailored to meet the needs of young children who are showing signs of moderate behavioural and emotional problems. The service works in partnership with the school to support children aged three to seven, developing an intervention plan for each child which includes:**

- **an individual programme for each child;**
- **a key worker assigned to each child and their family, to support the implementation of the programme in the home and education setting;**
- **12 two hour sessions with a local parenting group; and**
- **a local school holiday programme for children and parents.**

**Evaluation of the project has shown positive impacts for children, both in school and at home, with improvements in the children's social and emotional skills being maintained after six months follow up.**

Source: *Promoting social inclusion: the long term effectiveness of Scallywags – an early intervention programme for young children with behavioural, emotional and social difficulties.* Lovering et al, Cornwall Children's Research Service, 2006

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## GETTING THE INCENTIVE FRAMEWORK RIGHT

**3.4l** *Every Child Matters: Change for Children* is driving forward improvement on the well-being of children and young people from birth to age 19. The Government's aim – articulated through *Every Child Matters* and the *National Service Framework for Children, Young People and Maternity Services* – is for every child, whatever their background or their circumstances, to have the support they need to:

- be healthy;

- stay safe;

- enjoy and achieve;

- make a positive contribution; and

- achieve economic well-being.

**3.42** This means that the organisations involved with providing services to children – from hospitals and schools, to police and voluntary groups – will be teaming up in new ways, sharing information and working together, to protect children and young people from harm and help them achieve what they want in life. Children and young people will have more say about issues that affect them as individuals and collectively.

**3.43** *Every Child Matters* has created the framework for these new kinds of integrated practices to flourish. The Children Act 2004 provides the legal framework within which Children's Trusts operate. It has also created several new key duties compelling local agencies to work together better – most notably the Duty to Cooperate between Local Authorities, Primary Care Trusts and other strategic commissioning bodies at the local level.

**3.44** **In January the Government amended the Children and Young People's Plan (CYPP) regulations to ensure future plans (published on or after 1 October 2007) have a sharper focus on: the integration of services; early intervention and prevention; and safeguarding. The CYPP is the single, strategic, overarching plan for local services for children and young people. It is developed by the Local Authority in conjunction with their partners, including schools, to agree what services will be commissioned to help support them.**

**3.45** Efficient and effective joint planning and commissioning is at the heart of improving outcomes for children and young people. In March 2006 the Department for Education and Skills (DfES) and the Department of Health (DH) published a Joint Planning and Commissioning Framework which provides Children's Trusts with a step by step guide to strategic joint commissioning. This was reinforced by the Local Government White Paper and the recent *Commissioning Framework for Health and Well-being* which both emphasise the importance of joint working through the Children's Trust to commission services for children and young people. Planning services to focus on multi-agency work and prevention is leading to improvements in outcomes and freeing up further resource for investment in prevention and early intervention.

**Box 3.6: North Lincolnshire – commissioning for prevention**

Strategic planning and commissioning can drive services to focus on better multi-agency working, leading to preventative activity that then frees up resource for further investment in prevention and early intervention. Improved procurement practice can generate similar opportunities for refocusing of funding. Service re-design is being achieved by a phased redeployment of resources over time.

In North Lincolnshire, the Children's Trust has reconfigured services to prevent children being escalated to the next tier of need unnecessarily. This has helped them to reduce Looked after Children offending from 6.6 per cent (2005) to 2.8 per cent (2006), improve placement stability and permanence for Looked after Children from 44 per cent (2005) to 56 per cent (2006) and reduce re-registrations on the Child Protection Register from 18 per cent (2005) to 11.5 per cent (2006).

In Goole, in the East Riding, a focus on prevention has reduced school exclusions by 50 per cent, reduced the number of children on the Child Protection Register or in care, and enabled the locality to increase the numbers supported by preventative services from 1,372 in 2005 to 2,137 in 2006.

**3.46**    In addition, Local Area Agreements (LAAs) are providing a new framework which enable local agencies to both pool resources and sign up to outcome-related objectives in return for greater freedom to decide how to meet those objectives. The recent Local Government White Paper, *Strong and Prosperous Communities,* placed a new duty on Local Authorities and named partners to cooperate in agreeing LAA targets and to have regard to meeting them – strengthening current partnership arrangements within the Children's Trust.

## More to do

**3.47**    However, key stakeholders from Local Authorities, health services and the third sector who responded to the Review's Call for Evidence identified a number of barriers restricting responsiveness to individual and local needs:

- All government departments need to give a clearer, unified message that building resilience and early intervention should be top priorities for public services;

- while good progress is being made through *Every Child Matters*, engagement with universal services – schools and health services – can still be difficult to achieve, although there are many examples of good practice; and

- some central government set targets, while helping to deliver a focus on the most vulnerable, such as Looked after Children, also mean that services prioritise acute need over prevention.

**3.48**    To achieve a sharper focus on building resilience and delivering early interventions, the Government will consider backing up the amended Children and Young People's Plan regulations with new guidance to Local Authorities and their Children's Trust partners on supporting schools in arrangements for local multi-agency working aimed at early intervention and prevention.

**3.49**    In addition, the Government will shortly publish a web-based resource to promote pooled budgets, which is intended to assist Local Authorities and their partners in setting up and managing these agreements. Following on from the Local Government White Paper there will be further alignment of approaches to commissioning by DfES, DH and the

Department for Communities and Local Government (DCLG). This will incentivise resilience building and early intervention based on a cross-Government National Improvement Strategy for local government and lead to a strengthened outcome focused performance management regime.

**3.50** The Government recognises that more needs to be done to deliver a clear message that services need to build resilience and intervene early where additional risk can be identified.

**3.5l** The Government also accepts that the framework of national targets and priorities needs to evolve, to give more freedom to frontline services to focus on building resilience and to incentivise greater emphasis on early intervention.

**3.52** The Government will therefore examine the case for restating the national priorities for children and young people through the national performance management framework that better reflect the five *Every Child Matters* aims, especially:

- the need to narrow attainment gaps in school – this can be delivered, for example, by ensuring that schools focus on the attainment gap between low income children and their better of peers, as well as continuing to raise average attainment, to ensure all children are able to enjoy and achieve to the best of their ability; and

- the need for all services to prioritise children's health in line with *National Service Framework* standards.

**3.53** The Government expects that all services providing support to children and families will work with each other, with parents and with local voluntary and community groups to meet these objectives. Services will need to re-engineer themselves to work collaboratively with a wide range of partners to deliver personalised packages of support that are more responsive to children's needs. To that end, the Government is examining the potential for outcome based key performance indicators that will demonstrate whether services are succeeding in delivering these national aims.

## IMPROVING RESPONSIVENESS: NEXT STEPS

**3.54** Early interventions are a vital complementary approach to building resilience. Spotting risk and acting early is vital to prevent risks compounding each other and becoming harder to resolve.

**3.55** However, even with services capable of building resilience and being responsive to additional need, some children and families are still more likely to experience poor outcomes than others. These families are often the hardest to reach. To ensure that a new approach from public services impacts on these families, services need to engage them proactively, and draw them into the networks of support available.

**3.56** The next chapter looks at how services can develop a more proactive approach to engaging harder to reach children and families, a vital component of which is empowering service users to enable them to take part in the design and the delivery of services themselves.

# 4 DEVELOPING PROACTIVE SUPPORT

## INTRODUCTION

**4.1** Previous chapters have looked at ways of improving outcomes through further reforms to public services to:

- build all children's resilience to risk; and

- improve the responsiveness of services to ensure that, when specific risks are identified, interventions to help solve those problems can happen sooner.

**4.2** However, better outcomes do not necessarily result from passive support from services for children and families. Rather, better outcomes are the result of a dynamic interaction in which service users engage with service providers to shape a package of support that is best suited to their specific needs. This chapter considers how public services can:

- support parents and communities to play their role effectively; and

- be more proactive in involving families and communities in designing services that deliver bespoke packages of support, which better meet service users' needs.

**4.3** To do this Government wants public services to be reformed further in line with three inter-related key themes:

- supporting parents to meet their responsibilities to raise their children;

- working with service users – individuals and communities – to design packages of support that are tailored to local needs; and

- reaching out to vulnerable or excluded groups in need of most support.

### A vision for proactive support

**Rights and responsibilities** **4.4** Clarity is needed about both (a) service users' entitlements to varying levels of support depending on need, and (b) the expectation that parents have a responsibility to engage in improving their children's outcomes. Proactive support is therefore strongly linked to the Government's guiding principle of promoting rights and responsibilities. To make this a reality, parents need to know their rights in relation to services, and be able to access information about available support.

**Engagement of service users** **4.5** Services should engage users in the design and delivery of services. Services that do this have been shown to be more effective at meeting service users' needs. Engagement with children and families requires public services to work in new ways and means that service provision needs to put users at the heart of design. This means that services will vary from place to place to meet the needs of different communities.

**Outreach** **4.6** Services also need to reach out to groups who either are not aware of their entitlements and responsibilities or who are difficult to engage in the design of services. This may be because they distrust service providers or because they lack the confidence to demand from services the level of support that they need.

## RIGHTS AND RESPONSIBILITIES – CLARIFYING ENTITLEMENTS AND GIVING PARENTS THE INFORMATION TO ACCESS SUPPORT

**4.7**     As Chapter 2 explained, parents have a fundamental impact on children's outcomes from before birth and all the way through childhood:

- during pregnancy, the habits and behaviours of mothers can have a direct impact on children's outcomes. Certain behaviours, including a poor diet, smoking and alcohol or substance misuse are strongly correlated with low birth weight, which is a good predictor of poor outcomes;

- how parents interact with their children in the early years of life is very important for cognitive and non-cognitive development – poor attachment between the child and parent in the early years can lead to poor outcomes in later life; and

- there is strong evidence that the engagement of parents – mothers and fathers – in their children's education can support academic attainment at school.[1]

**4.8**     Box 4.1 shows gives one example of how services can work in partnership with parents and families to deliver better outcomes.

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**Box 4.1: User involvement at the Marlborough Family Service**

The Marlborough Family Service (MFS) is an organisation run by the NHS, which offers a range of outpatient services for children, adolescents, adults, couples and families with personal or behavioural problems. The MFS makes intensive use of multi-family groups, in which six to nine families work together to find solutions to their problems. The process of family-to-family consultancy, under the guidance and supervision of professionals offers a powerful alternative to the downward spiral of social exclusion. It helps to develop a small community and breaks the isolation which many families with problems experience. Furthermore, this approach is cost-efficient as one professional can 'treat' several families at a time. Multi-family groups are appropriate to tackle a wide variety of issues and can be used alongside individual support sessions for family members or other types of approaches.

The MFS also operates a buddy scheme for families: buddies are former service users who support new entrants to the service, by answering questions, guiding them around the building, introducing them to the rules and talking about their own experiences with the service.

*Multiple family therapy – The Marlborough model and its wider application*, Asen, Dawson and McHugh 2001; CYP Review visit to the Marlborough Family Service, August 2006.

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**4.9**     The challenge is to ensure all parents see it as their responsibility to play an active role in improving their children's outcomes. This depends on parents:

- knowing what support they are entitled to; and

- being able to access information about what support is available.

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[1] '*The impact of parental involvement, parental support and family education on pupil achievement and adjustment: A literature review.*' Desforges and Abouchaar, DfES, 2003.

## Rights and responsibilities: Parents' entitlement to support

**4.10**    In the past, there have been efforts to clarify what support parents are entitled to, particularly in relation to schools.  However, services to children and parents go much wider than schools, and include other universal services such as health services and children's centres, as well as targeted services such as housing, mental health and social services. For the Government's vision for proactive services to become a reality, parents need to know what level of support is available to them from all children's and families services.

**A Parents'**    **4.11**    **The Government believes that a Parents' Charter is needed.  This will clearly set out**
**Charter**    **the 'core offer' of basic support from key public services to which all parents are already entitled.**

**4.12**    **The Government also recognises that parents' needs vary from family to family, and from location to location. The Government believes that it is good practice for all local children's services, universal and targeted, to offer their own Parents' Charter. This should clearly set out what parents are already entitled to at each stage of their children's lives. It should outline the minimum level of support all parents can expect, and make clear what support they can get where additional need is identified.**

**4.13**    **On this basis a locally defined Parents' Charter would:**

- **set out parents' rights to support from key services, explaining for each service what the support should entail;**

- **set out parents' responsibilities – even when they are no longer living together – in improving children's outcomes, for example their responsibility to help children reach their full potential at school, and their responsibility to seek additional support when needed;**

- **articulate the responsibility of service providers to seek to be as accessible and responsive as possible to parent's needs – including reaching out to hard to reach, vulnerable or excluded groups; and**

- **be supported by providing information to parents so they know what services are available locally to them and their families.**

## Rights and responsibilities: Improving information to parents

**4.14**    This final point is crucial. Parents are much more likely to 'opt in' to support if they know what they are entitled to, and what services are available. This means that statutory and voluntary organisations have to provide the necessary information to parents to allow them to access advice and guidance.

**4.15**    Responses to the Review's Call for Evidence suggested that parents want more information and help with the challenges that can arise for all parents. The Review has therefore considered how to raise parental awareness of the support available to them.

**4.16**    There are already examples of best practice. Box 4.2 illustrates innovative approaches for getting information to parents through *Parentline Plus*, a 24-hour service run by the third sector that took around 115,000 calls and emails in 2005-06 and has been evaluated positively in independent research.

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**Box 4.2: Case Studies – Getting information to parents: *Parentline Plus***

**'Time to Talk'**

'Time to Talk' is a campaign run by *Parentline Plus* to encourage parents to talk to their children about sex and relationships to reduce risky behaviours. The campaign focuses on supporting parents through information, advice and support, and raises awareness with its parent target audience through media such as women's magazines, regional press and websites, with agony aunts being a particular focus for the campaign.

Materials are also available on the *Parentline Plus* website and distributed to GP surgeries and other places parents visit, such as bingo halls, gyms, hairdressers and nail bars. Research shows that 91.7 per cent of parents in GP surgeries found the 'Time to Talk' cards easy to understand and 61.2 per cent rated the cards as useful. Focus groups are held with parents about the 'Time to Talk' campaign to assist with proactive work informing journalists on the views of parents and their children.

**'Contact Counts'**

'Contact Counts' was a press and PR campaign run by *Parentline Plus* to disseminate messages and strategies to separated parents on negotiating good contact arrangements for their children, encouraging parents to negotiate these constructively and only turn to legal procedures as a last resort. The campaign was aimed at hard to reach groups and families from lower socio-economic groups in particular.

The media campaign made use of data showing that over 10,000 calls to the helpline per year were concerning contact issues. The campaign was supported by information materials, online activity and public education work.

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**Information services for parents**    **4.17**    The Government recognises and applauds the success of *Parentline Plus* in delivering these and other examples of support to parents. It also recognises that many more parents could benefit from services similar to *Parentline Plus* and other helplines currently funded by the Parenting Fund (including the Advisory Centre for Education, One Parent Families, Young Minds, the Family Rights Group, and the Children's Legal Centre).

**4.18**    **The Government believes that to make a reality of the entitlements brought together under a Parents' Charter, a new parent information, advice and guidance service needs to be developed, modelled on the strength and success of *Parentline Plus*.**

**4.19**   A new service should use multiple channels to make it easier for parents to access the information and support that will help them in their parenting role. This would entail delivery via telephone, online and through a magazine, and could use email and text messaging in due course.

**4.20**   The new service should include universal and targeted components, and be capable of meeting the needs of most callers quickly and effectively by harnessing the strength of existing provision in the third sector, joining up what is already available to parents, and signposting parents to existing sources of support.

**4.21**   To deliver this new approach, the Government will provide additional funding by 2010-11 for a new universal integrated system of advice and support for parents, as set out in Chapter 2.

## INVOLVING USERS IN THE DESIGN AND DELIVERY OF SERVICES

**4.22**   Empowering service users to engage in service design and delivery is a common theme across all strands of the Policy Review of Children and Young People, for example:

- the Strategy for Youth Services will recognise how young people's participation in making decisions about the services provided for them increases the likelihood that they will use and benefit from provision; and

- the sub-review of Disabled Children will highlight that empowering disabled children and their families to influence the provision of relevant services is a vital component of making those services more responsive to their needs to better improve their outcomes.

**4.23**   However, empowerment is not just about specific groups of disadvantaged, vulnerable or excluded people. It is relevant to all public services, and all children and families. Research shows the need for a range of models of involvement, depending on the level of activity that participants wish to commit.[2] Significant progress has been made in encouraging users to get involved and participate in service design and delivery. For example:

- the Government strongly supports the effective involvement of children, young people and their families or carers in the design and delivery of services. Local Authorities (LAs) are required to consult children and young people in the preparation of their strategic Children and Young People's Plan (CYPP). Research into the first CYPPs shows that LAs have made a real commitment to the genuine involvement of children and young people;[3]

- the Government already provides some support to organisations and individuals to involve service users. Examples include *Participation Works*, an online gateway which provides participation resources for practitioners and policy makers, and the *Participation Workers Network* – a forum which helps professionals share information, and which now has over 1200 members;[4]

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[2] *Has service user participation made a difference to social care services?*, Social Care Institute for Excellence Position paper 3, 2004.

[3] See http://www.everychildmatters.gov.uk/participation/.

[4] For example, see http://www.participationworks.org.uk/.

- a founding principle of Sure Start was that parents should influence what services are delivered locally. To that end, all Sure Start Children's Centres have a 'parents' council' or similar body to act as a sounding board for parents and to guide children's centres to commission and provide the types of support that parents want;

- the Youth Opportunity and Capital Funds are empowering young people in every local area to influence directly what types of opportunities and activities are available to them by involving them in funding decisions. This is leading to real change on the ground. Young people who otherwise would not have been engaged are fully involved in service design and delivery and in creating opportunities for their peers. Local Authorities are also gaining much better insights into what young people expect and want from services; and

- some organisations and agencies involve users in the staff recruitment process, mainly as members of the interview panel. This approach helps to ensure that new recruits can relate to the client group they will be working with, a key element of a successful and high quality service. User involvement in recruitment has been used by some local Sure Start programmes, as well as by third sector organisations and projects, such as Revolving Doors Agency and NCH.[5]

## Empowering communities

**4.24**    It is important to empower communities as well as individuals.  Communities play an important role in shaping services for children and families and the provision of youth activities and spaces. Where communities prioritise things to do and places to go for young people, Local Authorities respond, demonstrating the power of local accountability. Communities can also get involved in delivering positive activities for young people.

**4.25**    Programmes such as *Communities that Care*[6] show that with the appropriate support from the third sector or the local authority, communities can identify local solutions to local problems. *Strong and Prosperous Communities: The Local Government White Paper*,[7] sets out how the Government intends to strengthen the role of local government, and increase local flexibility, to deliver better outcomes for communities. The Government will encourage citizens to put pressure on front-line services to improve accountability and quality of services.

**4.26**    The *Local Government and Public Involvement in Health Bill* introduces a new duty on Best Value authorities to involve local people in authority services and policies where appropriate.  Building on this commitment, the Community Call to Action will be extended across all public services, to enable people to hold local bodies to account if services fail to meet their needs. Government will also work with local government and community organisations to identify and promote good practice in local charters, neighbourhood planning, citizenship learning and participatory budgeting.

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[5] *Participating in good practice,* NCH, 2001; information about the Revolving Doors Agency user involvement group
'Revolvers' is available at http://www.revolvers.org.uk/.

[6] *Does Communities that Care work? An evaluation of a community-based risk prevention programme in three neighbourhoods,*
Crow, France, Hacking and Hart, Joseph Rowntree Foundation, 2004.

[7] *Strong and Prosperous Communities: The Local Government White Paper,* Department for Communities and Local
Government, 2006.

**4.27**    In the 2007 Comprehensive Spending Review, Public Service Agreement (PSA) Delivery Agreements will further drive systematic use of engagement mechanisms to enable citizens to shape the decisions that affect their experience of public services and help them to hold those services to account. An integral part of this is providing citizens with greater access to timely data on the performance of local services. This will increase the transparency of service provision, and give users a more robust basis on which to exercise choice, building on commitments set out in the Local Government White Paper.

**4.28**    In addition, the Government is already committed to extending Community Calls for Action to all local government matters, which will empower local councillors to deal more effectively with the concerns of the communities which they serve. The Department for Communities and Local Government will start developing guidance in April 2007 with the new powers coming into effect in April 2008. The Review welcomes this commitment.

## REACHING OUT TO VULNERABLE AND EXCLUDED GROUPS

**4.29**    Those who need most support tend to be hard to reach and often do not access the services they need.  This "inverse care law" has many causes. For example:

- there is a lack of readily accessible information about what services are available.  Parents may recognise that they need some support, but they do not know where to get help;

- many services are perceived to cater for 'failed' or 'struggling' families, and this stigma may deter parents from accessing support that they know is available;

- some vulnerable parents choose not to access services. This may be due to a negative perception of the services themselves, or an incorrect perception of what the services would "do" to them – in particular they fear that services might take their children away; and

- parents give up trying to access services because they have been turned away too often in the past, on the grounds that their problems are not serious enough to warrant support, given high eligibility thresholds.

**4.30**    Recent evidence shows that some of the most vulnerable groups in society are not accessing support. For example:

- recent analysis of the a cohort of children born in 2000 has shown that while 57.4 per cent of families with an annual income over £52,000 said they had support from a health visitor in the first year, only 41.5 per cent of families with an annual income of less than £3,000 received a similar service;[8] and

- research from the National Evaluation of Sure Start showed that while provision benefited disadvantaged families, the most vulnerable service users did not benefit.[9] **The Government has already moved to address this by requiring children's centres to reach out to the most vulnerable groups in the communities they serve.**

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[8] *Reaching out: An Action Plan on Social Exclusion,* Social Exclusion Taskforce, Cabinet Office, 2006.

[9] *Early Impacts of Sure Start Local Programmes on Children and Families, National Evaluation Report 13*, University of London, 2005.

**Fathers**    **4.31**    As discussed in Chapter 2, research shows that a father's early involvement in his child's life can improve a child's educational achievement, and contribute to a good parent-child relationship in adolescence.[10]

**4.32**    However, it can be a challenge to involve fathers and other male carers, for example stepfathers and grandfathers, in services targeted at families. Some fathers are not accustomed to using such services.  They may be unaware of them or think they are not for them. This is especially true of young, minority ethnic and non-resident fathers. Barriers to fathers' involvement can include:

- services that are insensitive to fathers' needs; that do not adequately connect with the context of fathers' lives or motivations;

- an overtly female focus and culture amongst staff and service users, and a lack of confidence to explain to female service users why it is important to engage with fathers; and

- staff underestimating the significance of a father's involvement if he is not visible to the service, or not living with the child.

**4.33**    Public services should routinely offer fathers the support and opportunities they need to play their parental role effectively. Sure Start Children's Centre guidance, for example, is now clear about the need to effectively gather information about fathers in all the families with whom they are in contact, and gives tips on how this can be achieved.

**4.34**    The Government believes that much more can be done to release the potential improvements in outcomes for children through better engagement between fathers and services for children and families.

**4.35**    This requires a culture change, and depends on all public services – from maternity services to early years, and from health visitors to schools – changing the way that they work to ensure that services reach and support fathers as well as mothers. A good example of innovative practice already exists in the form of the Father's Quality Mark offered by Fathers Direct,[11] which services can get if they demonstrate good practice in building children's relationships with their fathers.

**Dedicated**    **4.36**    **As announced in Chapter 2, to further support parents and especially fathers, the**
**fathers' support**    **Government will provide additional funding through children's centres in 2010-11 to reach disadvantaged families and provide parenting classes for up to 30,000 parents. This funding will help to recruit more male outreach workers who can target fathers and hard to reach families, and will make parenting classes more attractive to fathers.**

## BUILDING PROACTIVE SUPPORT – NEXT STEPS

**4.37**    This chapter has set out what more needs to be done over the period of the Comprehensive Spending Review to reform public services with the aim to deliver more proactive support to families, children and communities, and to empower children, parents and communities to demand responsive and high quality public services.

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[10]  *Parental involvement in education*, Williams, Williams, and Ullman, DfES Research Report 332, 2002.

[11]  http://www.fathersdirect.com

**4.38** In particular, the Government will:

- make clear to parents what their entitlements to support are through a comprehensive Parents' Charter that covers all public services, so that parents know what support they should be receiving from public services;

- in partnership with the third sector, provide support through a new universal service based on the successes of *Parentline Plus*; and

- provide additional funding through children's centres to reach disadvantaged families including specific activities for fathers, and provide parenting classes for up to 30,000 parents, focusing in particular on fathers.

**4.39** Along with the reforms discussed in previous chapters, reforming public services along these key lines will mean that by 2010-11 significant progress will have been made towards the Government's aims to:

- build resilience in all children; complemented by

- improved responsiveness of services to risk; and

- more proactive public services for children and parents.

**4.40** Together, these measures will support children to make the most of their natural talents and fulfil their potential. These are long-term aims which, if achieved, will improve outcomes for children and parents. But the Government recognises that there are some families who already experience very poor outcomes and who need more intensive support. Chapter 5 considers what more can be done to help these families now.

# 5 SUPPORTING FAMILIES CAUGHT IN A CYCLE OF LOW ACHIEVEMENT

## INTRODUCTION

**5.1** Chapters 2 to 4 outline how services are working to build the resilience of all children and the action the Government is taking to ensure they respond more effectively to early signs of problems. The focus on prevention and earlier intervention will help to reduce the impact of key risk factors on children, young people and families. More responsive services will support children to overcome any problems they encounter early in life, and allow them to grow up endowed with the necessary resilience to combat later problems. In the longer term, this will improve the life chances of all children and help to lower the number of socially excluded people across the country.

**5.2** However, even when prevention and early intervention are embedded throughout public services, some children and families will require additional support. Research highlights that the poorest child outcomes are associated with multiple problems in the child's wider family, such as poor mental health, substance and alcohol misuse, domestic violence, learning disabilities, physical health problems, involvement in crime, financial stress and worklessness.[1] These problems can damage parents' ability to adequately care for their children, which has a negative impact on their life chances and can drive families into a cycle of low achievement.

**5.3** In order to break this cycle, more intensive support is needed that addresses the problems of the whole family. However, the current response from services can in some cases be ineffective. Tackling the barriers to effective service delivery for those families with the worst outcomes is a priority for the Comprehensive Spending Review because helping these families will:

- improve the life chances of all family members, especially those of children;

- allow local services to focus on preventative support for other families as resources are freed up through more efficient working; and

- have a positive impact on wider society, as the harm incurred through adverse behaviour is reduced.

**5.4** This chapter:

- illustrates the challenge these families pose to services, including both the financial and wider social cost of these families, and the difficulties services face in engaging and working with families with multiple problems;

- outlines the key features of an effective response, which has to be integrated, tailored and proactive, and describes progress with implementing this response; and

- recommends that public services push faster and further in implementing a suitable local response to families caught in a cycle of low achievement through greater use of lead professionals or dedicated multi-agency teams.
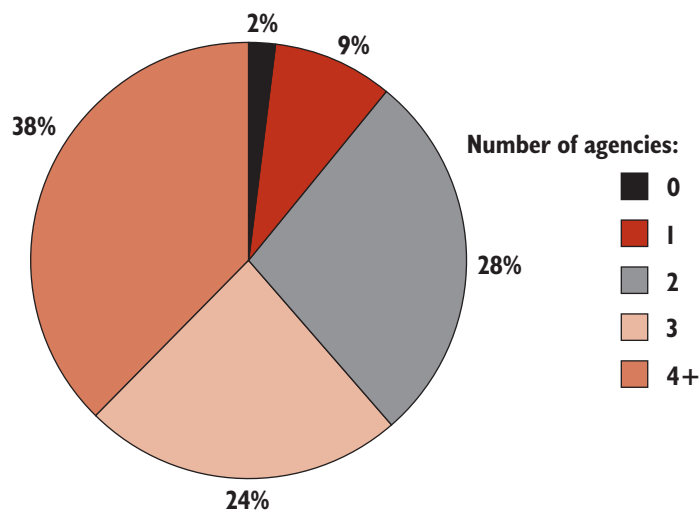
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[1] E.g. *The prevalence of multiple deprivation for children in the UK: Analysis of the Millennium Cohort and Longitudinal Survey of Young People in England*, Feinstein and Sabates, 2007; *Maternal problems in year after delivery and subsequent behavior problems in children*, Whitaker, Orzol and Kahn, 2006; *Double trouble: maternal depression and alcohol dependence as combined factors in child and family social work*, Woodcock and Shepherd, 2002.

## THE CHALLENGE POSED BY FAMILIES CAUGHT IN A CYCLE OF LOW ACHIEVEMENT

**5.5**    The number of families who suffer from a large number of severe problems associated with the poorest child outcomes is relatively small. Research commissioned for the Review indicates that although almost three million families in the UK have at least one such problem, the number of families decreases markedly as the number of recorded problems increases. Only about 5,000 families are at the severe end of the spectrum with seven or more problems.[2] These families can cause significant harm to both their local communities and to family members, especially children. However, there is no common pattern of problems across families, and some suffer in silence. For many families with multiple problems, poor outcomes become entrenched, creating a cycle of low achievement which is perpetuated across generations.

**5.6**    Many families with multiple problems already receive support from a range of public services, such as social services, housing, health and mental health services. For example, Manchester City Council found that families involved in anti-social behaviour had been active cases – usually for education and social services – for several years. Chart 5.1 supports this finding with evidence from a Government supported programme to tackle anti-social behaviour.

**Chart 5.1: The number of agencies involved with families in six Intensive Family Support Projects, at time of referral to project, per cent (rounded).**



Number of agencies:
- 0
- 1
- 2
- 3
- 4+

*Source: Anti-social Behaviour Intensive Family Support Projects – An evaluation of six pioneering projects, Department for Communities and Local Government, 2006.*

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[2] The research looked at mental health, physical disability, substance misuse, domestic violence, financial stress, neither parent in work, teenage parenthood, poor basic skills and living in poor housing conditions *(The prevalence of multiple deprivation for children in the UK: Analysis of the Millennium Cohort and Longitudinal Survey of Young People in England,* Feinstein and Sabates, 2007).

**Cost to** **5.7** The fact that many families receive interventions from a large number of agencies
**services** means that expenditure on this group is very high. Published estimates on the cost of
different types of problems associated with poor child outcomes indicate that a family
suffering from five problems (depression, alcohol misuse, domestic violence, short periods of
homelessness, and being involved in criminality) can cost between £35,000 and £80,000 per
year.[3] These figures are based solely on national average unit costs of dealing with these
problems through public services, and do not take into account the severity of problems, or
wider costs to the economy and society. Taking these into account, families with the five
problems mentioned above are estimated to create costs of up to between £55,000 to £115,000
per year for society and the economy.

**5.8** Furthermore, these figures only reflect the cost of parental problems. Children from
families where the parents suffer from multiple problems are significantly more likely to have
additional support needs, for example arising from behavioural difficulties, than their peers
from families with no or single problems.[4] These child problems can add substantially to the
cost of the family, especially if children are taken into care. The cost of care for a child with no
additional support needs is between £36,000 and £48,000, per year. However, children with
additional support needs (due to emotional or behavioural difficulties and offending
behaviour) can cost up to almost £300,000 per case for a care placement and associated
expenditure, including about £67,000 for involvement of the Youth Offending Team.[5]

**5.9** Not all of the costs described above are avoidable. For example, a parent with a
chronic mental health problem, such as depression, may require long-term support to
manage their condition. However, many costs can be reduced or even eliminated through
effective intervention – for example those associated with domestic violence, youth
offending, alcohol and substance misuse, and being in care.[6] Failing to tackle problems
effectively therefore not only perpetuates poor outcomes across generations, it also prevents
services from investing more in better outcomes for all families.

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[3] *Cost of Depression Among Adults in England,* Thomas and Morris, British Journal of Psychiatry, 2003; *Alcohol Harm Reduction Strategy*, Prime Ministers Strategy Unit, Cabinet Office, 2004; *The Cost of Domestic Violence,* Women and Equality Unit, 2004; *The economic and social costs of crime,* Home Office, 2000; *The Cost of Foster Care,* BAAF, 2005; *How Many? How Much? Single homelessness and the question of numbers and cost,* Kenway and Palmer, Crisis & New Policy Institute, 2003; *Alcohol misuse: how much does it cost?,* Prime Minister Strategy Unit, Cabinet Office, 2003; *Domestic violence, sexual assault and stalking: Findings from the British Crime Survey*, Walby and Allen, 2004; *The economic and social costs of crime against individuals and households,* Home Office on-line report 30/05, 2005; *Children in residential care; what cost?,* Polnay et al, Archives of Disease in Childhood, 1997; *Early intervention hostel health services,* St. Mungos, 2005.
[4] *Maternal problems in year after delivery and subsequent behavior problems in children*, Whitaker, Orzol and Kahn, 2006.
[5] Child case study C in *Unit Costs of Health and Social Care 2006*, Curtis and Netten, Personal Social Services Research Unit, University of Kent, 2006.
[6] See for example *Building Bridges Evaluation,* Family Welfare Association (forthcoming); *Anti-social Behaviour Intensive Family Support Projects – An evaluation of six pioneering projects,* DCLG, 2006; *Supporting families – children at the edge of care,* NCH, 2006.

## CURRENT IMPACT OF SERVICES

**5.10**   Despite the fact that government spends large amounts of money on families with multiple problems, their outcomes remain poor. There are a number of reasons for this.

## Fragmentation of services

**5.11**   Evidence suggests that in order to tackle the root causes of problems effectively, services need to coordinate their activities to provide packages of support.[7] Considerable progress has made in joining up mainstream services on the ground. In particular, *Every Child Matters* has fostered greater integration of services involved in delivering support for children.

**5.12**   However, as highlighted in the Review discussion document, many agencies continue to tackle specific problems, not recognising how these are interrelated with other problems.[8] The presence of multiple problems can also make it hard to identify a primary or major problem, which can lead to service providers disagreeing about who is responsible for a family.[9] In some instances, eligibility criteria for a specific service preclude referral of clients with secondary problems.[10] In the worst case scenario this leads to families being handed around the system without receiving actual support.[11]

**5.13**   The links between adult and children's services are still weak in many areas.[12] This means that services tend to focus on individual family members and often do not recognise how the problems of different family members drive and influence each other. Services for adults do not always recognise when their users are parents. As a result interventions may have limited impact and problems are likely to persist or reoccur. These issues will also be considered in a cross-government Families at Risk Review led by the Social Exclusion Task Force in the Cabinet Office, which will be published in Summer 2007. This will build on existing work across Government, including this Review, and will focus on the effectiveness of adult services in responding to their clients as parents.

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[7] For example see *Supporting disabled parents and parents with additional support needs,* Social Care Institute for Excellence, Knowledge Review 11, 2006; *Breaking the Cycle,* Social Exclusion Unit, 2004; *Support for parents – messages from research,* Quinton, 2004.

[8] *Dual diagnosis – stopping the merry-go-round,* Cupitt, Morgan and Chalkley, 1999.

[9] *Responding to people with multiple and complex needs – Phase one report*, Australian Department of Human Services, 2003.

[10] For example, many domestic violence support services do not take on clients with substance misuse or mental health problems, despite the fact that these issues often occur together. *(Multiple Challenges in services for women experiencing domestic violence,* Baron in Housing, Care and Support, 2005; *Domestic Violence and Substance Use: Tackling Complexity,* Humphreys et al, in British Journal of Social Work, 2005).

[11] *Snakes and Ladders – Findings from the Revolving Doors Agency Link Workers schemes,* Revolving Doors Agency, 2003.

[12] *Policy Review of Children and Young people – A discussion paper,* HMT/DfES, 2007, para. 6.24-6.33.

## Lack of tailored support for those with multiple problems

**5.14** Those families with the worst outcomes often suffer from such severe combinations of problems that they are not able to benefit from services that are appropriate for the vast majority of families. Instead, these families need interventions that are tailored to individual problem patterns.[13] Despite some examples of good practice, which were highlighted in the Review discussion document, there is currently a gap in provision in too many areas. Services failing to respond to differing family need are unlikely to tackle underlying problems.[14] This leads to a 'revolving door' situation, whereby a client persistently returns with minor immediate needs, without receiving interventions that would lead to a significant improvement in outcomes.

## Lack of engagement between services and families

**5.15** Those who are most vulnerable are least likely to access and benefit from services. This is due to a number of reasons:

- people with multiple and complex needs are more likely than others to have had negative experiences with services, such as stigmatisation, discrimination, and receiving contradictory messages, which reduces their trust in services;[15]

- some vulnerable families are reluctant to access services because of an incorrect perception of what the services would "do" to them – in particular they fear that services might take their children away;[16]

- some families may give up trying to access services because they have been turned away too often in the past, on the grounds that their problems are not serious enough to warrant support; and

- parents may have low aspirations for their children and lack the confidence to push services to provide high-quality support to their family.[17]

**5.16** This means that families with multiple problems need a high level of motivation to engage with services, as otherwise support offered may not be taken up. Currently, there are few incentives for families to engage with services, and the consequences of non-engagement tend to be weak. For example, families may not turn up for appointments or open the door if a worker calls without this having any immediate tangible consequences, except the fact that problems persist. Over time this can lead to ever greater need, which may ultimately result in formal legal sanctions, such as children being put on the Child Protection Register.

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[13] For example, an Australian study found that people with multiple and complex problems tended to have specific needs for which no ready-made service response was available, so that support packages had to be developed on a case by case basis (*Responding to people with multiple and complex needs project – Individual profile data and case studies report,* Australian Department of Human Services, 2003, p.7).

[14] *Clients with complex needs,* Keene, 2001.

[15] *A Literature Review on Multiple and Complex Needs,* Scottish Executive Social Research, 2007, p. 22; *Finding the right support: A review of issues and positive practice to support parents with learning difficulties and their children,* Tarleton, Ward and Howarth, The Baring Foundation, 2006.

[16] Evidence from fieldwork carried out for the Review indicated that some families actively avoid contact with support services due to fear or mistrust.

[17] *Improving Services, Improving Lives – Evidence and Key Themes,* Social Exclusion Unit, 2005.

**Workforce**   **5.17**     This situation is exacerbated by the fact that many front-line workers do not yet work across traditional professional boundaries and lack the confidence to engage with these families, making it easier for families to refuse engagement.[18] Workers often cannot or do not know how to get the necessary support and enforcement measures in place, leading to inertia and despair among staff.

## BUILDING MORE EFFECTIVE SUPPORT

**Key elements of**   **5.18**     Emerging evidence shows that in order to deal effectively with multiple family
**effective service**   problems, the response of services needs to be:
**response**

- **integrated** – in order to tackle the root causes of problems, the different agencies involved in providing interventions and support need to coordinate their responses;

- **tailored** – because the pattern of problems varies significantly between families, support and interventions need to be tailored to the individual circumstances of each family in order to be effective; and

- **proactive** – an assertive and proactive approach is required to deliver support even to those families who are most reluctant to engage, and families need to be involved in delivering the necessary change.

**5.19**     This is borne out in examples outlined below of services and approaches to delivery across the country, which are effectively tackling complex cases of families and other client groups with multiple and entrenched problems.

### Integrating service responses through lead professionals and or multi-agency teams

**Lead worker**   **5.20**     One approach to tackle the lack of integration of services is through a lead
**model**   professional, who is able to appreciate the range of problems of all family members and promote and coordinate access to support from a variety of agencies.[19] Referral to a lead professional can be handled through a multi-agency panel, which includes members from a range of agencies.[20]

**5.21**     As part of the *Every Child Matters* programme, lead professional models are currently being developed and implemented across children's services. Most models rely on advocacy to ensure that third parties provide additional specialist support. In some cases lead professionals control a small budget. All lead professionals fulfil their function in addition to their main role, such as social work, and input can be tailored to suit high or low levels of need by varying the amount of contact between the worker and the family.

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[18] *Supporting disabled parents and parents with additional support needs*, Social Care Institute for Excellence, Knowledge Review 11, 2006.

[19] *How do you provide services for people who don't fit into neat little boxes?*, Turning Point, 2005; *Meeting Complex Needs: The Future of Social Care,* Rankin and Regan, Institute of Public Policy Research, 2004; *Dual diagnosis – Substance misuse and psychiatric disorders,* Rassool, 2002; *Clients with complex needs,* Keene, 2001; *A Literature Review on Multiple and Complex Needs,* Scottish Executive Social Research, 2007; *Facilitators and barriers for co-ordinated multi-agency services,* Sloper in Child Care, Health and Development, 2004.

[20] See http://www.everychildmatters.gov.uk/deliveringservices/multiagencyworking/multiagencypanels/ for further information.

**5.22**     Lead professional models are increasingly being advocated within government to co-ordinate service responses to users with complex needs. For example, the White Paper *Our Health, Our Care, Our Say* supports a model of using professionals as navigators.[21] This approach is also being taken forward for example through key workers for disabled children.[22] Furthermore, local areas are currently rolling out targeted youth support, to deliver coordinated action for young people with additional needs at high risk of poor outcomes. These young people are assigned a lead professional who acts as a single entry point to mainstream and specialist services and oversees a single route of referral to relevant agencies. There are also some examples from the third sector where organisations are using lead workers to support clients with multiple problems. Feedback and evaluations suggest that these are very successful for both individuals and whole families (Box 5.1).

**5.23**     A successful international example of using a single coordinator to ensure agency responses are integrated comes from the *Strengthening Families* initiative in New Zealand. *Strengthening Families* provides joined-up support for families, who are in touch with two or more government or community agencies. Agencies work together with the family through a coordinator to provide support and develop joint solutions to issues, taking a holistic approach to the family's needs.[23]

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**Box 5.1: Successful lead worker approaches in the third sector**

- **Family Welfare Association:** Working with children's and adult services, the Family Welfare Association *Building Bridges* service aims to intervene to break the cycle of mental illness and related problems to enable families to have healthy, happy lives. A member of staff works with the whole family, mostly in their own home, offering practical and emotional support. This involves very immediate support such as helping parents to establish daily routines, manage finances and clean the house, but also sorting out long-term provision of support from relevant statutory services and facilitating their return to a situation where families can function without high intensity support. A forthcoming evaluation of *Building Bridges* shows the impact of the approach, which includes fewer family breakdowns, improved take up of mainstream services, reduced truancy and hospital admissions, and fewer children taken into care.

- **Revolving Doors Agency:** The Revolving Doors Agency uses link workers to support people who are caught up in a damaging cycle of crisis, crime and mental illness. Based on assertive engagement methods, a shared approach to casework and commitment to service user involvement, the scheme helps clients to address the underlying causes of their offending behaviour. A key element of this approach is to advocate on the client's behalf to get access to mainstream and specialist services, such as housing, social care, health, and substance misuse services. Case studies and feedback from clients show that the scheme is very successful in ensuring that clients take up support services, which improves community safety as well as clients' quality of life and broader life outcomes.

Sources: *Building Bridges Evaluation,* Family Welfare Association (forthcoming); *Annual Review,* Family Welfare Association, 2006; *Snakes and Ladders,* Revolving Doors Agency, 2003.

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[21] "Where needs are complex, it is essential to identify a skilled individual who can act as a case manager and organise and coordinate services from a wide source of providers" (*Our Health, Our Care, Our Say*, Department of Health, 2006, p.116).
[22] *An exploration of different models of multi-agency partnerships in key worker services for disabled children: Effectiveness and costs,* Greco et al, Department of Health, Department for Education and Skills and HM Treasury Evidence Based Policy Fund, October 2002 to January 2005.
[23] *Review of Strengthening Families Local Collaboration,* New Zealand Ministry of Social Development, 2005.

**Multi-agency team model**

**5.24**    Multi-agency teams are another model for integrating service delivery. Such teams are made up of staff from a range of agencies and with different professional backgrounds and disciplines. In this way, multi-agency teams are able to provide a wide range of support in-house. Where workers stay connected to the agencies they originally came from this can help to facilitate access to the services provided by these agencies. One example of multi-agency teams are Youth Offending Teams (YOTs), which exist in every top tier Local Authority in England and Wales and work to prevent young people from offending and re-offending (Box 5.2). Multi-agency models are being advocated in health and social care to provide integrated support for those with complex and multiple needs. One example is the Connected Care Centre, advocated by Turning Point and the Institute for Public Policy Research, which is currently being piloted in Hartlepool.[24] This model is designed to provide integrated health and social care services that address the wider needs of the individual, complemented by support from universal and targeted support services.

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**Box 5.2: Youth Offending Teams**

**Youth Offending Teams (YOTs) are multi-agency teams made up of representatives from the police, probation service, social services, health, education, drugs and alcohol misuse and housing officers, who work with young people to prevent offending and re-offending. In doing so they work closely with young people's peers and families. Because the YOT incorporates representatives from a wide range of services, it can respond to the needs of young people in a comprehensive way, by identifying suitable programmes and interventions from a range of agencies to prevent further offending. YOTs have to engage the hardest to reach and have developed skills in crossing traditional service boundaries, leading to positive engagement with young people at risk of poor outcomes, as well as workforce satisfaction.**

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**5.25**    Combinations of the lead worker and the multi-agency team model are also possible. For example, in many multi-agency teams workers take on particular families, and so act effectively as their lead worker. Both the lead professional and the multi-agency team model fulfil a basic range of tasks for families and individuals, they:

- accept referrals from a range of agencies and/or a multi-agency panel;

- identify the needs of an individual or family in a holistic way, with input from families themselves where appropriate ;

- ensure support from other agencies is put in place and taken up;

- monitor the impact of interventions and re-assess needs; and

- help clients to return to using mainstream services.

**5.26**    In this way they provide a single access point to services for the user and help service providers to coordinate their responses to complex cases in order to increase the impact of interventions.

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[24] *Meeting Complex Needs: The Future of Social Care,* Rankin and Regan, Institute of Public Policy Research, 2004.

## Tailored support to meet complex problems

**5.27**    The provision of tailored support to families caught in a cycle of low achievement is essential, as research has shown that the pattern of problems vary hugely between different families.[25] Most families with significant problems will need a package of basic as well as specialist support to address the range of their needs. There is evidence that families appreciate support that is provided at short notice and without administrative hurdles from a trusted key worker or team.[26]

**In-house specialist support**    **5.28**    More specialist interventions need to be delivered through skilled staff. Some multi-agency teams and services solve this problem by employing specialists. For example, the Marlborough Family Service employs a range of different professionals with specialist training.[27]

**Budget holding**    **5.29**    However, specialist support does not need to and can not always be provided by a single professional or agency. For example, an individual lead professional will not have all the skills needed to provide the wide range of interventions that families caught in a cycle of low achievement may need. An alternative way of ensuring tailored specialist support is available is through giving lead professionals or multi-agency teams authority to buy services or goods for children, young people or their families. Small cash budgets can be useful where immediate help is required, which can be purchased or commissioned from third parties, and can build confidence and trust in services.[28] As outlined in Chapter 3, the Department for Education and Skills is currently trialling this approach through a budget holding lead professional pilot for vulnerable children and young people. Innovative options for tailoring responses to individual needs have also been suggested in relation to Looked after Children and to 'Adults Facing Chronic Exclusion' (Box 5.3).

**Return to mainstream services**    **5.30**    In many cases the involvement with specialist services will be temporary, as problems are managed and reduced through effective interventions. In order to allow families to withdraw gradually from specialist services and re-integrate into mainstream services, an exit strategy is needed. Good practice from existing services suggests that the exit strategy should be planned in cooperation with the family, which involves arranging ongoing support from mainstream agencies where needed. In addition, families should be introduced to other support offers, such as provision from third sector organisations and universal services such as children's centres.

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[25] *The prevalence of multiple deprivation for children in the UK: Analysis of the Millennium Cohort and Longitudinal Survey of Young People in England,* Feinstein and Sabates, 2007.

[26] e.g. *Building Bridges Evaluation,* Family Welfare Association (forthcoming); *Anti-social Behaviour Intensive Family Support Projects – An evaluation of six pioneering projects,* DCLG, 2006; Marlborough Family Service presentation to CYPR stakeholder consultation event, 3 October 2006; Policy Review of Children and Young People field visits 2006.

[27] For more information see http://www.cnwl.org/MarlboroughFamilyService.html

[28] Care Services Improvement Partnership/Respect Taskforce Nominated Health Professional workshop, 13 February 2007.

**Box 5.3: Innovative approaches to the provision of tailored support**

- **Working group on social care practices: Following the publication of the Green Paper** *Care Matters: Transforming the Lives of Children and Young People in Care* **in October 2006, the Department for Education and Skills announced a working group to examine the ideas set out in the Green Paper around 'social care practices', where Local Authorities contract independent social workers to run services for children in care. The increased autonomy and flexibility in provision could lead to more innovative approaches to delivering packages of support to these children. The group will report in Spring 2007.**

- *Reaching Out: An Action Plan on Social Exclusion* **(Cabinet Office 2006) announced a pilot programme to assess how to change the way services are provided to adults facing chronic exclusion. This group consists of a significant number of adults who are accessing multiple services, costing thousands of pounds every year, but who experience no significant improvement in their poor outcomes. These adults suffer from a combination of different problems, and are often "managed" through sanctions such as prison or eviction from their home. The pilots, led by the Department for Communities and Local Government, will be launched in May 2007.**

## A pro-active approach to engaging families with multiple problems

**5.31**     In order to help families escape the cycle of low achievement a balanced approach of support and enforcement is essential. A wide range of tools to facilitate engagement from families is already available (Box 5.4). For example, parenting contracts can be used as the basis of an agreement between local agencies and parents to address the anti-social behaviour of a child or children for whom the parents are responsible. The Anti-social Behaviour Act 2003 put the contracts on a statutory footing.

**Box 5.4: Available tools to support engagement between services and users**

- **Voluntary contract between family and support service: The contract sets out the rights and responsibilities of the provider as well as the service user, and specifies the action taken in case of a breach of conditions.**

- **Parenting Contract: A voluntary agreement between local agencies and parent(s) setting out the steps the parent will take to address the child's anti-social behaviour and what agencies will do to support the parent (such as providing a parenting programme).  Refusal to enter into a contract can be used as evidence to support an application for a parenting order.**

- **Parenting Order: These are for parents and carers of children up to 17 years and usually require parental attendance at a support programme or counselling; non-compliance can result in a fine of up to £1,000 or any sentence for a non-imprisonable offence. These are made by courts, at the recommendation or application of Youth Offending Teams, and the power to apply for a parenting order is being extended to Local Authorities, housing officers, anti-social behaviour coordinators and registered social landlords.**

- **Child protection plan: Such a plan is drawn up when child is added to the Child Protection Register, and includes action points for the family and relevant agencies. Parental non-compliance with actions increases the risk of the child being taken into care.**

- **Demotion of tenancy/threat of eviction: Housing providers can evict families due to anti-social behaviour. The support plan to prevent eviction can include condition to take up support services.**

**5.32**    Using sanctions alongside support is the basic principle of mutual obligation approaches. Mutual obligation approaches lay out clearly the rights and responsibilities of service users and service providers and can be very successful in incentivising individuals to follow requirements or adhere to conditions. This has been demonstrated in the Government's Family Intervention Projects (Box 5.5). Such approaches also provide a powerful way to enable families to take responsibilities and control by involving them in the delivery of support for others, for example as buddies or peer mentors for current and prospective service users,[29] or in training or recruitment processes.[30]

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**Box 5.5: The Dundee Families Project**

The Dundee Families Project was established in 1997 by Dundee City Council and the charity NCH using Urban Programme funding to assist families who are homeless or at risk of homelessness due to anti-social behaviour. The project aims to enable families to avoid eviction or be restored to satisfactory tenancy arrangements. This aim was part of broader objectives: to reduce the need for more punitive measures; to reduce the incidence of child homelessness; and to create more stable communities.

**Family Intervention Projects (FIPs)**

The Government is investing £15 million over two years to support FIPs through the Respect programme. These cross-government projects are based on the Dundee Families project and aim to stop the anti-social behaviour of a small number of highly problematic families and restore safety to their homes and to the wider community. They use a twin-track approach, combining help for families to address the causes of their behaviour, with supervision and enforcement to provide them with incentives to change. A key worker grips the family and the agencies involved with them to deliver a coordinated, intensive response. Emerging practice suggests that a number of features are necessary to create the optimum conditions for effective work with hard to reach groups, which can be transferred to other projects:

- **clear expectations** between service user and key worker on the changes that are expected, and the support that will be provided. FIPs do this through a contract agreed between the family and key worker;

- **a balance of challenge and support**. Contracts with clients will explicitly identify sanctions should support be refused, or clients disengage with agreed activities. Sanctions are used or threatened to increase motivation to comply;

- **agencies must work together**, sharing appropriate and relevant information, agreeing objectives and dedicating resources to resolve a client's difficulties. This necessary to prevent families from playing off agencies against each other; and

- **a persistent and assertive working style** ensures families stick to agreements in their contract and see through the changes agreed. For example, workers may collect families for appointments or wait at the house until an agreed task has been completed, such as cleaning the house. Where clients disengage, services are stepped up rather than withdrawn. It is made clear to families through the contract, and sanction-support combination that disengagement is not an option.

Source: Respect Taskforce.

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[29] *Multiple family therapy: an overview,* Asen, Journal of Family Therapy, 2002; *Families as partners*, Dawson and McHugh, Pastoral Care in Education, 1986.

[30] User involvement in recruitment has been used by some local Sure Start programmes, as well as by the third sector, see *Participating in good practice*, NCH, 2001; Revolving Doors Agency user involvement group 'Revolvers' "http://www.revolvers.org.uk/"

## SUPPORTING EFFECTIVE APPROACHES FOR FAMILIES CAUGHT IN A CYCLE OF LOW ACHIEVEMENT

**5.33**    The coverage of good practice described above is not widespread, and many dedicated initiatives are targeted at a few very specific groups, or at a very specific problem, such as anti-social behaviour. This means that they either cannot capture whole families, or that they do not tackle a broad range of problem families with the worst outcomes. In order to provide support for families caught in a cycle of low achievement that has a sustainable impact on their outcomes, the policy response has to go beyond isolated projects with limited reach. The current framework of multiple services needs to be complemented by more dedicated service delivery for the most challenging and costly families.

**5.34**    The Review has considered the costs of different whole-family approaches, evidence on their effectiveness and compared that to the current cost to public services of families with multiple problems. The current evidence on effectiveness of these approaches in improving family outcomes is encouraging. For example:

- an independent evaluation of six Anti-social Behaviour Intensive Family Support projects found that the interventions led to a reduction in the risk of family breakdown for 48 per cent of engaged families, and 40 per cent were assessed as showing an improvement in child mental health;[31]

- an independent evaluation of *Building Bridges,* an intensive and holistic family support service found that 50 per cent of parents showed a positive change in relation to the stress they experienced in parenting, and almost 80 per cent of parents demonstrated a general health improvement;[32] and

- NCH crisis intervention projects aimed at families at risk of having a child taken into care have been found to avoid placement in care for 80 per cent of cases on average.[33]

**5.35**    These improvements in outcomes are associated with cost reduction for public services. As set out in paragraphs 5.7 and 5.8, families with multiple problems are very costly, so success rates of interventions do not have to be very high for whole-family approaches to be cost effective. For example, the cost of a whole family approach can be offset by a saving of only five to fifteen per cent on the average annual expenditure of a family with multiple severe problems.[34] Furthermore, whole-family approaches have been shown to have an impact even within a relatively short timeframe, such as three to four months.

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[31] *Anti-social Behaviour Intensive Family Support Projects – An evaluation of six pioneering projects,* DCLG, 2006 (based on project workers' assessments).

[32] *Building Bridges Evaluation,* Family Welfare Association (forthcoming), (using Parenting Stress Inventory and Goodman and Health Perception Questionnaires).

[33] *Supporting families – children at the edge of care,* NCH, 2006.

[34] Suffering from depression, alcohol misuse, domestic violence, who has had short periods of homelessness, been involved in anti-social behaviour or criminality and is at risk of having a child taken into care.

**5.36**     Many tools are available to help services to cooperate and integrate their approaches. The Local Government White Paper *Strong and Prosperous Communities* puts partnership working at the heart of local service delivery. From 2008-09 the Local Area Agreement (LAA) will be the only performance framework for the delivery of local services where local authorities are working alone or in partnership with other agencies. LAAs provide a new framework for further enabling local agencies to agree outcome-related objectives across different service areas. Partnership working can be supported with resource pooling and joint protocols to allow the delivery of integrated care packages across service boundaries.[35]

**5.37**     However, new ways of working require cultural change which can take time to become part of frontline working practice. While the body of evidence for whole family approaches is strengthening, some local areas may need more time to identify which delivery model is best suited to their circumstances. **The Government wants to go further in tackling families with multiple problems and will support local areas to build on and develop good practice models of delivering whole family services for families with severe multiple problems. The Government will provide £13 million over the CSR period to enable a significant number of local areas to set up pathfinders delivering intensive and tailored family support to families caught in a cycle of low achievement.**

**Building on existing best practice**
**5.38**     Government is keen to expand and develop further existing good practice and to ensure that local areas have the freedom to build on existing provision, so the pathfinders will explore models for a family lead professional, a dedicated a multi-agency team and combinations of these approaches. Local stakeholders will have the freedom to choose which model is most appropriate given local conditions. Lessons are emerging from the pilots of budget holding lead professionals for children, and the Government is keen to explore how these could be adapted for whole family support. The Government will particularly support models, which adopt the key elements needed to deliver good outcomes:

- integration should be achieved through a multi-agency team and/or a dedicated professional, who understands how problems of different family members are interrelated. This should be backed by strategic level commitment of relevant agencies to support the coordinator by joining up responses, and contributing to funding and/or provision of necessary support and enforcement;

- support should be tailored or personalised to individual families' needs, including the provision of both basic and more specialised support where necessary, through giving front-line professionals direct access to pooled budgets for commissioning services, dedicated whole family budgets tied to an individual family, or formal levers over other services to refer, for example through joint protocols; and

- front-line staff need to work assertively to reach even those families who are reluctant to engage; agencies need to cooperate in aligning this support with the application of sanctions that are already available to them; user engagement should be fostered by involving users in the delivery of support to others where possible.

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[35] Local authorities and Primary Care Trusts have the freedom to pool budgets under the Audit Commission Act 1998 and the Health Act 1999. An example of a cross service protocol is *Cross Service Protocols Delivering Social Care Across Service Boundaries,* Hertfordshire Partnership NHS Trust and Hertfordshire County Council, ACS 641, which covers services for families with additional support needs.

**Leading the agenda**    **5.39**    The issue of families with multiple problems cuts across the agendas of a wide range of national and local organisations and agencies. In order to ensure that this issue is tackled effectively, it is necessary to assign a national as well as a local lead agency, which coordinates contributions from all relevant stakeholders.[36] **Locally the approaches will be driven by local authorities in cooperation with Primary Care Trusts and mental health trusts – as these cover the widest range of services relevant to families multiple problems – through Local Strategic Partnerships and Children's Trust arrangements.** The Department for Education and Skills, through its experience of driving service integration for children is well placed to continue to ensure that the services needed to support children and families are represented on Children's Trust arrangements, and will administer the funding for pathfinders.

**National Evaluation and roll out**    **5.40**    The pathfinder projects will provide impetus for local change and will strengthen the evidence base. However, ultimately local areas have to identify which approach for tackling families with the most severe problems is best suited to local circumstances, and make sure this becomes part of wider services for children and families. Therefore the Government will require local partnerships to make a contribution to the costs of pathfinders, and this contribution will increase over time to facilitate mainstreaming of whole family approaches. The pathfinder funding will also cover the cost of an evaluation, which will add to the evidence on the relative cost-effectiveness of different approaches, including whole-family budget holding.

**5.4l**    **The Government will review the experience from the pathfinders and the progress with roll-out of whole-family support for those with the poorest outcomes by the end of 2009-10.** The evaluation will also consider the progress in all areas across England in supporting families caught in a cycle of low achievement. Government expects an increasing number of local areas beyond those covered by pathfinders to provide dedicated support to families caught in a cycle of low achievement, allowing more and more families to benefit from intensive interventions. Based on the evidence from the evaluation of the pathfinders and on the coverage of effective practice, the Government will consider what further action is necessary to ensure local areas are providing effective support to these families.

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[36] *Responding to people with multiple and complex needs project – Phase one report,* Australian Department of Human Services, 2003.

# 6 NEXT STEPS

**6.1**    The Government is committed to ensuring every child fulfils his or her potential. This Review has assessed the progress that has been made in achieving this aim since 1997 and sets out action that needs to be taken to improve children's outcomes further.

**6.2**    The actions the Government will now take need to build on the framework put in place by the *Every Child Matters: change for children* programme. Local public services and front-line workers are beginning to make a reality of integrated support services, tailored to the needs of children and their families. The Government wants to support them to go further.

**6.3**    As part of Budget 2007, the Government announced an early Comprehensive Spending Review (CSR) settlement for the Department for Education and Skills (DfES), informed by the findings of this Review. It will see education spending in England rise by 2.5 per cent a year in real terms on average between 2007-08 and 2010-11. This will allow the DfES to begin straight away to plan investing the resources provided for in the CSR to:

- build the resilience of all children to the risks associated with poor outcomes;

- improve service responsiveness to risk to deliver earlier intervention and support;

- develop more proactive support that reaches out to vulnerable and excluded groups and seeks to empower service users to engage with services; and

- provide better coordinated support for those families caught in a cycle of low achievement.

**6.4**    HM Treasury and the DfES will also work with other departments to ensure that the findings and recommendations of the Review are reflected in other departmental priorities. For example, the Government will consider further, as part of the CSR, the role that health services can play to support families in the very early years of children's lives.

**6.5**    The Government's aims cannot be achieved without the skills and expertise of local public services, voluntary groups, community groups, parents and all those working directly with children, young people and families. That is why the Government will engage and collaborate with public service professionals to inform the way performance management goals are defined, measured and delivered as part of the 2007 CSR process.

**6.6**    The Government wants to see Local Authorities using the extra flexibility and freedom they will be given in the new performance framework to set priorities which help drive improved outcomes for children and young people. Action to support those families with the worst outcomes, caught in a cycle of low achievement, depends on Local Authorities learning from best practice and adopting the approach most likely to work in their area given local need and characteristics including the needs of children, young people and families from minority ethnic communities.

**6.7**    This document represents the final report and recommendations from two of the four sub-reviews of the Policy Review of Children and Young People. However, the Government is still keen to hear views to inform the final outcomes of the 2007 Comprehensive Spending Review. Further information on the Comprehensive Spending Review and details of how to provide input to the process can be accessed through the Treasury's website: www.hm-treasury.gov.uk.

# A   THE REVIEW'S CALL FOR EVIDENCE

**A.1**    The Review was tasked with responding to specific questions as part of its Terms of Reference. In August 2006, the Review sought contributions to inform responses to those questions from individuals and organisations with an interest in children and young people's policy. The Call for Evidence was posted on the Treasury's website[1] as well as the website for Every Child Matters[2].

**A.2**    Below is a list of respondents to the Call for Evidence, who responded to the questions on prevention and on families caught in a cycle of low achievement, including those who responded to the Review as a whole. Access to the evidence that was submitted is also available on the Treasury website.

## LIST OF RESPONDENTS

4Children

Alder Hey Children's Hospital

Association for Family Therapy

Association of British Dispensing Opticians

Association of Chief Executives of Voluntary Organisations

Association of Directors of Social Services

ATD Fourth World

Barnardo's

Batley Sure Start Children's Centre

Better Choices Ltd Connexions Service in Manchester

Big Lottery Fund

Big Wide Talk

Blackburn with Darwen Borough Council

BLISS

Bradford Children's Fund

Children and Family Court Advisory And Support Service (CAFCASS)

Capacity Ltd

Careers Bradford Ltd

Centrepoint

Cheltenham Sure Start, Infant Mental Health Team

Child Accident Prevention Trust

Child and Adolescent Mental Health Services (CAMHS), Beaumount Leys

Child and Adolescent Psychiatrist Whittington Hospital

Child Health Research and Policy Unit – Helen Roberts

Children North East

Children's Inter Agency Group (CIAG)

Children's Play Council

College of Optometrists, The

Commission for Racial Equality

Commission for Rural Communities

Commission for Social Care Inspection

Community Practitioners and Health Visitors Association

Connexions Cornwall and Devon

Connexions Humber

Connexions Tyne and Wear

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[1] http://www.hm-treasury.gov.uk/spending_review/spend_csr07/reviews/spend_csr07_reviewsindex.cfm
[2] www.everychildmatters.gov.uk

Crime Concern

Croydon Primary Care Trust

Children's Workforce

Development Council (CWDC)

Daycare Trust

Dorset County Hospital

Dyfed-Powys Police

Enfield's Children's Fund

Family Links

Foyers and YMCA England

Friends United Network

Gateshead Early Years and Childcare

Halton Borough Council

Harrow Council

Hertfordshire County Council

Home-Start Derby

Humpty Dumpty Childcare Ltd

Hutchings, Dr. Judy, Director, Incredible Years, University of Wales

Institute of Career Guidance

Institute of Carers, The

Hemmings, John (MP)

Kent County Council

Kids

Leeds Children's Fund

Lifelong Learning UK

Liverpool Parent Partnership Service

London Borough of Hillingdon

London region children's Fund Programme, London Borough of Camden

Loughborough University

Medway Council

MENCAP

Mid Hampshire Primary Care Trust and Community Practitioners' and Health Visitors' Association, Special Interest Group for Parenting and Family support

National Association of Community Family Trusts (NACFT)

National Association of Connexions Partners

National Children's Bureau

National Day Nurseries Association

National Family and Parenting Institute

National Gallery, The

National Literacy Trust

National Union of Teachers (NUT)

National Youth Agency, The

NCH Children's Fund Kirklees

North Staffordshire Combined Healthcare NHS Trust

North Tyneside Primary Care Trust

Nottinghamshire County Council

National Society for the Prevention of Cruelty to Children (NSPCC), The

Office of the Children's Commissioner

One Plus One

Parenting UK

Parentline Plus

Pen Green Children's Centre

Practical Family Support Service

Pre-School Learning Alliance

Princess Royal Trust for Carers

Refuge

Relate

Royal Borough of Kingston upon Thames

Royal College of Speech and Language Therapists

Salford Children's Services

School-Home Support Service (UK)

Social Care Institute for Excellence (SCIE)

Shared Care Network

Shelter

Somerset County Council

Specialist Schools and Academies Trust

Suffolk County Council

Swindon Sure Start

Telford and Wrekin Council

Trafford MBC Children and Young People's Service

Yorkshire Play

Youth Access

Youth Justice Board for England and Wales

Young Women's Christian Association (YWCA) England and Wales