

Families with Complex Needs

A Review of Current Literature

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Executive Summary

Chapter 1 - Definitions

Key Points

- 'Family' and 'complex needs' are difficult terms to define and various definitions are used across various sources;
- Rigid definitions, whilst useful and lending a scientific method to work, will only act as artificial constructs and may risk defining out key characteristics of a family's make-up. Whatever definition of families and complex needs that we decide upon, there will be the possibility that we miss a key factor because it is outside the scope for identification;
- Working definitions, which can guide work and are refined over time may be a better approach rather than attempting to develop a definitive definition early on;
- At the core of notions of family is the relationship between a mother and child(ren);
- Families may have to be defined by the needs they face and the impact these needs have rather than by a set criteria;
- Complex needs can be used to describe a variety of social, economic and health disadvantages and the way in which they interrelate to each other;
- Consistent themes within complex need include education, crime and health disadvantage, alongside poverty and high-risk behaviour;
- Partners will need to listen to how families themselves view their relationships with others and their needs;
- Needs can be looked at in terms of the complexity, costs, duration and severity of need. Little work exists on exploring the severity or scope of need, instead focusing on a more 'tick-box' approach of whether a family exhibits a need or not;
- Family functions and structures matter less than how well the family is performing;

Recommendations

- It is recommended that a rigid definition of complex needs is not sought until we have a better understanding of the picture within Leicestershire;

- Partners should be open to the notion that a rigid definition with which to define families and family members as either 'in' or 'out' of scope may not be suitable and work should be conducted ultimately on a case by case basis;
- Arguably, what we mean by a definition is a set of access criteria in order to place families in or out of scope. As such, a definition may be open to change as the programme progresses. These access criteria should be refined over time as we understand more about the families involved;
- When referring to the Social Exclusion Task Force definition, attention should be drawn to the way in which it was developed and its potential shortcomings;
- Analysis of the potential range of costs involved in providing interventions to needs should be fully explored in order to develop a focus for work and to support future work such as SROI.

Chapter 2 - Policy, Reviews and Evidence Base Documents

Key Points

- There are no specific policy documents relating directly to families with complex needs. However, policy on Early Intervention, Child Poverty and Social Mobility does overlap;
- Early Intervention and child poverty have significant overlaps with the work of Community Budgets, building on the work of Graham Allen and Ian Duncan Smith (2008, 2011a, 2011b) and Frank Field (2010). Nottingham's Early Intervention model - referenced by Allen - will be discussed in more detail in the following chapter;
- Alongside Early Intervention, there will need to be a focus on remedial measures for adults already down a path of complex need and disadvantage. Work cannot focus purely on the intergenerational cycle of disadvantage - it will also need to address current issues;
- Community Budgets relate directly to localism, which should form a key aspect of delivery in terms of placing the programme within the community and the role the community has to play in delivery;
- Allen (2011a) contains evaluations of 72 Early Intervention policies which can help to guide commissioners in terms of the interventions to incorporate into work with families with complex needs;
- Effective interventions for tackling child poverty should focus on better parenting, a good home learning environment and high quality childcare. Sure Start Children's Centres are key in terms of providing support and guidance to

parents and families and helping parents back into work (these will be discussed in more detail in the next chapter);

- Pooling data will help partners to identify those most in need and to track how services impact upon them, focusing on those experiencing prolonged material and financial deprivation. This would also support the development of a robust definition for families with complex needs in Leicestershire;
- Tickell stresses the importance of parental involvement in a child's learning, effective parental engagement in the work of early year's practitioners, personal, social and emotional development as well as communication and language and physical development;
- Understanding and tackling both the inverse care law and health inequalities are key to work with families with complex needs;
- A more long-term approach is needed with regards to working with families experiencing complex needs, but remedial work should also focus on those experiencing problems now;
- Evidencing, funding arrangements and effective measurement will be key to delivering interventions for families experiencing complex needs;
- The benefits of earlier (and earlier) intervention will not manifest themselves until years into the future;
- Children are the focus of Early Intervention work, but parents are the key in terms of the delivery of services;
- The voluntary sector and local communities will have key roles to play in the delivery of interventions given their local knowledge and more neutral position;
- Sure Start and the Family Nurse Partnership are mentioned many times as models of best practice which will be key to the delivery of effective interventions.

Recommendations

- It is recommended that the Community Budgets work area (and specifically work on families with complex needs) is kept up to date on policy developments around areas such as social exclusion, social mobility, Early Intervention and child poverty;
- Links between Community Budget areas and Early Intervention areas should be explored fully, including opportunities for joint working between Leicestershire and these areas;

- The findings and recommendations of these policy developments are assessed for their relevance to the work area both to ensure work is aligned to policy guidance, but also that examples of best practice contained in reports are considered;
- Other relevant policy areas are monitored for their relevance to the work area.

Chapter 3 - Good Practice Models

Key Points

- Early Intervention is a shorthand for much of the work around families with complex needs and relates to the core aspects of Community Budgets work; producing better outcomes at reduced costs;
- The Nottingham Early Intervention Model represents an evidenced and tested 'off the shelf' approach which could be tailored to the needs of Leicestershire;
- The interventions provided by Allen (2011a) represent a source of possible approaches that could be applied to various aspects of work with families with complex needs. These approaches and others like them will need to be incorporated into Leicestershire's own model for supporting families;
- Sure Start, Family Nurse Partnerships, Family Intervention Projects and the Common Assessment Framework are referenced by many sources and have an important role to play when working with families;

The best practice models highlight some of the key aspects of effective family working, including:

- The value in a co-production/ co-designed approach, taking on board the views, opinions and definitions of success of families themselves. This is not something we can 'do to' families, we will need to deliver interventions with them in order to achieve maximum impact and ensure buy-in from the families. Coupled with this is the notion of viewing families as a whole, rather than individuals and providing interventions that will benefit the whole family;
- Linked to this is the importance of an approach that takes into account the whole family - such as the Think Family approach - that provides multi-agency support and has 'no wrong door' (that is, any contact with services opens the door to additional services). A co-located or coordinated approach can support this by increasing the sharing of information between services;
- Work with families will need to have clear success criteria, both for the purposes of performance monitoring but also if we are to utilise funding approaches such as payment by results. The literature makes reference to the importance of

understanding the 'distance travelled' by a family rather than pure performance measures;

- Empowerment of families should be at the forefront of work with families. This will ensure that the effects of interventions will be maintained over time and provide families with the resources and skills to prevent against future shocks. Part of this work will involve understanding the strengths and resources already available to a family and building upon them;
- Various interventions aim to develop interpersonal skills, that will help to build family resilience and resources and aid empowerment;
- The role of the wider community and third sector will become increasingly important as a source of information, as a more neutral provider of services in the eyes of the family and as a source of wider support and resources, both for families and services in general;
- Numerous sources of evidence stress the importance of high-quality services and staff, intensive one-to-one support and intensive services that 'stick with' a family. Sticking with a family can refer to the intensiveness of the interventions as well as maintaining contact through transitional periods to ensure that families are not lost as they are passed between services;
- The majority of families referred to in the literature were identified through existing contact with services. Identification of families can be views as threefold; through existing contact with services, identification through disparate datasets to identify those at risk of developing complex needs and identification of areas that may contain higher concentrations of families with complex needs.

Recommendations

- It is recommended that Leicestershire explore the merits of a complete approach such as Nottingham's Early Intervention Model as it has been effectively evaluated and implemented;
- Partners should explore the relevance of the various interventions highlighted by Allen (2011a) as possible solutions for various aspects of complex needs;
- Families will need to be effectively engage throughout all aspects of the intervention work in order to ensure that interventions have the maximum impact and relevance. This will need to take the form of a co-produced/ co-designed approach. Practitioners will also have to 'stick with' families throughout the intervention to create stability and continuity;
- Interventions will need to focus on what resources the family has access to and aim to empower and build relevant interpersonal skills to develop resilience against disadvantages and shocks;

- It is recommended that - given the emphasis placed on them by the literature - Family Nurse partnerships, Family Intervention projects and the Common Assessment Framework are fully utilised as core elements of an approach to families with complex needs;
- It is recommended that the third sector is engaged with as far as possible, both as a source of information and as a method of delivering interventions. In addition, ways to involve the local community should be explored;
- It is recommended that Sure Start Children's Centres play a key role in the delivery of services, developing their role as a community hub for all families, not just those with complex needs;
- Given the inherent difficulties in funding longer-term, Early Intervention approaches (especially relevant given the current reductions in spending); a range of funding mechanisms such as those laid out by Allen (2011b) will need to be considered.

Chapter 4 - Reoccurring Themes

Key Points

- The Early Intervention work of Graham Allen and Ian Duncan Smith is referred to throughout the breadth of the literature. There are close links between Early Intervention and work with families with complex needs;
- Various key themes appear across the literature. These are at the core of work with families with complex needs and will need to be considered through the development of a model for intervention and into practical work;
- Key reoccurring themes include the importance of stability and continuity and the way in which these help to provide a solid base of families to build upon. Often, families' problems are a result of being unable to cope and a period of stability allows them to take stock and develop solutions;
- Transitions are referred to throughout the literature as a source of difficulty for families, both for their destabilising effects and their experiences of services (for example, when a young adult moves from the responsibility of Children's to Adult services). These transitions will need to be managed effectively and their effect minimised;
- The role of effective parenting and parenting skills are stressed across the literature and are important in enabling families to cope with issues relating to relationships with children. Similarly, more generic interpersonal skills are central to a family being able to cope with and manage shocks effectively as they arise;

- Worklessness, poor health and poverty are key aspects of complex needs and are referenced across the literature. In addition, they can become persistent and entrenched needs that have far reaching effects throughout a family unit. These aspects of need relate directly back to the discussion on definitions in Chapter 1 and offer some direction in terms of which needs are more central to notions of complex needs.
- The common characteristics mentioned in this report (e.g. Field, 2010) should be at the forefront of commissioners' minds when interventions and services are being developed;
- In addition, a composite list of effective working with families is included in Appendix 4. It is recommended that these characteristics are considered when developing an approach to working with families with complex needs;
- Understanding the effects of intervention should focus on the distance travelled by a family from their starting point rather than using agency-centric measures. Success will only be defined in the terms of the family themselves and how they perceive their own progress;
- The relationship between deprived communities and families with complex needs is key. Measures such as the Indices of Multiple Deprivation (IMD) highlight areas experiencing a range of disadvantages across various indicators which may help services direct their attention when attempting to identify families. However, not all disadvantaged people live in these areas and not all people who live in these areas are deprived; and
- The work of the Social Research Unit at Dartington and other institutions will be key in understanding what works in the context of practical interventions for families.

Recommendations

- The links between families with complex needs and Early Intervention need to be fully appreciated and explored;
- The key themes in this chapter need to be considered by all involved in work with families with complex needs and
- Work with families with complex needs requires a combination of many different factors, some of which are noted in the appendix. These will need to be fully explored in order to ensure that families benefit most from the interventions they receive;
- Building stability and ensuring continuity will need to form the basis of any approach to work with families in order to build their resilience and capacity in

general. It is recommended that approaches focus on developing these factors, thereby allowing families to become increasingly independent of services;

- Parenting skills should also form the basis of any approach to work with families to build resilience, increase capacity and bring families together;
- Any agreed approach or intervention should pay attention to the effective characteristics mentioned above;
- In addition, particular attention should be paid to the work of the institutions mentioned by Allen (2011a) and Field (2010) such as The Social Research Unit at Dartington and Washington State Institute for Public Policy, who have been collecting and assessing examples of best practice;
- More should be done to manage effective transitions to ensure families do not “fall of a cliff edge” when services reach their cut off point. Further analysis should attempt to map out the transitions, building on suggestions in the literature and work should be focuses on these areas;
- A coordinated or co-located approach would help the management of transitions and should be assessed for its appropriateness in ant possible approach;
- The third sector and local community should be viewed as important partners in any approach and should be used as a source of information, insight and to help with the delivery of services; and
- The Social Research Unit at Dartington should be viewed as an important source of effective and robust evidence on what works in terms of work with children and families.

Introduction

In late 2010, the Research and Information Team at Leicestershire County Council were approached by the Community Budgets Team to compile background information to support the development of work around families with complex needs in Leicestershire. This background information culminated in the following literature review.

Across the UK, including Leicestershire there are families who experience a range of persistent disadvantages across a wide spectrum. Not only do these disadvantages cause significant problems for the families involved, they also cost a disproportionate amount of public money to address, let alone find solutions to these problems.

This literature review sets out a summary of the body of work around families with complex needs and the various approaches and existing research in order to inform the development of the Leicestershire Community Budgets programme. Although a project in its own right, this document will form the basis of an ongoing programme of work focusing on identifying, assembling and analysing relevant information in order to support the development of Community Budgets in Leicestershire.

While this document is meant to stand as an initial analysis of the literature and evidence around families with complex needs, as the programme develops - both with Leicestershire and across the fifteen other national pilots - the breath and depth of information available will increase accordingly and, hopefully, there will be an according level of cross-fertilisation of ideas and sharing of relevant information. This report aims to provide a robust basis for that work to progress but recognises that the information contained in this report is not exhaustive and that there will be a requirement to update and add to the body of evidence over the three-year Community Budget programme.

Background

Work around families with complex needs is a new and challenging work area, Stemming from the Total Place initiative of the previous Labour Government into the Community Budgets programme of the current Coalition Government. A description of the initiative is provided by the Community Budgets website:

“A Community Budget organises public spending by place, rather than by individual organisations or service. Tackling families with multiple needs is the centrepiece of the Government’s proposals for the first phase of Community Budgets.”

Community Budgets website (2011)

Announced as part of the Spending Review in October 2010, Community Budgets aim to tackle families with complex needs through pooling of budgets at a local level, developing local solutions and allowing partners to “redesign and integrate frontline services across organisations and share management functions to reduce running costs for the best local outcomes” (CLG, October 2010).

Previous work conducted as part of the Total Place Programme has focused specifically on drug and alcohol and access to services and insight gained through these project areas has been broadened out into the current Community Budgets Programme, focusing on a much wider spectrum of need across multiple service areas. The specific aims of the Community Budgets programme are to:

Reflect local priorities in tackling families with complex needs;

- Make funding more transparent to the citizens;
- Make it easier for citizens to get involved in deciding how the funds are spent and services delivered;
- Help local tax payers to scrutinise and challenge local performance and value for money; and
- Deliver better for less.

Part of this work involves exploring families experiencing complex needs. The Think Family (2009) programme of the previous government notes that “a small number of families are responsible for a disproportionate amount of the workload of many different agencies” and it is this notion that forms the basis of work with families with complex needs.

Families with complex needs are not only complex in terms of the disadvantages they face, but also the ways in which their needs are funded and coordinated which in turn manifests itself in higher potential costs for public services. In a letter to Lead Contacts in the 16 Community Budget pilot areas, Communities and Local Government (CLG) and the Department for Education (DfE) highlighted the extent of the problem:

“There are around 117,000 families in England which experience multiple social, health and economic problems. These families make demands on adult and children’s services, police, health, employment, housing which can be as much £250,000-£330,000 per family per year. Over 20 different professionals may be involved in supporting individual family members a practice which has been conclusively shown to be ineffective and wasteful. However, a number of successful local initiatives have shown that coordinated family-focused support has significantly improved outcomes and reduces the cost burden on local agencies, often generating savings within the same financial year.”

CLG, DfE (2010)

Therefore, not only is there a need to understand what is meant by complex needs and explore the existing evidence, but there is also the need to explore the costs involved in providing interventions to these families both now and in terms of any future work. Given that public sector budgets are currently being restricted, finding a solution to the high costs that these families bring to public services is a high profile issue. Spratt and Devaney (2009) note that “families with multiple needs may therefore benefit from a shift in policy which sees investment in them—although initially costly, still justified when measured against projected lifetime costs to the state.”

This shift in attitude, which appreciates the costs involved and balances them against the cost of intervention, represents an interesting time for service delivery in this area.

An Evidence Base for Community Budgets

The Cabinet Office’s Families at Risk review (in Kendall et al, 2010) estimated that around 2% of families in England experience multiple and complex difficulties. These difficulties are often intergenerational in nature and are likely to impact significantly on the life chances and outcomes for children, perpetuating disadvantage from one generation to the next. Breaking this cycle is of paramount importance to those involved in the delivery of public services, and should be a concern to society as a whole. The evidence referenced in the report showed that existing support for many of these families failed to result in improved outcomes. This was due to a lack of coordination of services and services not accounting for the wider problems faced by family members, as well as an appreciation for the costs involved and the how these costs could be balanced against creative solutions.

Given the innovative and complicated nature of the work area, there exists the need for a solid and comprehensive evidence base to underpin activity in this area and support the programme going forward of which, this literature review is a key part. Initial discussions with the Community Budgets Team in early 2011 established the following overall aims of the literature review:

1. Definition and clarification of terms;

2. Identification and analysis of current policy and strategies, and
3. Identification of wider studies and examples of national and international good practice

It was decided that these specific research questions would provide the initial information needed to ground the work around families with complex needs but developing a solid understanding of what is meant by families and complex needs, framing the work within the wider policy and strategic context and exploring existing work in order to begin to identify best practice and possible approaches.

Given the scope of the subject matter, the review has drawn in a large body of work from various connected areas such as early intervention, child poverty and social care. In addition, the key objectives of the Community Budgets programme - to deliver better outcomes at reduced costs - will run through the entirety of the document as well as specific sections based on understanding costs and evaluation.

As mentioned previously, this literature review represents the start, rather than the end of the information gathering process. As new literature and information is published, it will need to be highlighted, summarised and disseminated to help support the ongoing work of the programme. The Research and Insight Team at Leicestershire County Council will therefore be publishing monthly update papers highlighting and summarising relevant literature alongside more in-depth papers on key publications. These will be circulated across the programme.

Research Approach and Methodology

Given the broad nature of the focus and the multiple spheres the topic covers, the size of the task presented and the body of existing literature is vast. This fact is stressed by Rosengard et al, highlighting the difficulty in setting parameters to a literature review on the subject:

“Given the scope and range of services (from health and social work to legal and financial services) and potential groups (e.g. people with disabilities, people with low incomes and minority ethnic communities) to be considered within the terminology of ‘multiple and complex needs’, the size of the literature base on this topic is potentially infinite.”

Rosengard et al (2007, p2.)

In addition, given that this is a new initiative, it was important to maintain a strong focus on the above objectives and keep to a tight research methodology. The two researchers involved in developing the literature review divided the work into two main sections:

1. A desk-based search of relevant secondary literature using internet searches, focusing on high-level reports from, and on behalf of central government, relevant policy documents and existing literature reviews and evidence bases on families with complex needs and Early intervention and grey literature and;
2. A more focused academic literature search using online academic portals to identify specific, smaller scale research on the broad subject area.

In both cases, relevant references and citations in identified source material were followed up as required. A broad time period of post-2000 was implemented for the literature to be included; depending on the relevance of the literature more recent evidence took precedence over later evidence. Throughout the process, a premium was placed on local and national research due to its application to work in Leicestershire; however, relevant findings from the body of international evidence were incorporated accordingly.

List of search terms:

- Complex needs
- Families with complex needs
- Families with multiple disadvantage
- Multiple disadvantage
- Early intervention
- Multiple needs
- Multiple disadvantage
- Families with multiple needs
- Total place
- Community Budgets

- Whole family approach
- Family systems approach
- Child poverty
- Definitions of family
- Definitions of complex needs

Relevant sources of information were recorded in a matrix, which was used to assess the relevance of the material in question. The matrix recorded information on key issues of robustness, including;

- Source;
- Date;
- Scope (local, national, international);
- Methodology, and
- Number of citations (where applicable)

From this analysis, each document was then graded from 1-3 based on its robustness and suitability for inclusion within the literature review. A score of 1 meant there were significant issues with the robustness of the literature and the information contained within it should only be used sparingly, without any conclusions being reached as a result of that literature alone. A score of 3 meant the literature was robust and the information contained within it could be used to draw conclusions, recommendation etc.

The identified literature was then analysed for information relevant to the above research questions, including:

- National policy documents and existing evidence bases;
- Definitions of families and complex needs; and
- Reports on selected studies, interventions, activities etc.

An initial information gathering and note-making process built up a bank of information and helped to understand key themes and consistent messages. This process allowed for the development of a structure for the chapter on best practice, around which further reading could be hung upon.

Chapter 1 - Definitions

Introduction

This chapter focuses on defining the two key terms; families and complex needs and reviews existing literature to frame these concepts. The chapter highlights key points and makes recommendations based on the assembled literature. This will help to develop a base of understanding and in conjunction with the following chapter on policy and strategy documents, will help to provide a base for the discussion in Chapter 3 on best practice.

Background

Work around families with complex needs has developed as a result of awareness that a small number of families account for a disproportionate amount of public sector spending through the services they draw upon and as a result of their actions and behaviour. In addition to this economic argument, there is a moral argument that it is unacceptable that families exist which exhibit poor quality outcomes that impact upon their own wellbeing in addition to that of the neighbourhoods they live in.

Furthermore, the disadvantages of parents and adults impact negatively upon their children, resulting in an intergenerational cycle of poverty and disadvantage, referenced by a number of different sources and discussed in more detail in subsequent chapters. It is not acceptable that a child's life chances are determined in such a way before they are able to make their own decisions about the direction of their own life. This notion is closely aligned with notions of social mobility which are discussed in the following chapter. Devaney summarises the issue of families with complex needs by stating:

“Within the United Kingdom there is growing awareness of the need to identify and support the small number of children who are living in families experiencing multiple problems. Research indicates that adverse experiences in childhood can result in poor outcomes in adulthood in terms of lack of employment, poorer physical and mental health and increases in social problems experienced.”

Devaney (2008)

This chapter aims to bring together key pieces of literature on definitions of families with complex needs, key policy documents and examples of good practice in order to frame the task work and provide possible directions of travel going forward.

Definitions

Family

The term family may be a relatively simple and easily understood term in principal, but in practice, families are much more complicated than we assume which makes

things difficult for services in terms of better understanding their function. They are fluid structures that encompass a range of blood and friendship ties. At its most basic, a family can be described as:

“The group of persons consisting of the parents and their children, whether actually living together or not; in wider sense, the unity formed by those who are nearly connected by blood or affinity.”

(OED, 2011)

Sarkisian (2007) expands on the final point by drawing attention to the relationships within a family; be they emotional, biological or legal. Of these, biological and legal relationship will be obviously easier to account for compared to emotional, which may change over time. Fine (1993, p235, in Marriage and Family Encyclopaedia) however, states that “there is no single (universal) definition of what family is” and that there a difficulty and diversity in the phrase (Trosts, 1990, in Marriage and Family Encyclopaedia) due to its multidimensional nature that has hampered social scientists in their efforts to develop a universal definition. As a result, definitions are driven by theory, history, culture and situation. If social scientists have been unable to develop a universal definition, then partners should not be unduly concerned with trying to do the same. Much like notions of ‘community’ – which we will explore in a later chapter - ‘family’ is ultimately open to the interpretation of the individual (McDaniel et al., 2005, in Sarkisian, 2007). As a result, we may have to develop ways of understanding the family on an individual basis, formed through in-depth work with the family themselves.

Furthermore, traditional notions of the family have changed rapidly over the past few decades. Lexmond et al (2011) note that “the shape and structure of families have undergone massive changes, as have the communities and networks surrounding parents.” Not only has marriage and raising children within a marriage become less of a cultural norm, but cohabitation has become more acceptable, and civil partnerships “have been embraced” (Lexmond et al, 2011).

Despite this lack of clarity on a universal definition, there are general characteristics of a family that we can agree on; the presence of more than one member, usually more than one generation and associated dependency and caring arrangements between two or more members. Scanzoni (1989, in Marriage and Family Encyclopaedia) notes that “two parents and a child is seen as the dominant paradigm”, but some commentators have gone further in arguing that the relationship between the mother and child is of central importance. Although this obviously overlooks the relationship with a father, it does highlight the importance of the biological relationship between the mother and child during pregnancy and just after birth and the impact that poor care can have on the unborn or newborn child (Allen and Duncan Smith, 2008). This is at the heart of the notion of Early Intervention. Given the close strategic relationship between Community Budgets and Early Intervention, which we will explore in the next chapter, the focus on children and the relationship between a child and their parent(s) is key and will help to refine our understanding of family and which families to interact with.

Sarkisian (2007) notes that “the family as we know is a cultural construct”, adding that “we need to listen to how people themselves view their relationships with others”, suggesting that we should leave it down to families themselves to define their own boundaries rather than impose a strict boundary or scope. Furthermore, Sarkisian stresses that we “need to support families’ functioning rather than try to restructure them.” Although it is not an aim of the Community Budgets work to ‘restructure’ families, we need to be sympathetic to their form and function and work with them rather than impose a structure based on our knowledge. Allowing families to set their own parameters may be an important step in this process in the same way that it is important to let families define their own success criteria for intervention. The notion that we need to bring the family with us and co-design solutions to issues is key and will be explored in more detail below and in further chapters

In terms of the form and function of a family, we need to be aware of the roles played by choice (agency) but also how that choice is constrained by social forces (structure) as well as societal norms (culture). As public services, we need to separate out those characteristics that are a result of our involvement in the family, which we may have control over, and which are internal to the family, which we will have less control over.

When classifying families, criteria such as age of family members, size, scope and reach and the space they inhabit can help us to develop typologies for the families we are exploring. Genograms are used across a variety of social science fields in order to understand family relationships, incorporating information on the characteristics that punctuate relationships. A similar technique has been used in the Westminster Family Recovery Project to create network charts detailing family history and linkages (Bishopp, 2011). This approach could prove useful in terms of understanding the complexity of family life for those involved in developing interventions and has proven useful for family therapist to understand where intervention can be focused to reduce dysfunctional situations (Wikipedia, 2011).

Whilst this discussion is useful in terms of trying to get to grips with the subject matter, we need to ask ourselves - in trying to define ‘family’ - what value there is in trying to define a term is arguably fluid and difficult to comprehend and whether it would be more effective to use complex needs themselves to define what we mean by families.

Complex Needs

Allen and Duncan Smith (2008) stress the chaotic nature of some families which brings an inability to cope with the problems they are facing. This inability to cope is symptomatic of a lack of skills and resources needed to cope with various disadvantages that in part, defines families with complex needs. Most, if not all families experience a variety of needs and issues over time, but it is the number and interrelationship of these needs, as well as the resources available to a family that defines them as complex or not. In his analysis of existing Family Intervention

Projects, Gregg (2010) notes that “we are not dealing with ‘families from hell’, but with ‘families in hell’ with little chance of escape.”

Terminology

Many definitions of complex needs exist across a range of subjects; some of these definitions refer to families (Social Exclusion Task Force) whilst others refer to individuals (Victoria Human Services, 2003a), with ‘complex needs’ often used to describe individuals with various health and disability issues. Complex needs - along with Early Intervention - are also referred to in the Leicestershire and Rutland Early Intervention Strategy (Prentice, 2011), although the strategy focuses primarily on the needs of older people. While health disadvantages may form part of complex needs, we need to be careful with the terminology we use when describing families with complex needs across a range of different themes. Building on this notion, a paper by DWP (2011b) makes reference to the following risk factors relating to families themselves:

- Relationships with other members of the family
- Relationship with child
- Parental health
- Parental behaviour
- Situational

Given the discussion above on attempts to understand ‘family’, these risk factors offer a general link between notions of ‘family’ and ‘complex needs’, eluding to some of the potential problems that might exist between and within family members. Given the close links between Community Budgets and Early Intervention, Allen and Duncan Smith (2008) proposes five key ‘pathways to poverty’ which share similarities with the criteria explored in more detail below regarding definitions of complex needs:

- Family breakdown;
- Educational failure;
- Economic dependence;
- Addictions; and
- Indebtedness.

Further complicating the subject is the various different and overlapping terms that fall within the lexicon of ‘complex needs’, such as complex, multiple, interrelated and needs, disadvantage, problems, issues etc, which again, makes the point about the use of a common language more pertinent and something that all partners need to be aware of.

Costs and Prevalence

This variation in terminology further complicates the process of attempting to develop a consistent definition. In terms of Community Budgets work, families with complex needs can be viewed in terms of the following:

- The number of identified needs
- The severity of identified need (including duration, impact etc)
- The cost to public services

(CLG guidance, 2011)

With regards to the aims of Community Budgets, (better outcomes at reduced costs) the first two points above relate to outcomes for the family while the third point relates to the costs involved and the impact on public services. We need to be clear on the interrelationship between the two aims and if or how we prioritise them; the moral argument is to produce better outcomes for families and reduce the number of families with complex needs, but in terms of the business objective, we should focus on reducing costs. Ideally, both aims should be achieved together but we need to be clear on what the ultimate aims of the programme should be.

Given the focus on costs, partners will need to explore the costs involved in providing interventions both now and in the future in order to build an understanding of where any potential focus will need to be made. It would make sense that emphasis should be placed on those needs that have the highest possible costs, or lead onto high-cost needs. The relative costs of different needs in terms of the price of public sector interventions can help to shape the criteria we use to develop a definition. This information will need to be used in conjunction with relevant prevalence data; do we focus on a small number of high-cost needs or on a large number of lower cost needs? Information on potential costs and prevalence will also help to support Social Return on Investment (SROI) analysis should it be needed. SROI is discussed in more detail in further chapters.

Ultimately, if Community Budgets is an exercise in reducing costs, then it would make sense to target the highest-cost families initially. Certainly, much of the literature on Community Budgets is focused on the delivery of services and how local government can make this more efficient. This is where information on costs and prevalence would prove invaluable. As Allen (2011) points out, by reducing the number of chronic cases, we free up resources to deal with the other cases.

Aspects of Needs

Needs can also be defined by their nature; for example, whether they are internal or external. Internal needs can be seen as those that a family brings about through their own actions (e.g. Substance abuse), while external needs are those things that a family has little control over (e.g. Unemployment). In reality, needs are closely related and intertwined, but defining needs in terms of internal or external origins can help our understanding and help develop suitable interventions.

In addition to internal or external focus, complex needs can be viewed in terms of their depth and breadth (Rosengard et al, 2007). Depth refers to the severity of the need while breadth refers to the scope, for example, in terms of time. This is closely linked to the nature of families in relation to the complex needs that they face. Families do not just have complex needs or not; some families may experience temporary complex needs in response to a significant life event, going back to a normal state after a period of time. Some families may experience complex needs on a cyclical basis, 'yo-yoing' in and out of a chaotic state over time (DCSF, 2010). Others may experience significant, entrenched needs over a sustained period of time. Again, how we view this will be key to developing interventions, especially in terms of the resources available to a family.

Towards a Definition of Complex Need

How we decide to view complex needs can have implications for the families which may fall within or outside scope and there is obvious pressure to identify those families which are most in need of support but are also costing services a disproportionate amount of money. Do we want to use a definition as a tool to explore complex needs, or do we want to understand complex needs in order to better understand a definition? Another key element of families with complex needs is their history of non-engagement with services (Bishopp, 2011) which obviously complicates the matter. We need to be mindful therefore, that the very families we are trying to identify and understand may not want to be engaged with or are distrustful of public services as a result of previous experiences. Devaney (2008) echoes this point, making reference to "a culture within some extended families whereby they were resistant to outside influences [...] as the family norms were strong." There is evidence, however that more neutral parties, such as the voluntary sector or communities themselves, can be brought on board to minimise this distrust.

The literature explored in the process of writing this chapter uncovers a number of definitions used in specific projects or programmes which may help us arrive at a better understanding of what is meant by the term. These definitions come from national and international sources, and while not representing a definitive list, can help to shed some light on what we mean by complex needs, and the general focus of a definition. Ultimately a definition will need to be relevant to Leicestershire based on the make up of the population and the challenges public services face in the county.

In the absence of a definitive definition, and as a starting point, the Social Exclusion Task Force definition is currently being used as an example of what we mean by complex needs. This defines families with multiple problems as having five or more of the following;

- No parent in the family is in work;
- Family lives in poor quality or overcrowded housing;
- No parent has any qualifications;

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

In addition, the work highlights the relevance of the following additional indicators;

- Non-attendance in school;
- ASB and other offending;
- Domestic violence, and
- Parental substance misuse.

Coupled with this, work from CLG (2011) to quantify the actual numbers of families with complex needs in Leicestershire uses population data weighted by Indices of Deprivation (ID) scores. By this measure, there are estimated to be 735 families with multiple problems in the county. This definition was developed using data from the Indices of Deprivation, applied to population. Given that Leicestershire has relatively low levels of deprivation (with the exception of certain small pockets), there are potential problems with using this definition as anything more than an initial guide to the scope and scale of the problem. The ID is also an area-based measure used to rank areas in relation to one another. As a result, there are significant problems with using it in order to develop some kind of insight into a household or family level understanding of complex problems.

Consistent Criteria

Rather than discuss the merits of individual definitions used in various reports, the table below highlights those broad areas that are common to multiple definitions, highlighting the number of times each theme appears in all definitions and the number of definitions which includes at least one criterion from each theme. Given the slight variations in focus and terminology, criteria have been grouped by broad subject. As a result, a criteria may appear more than once in each source (column A). As a result, each definition has been examined to see where each criteria appears at least once (column B). The specific definitions and the individual criteria used in each are included in the appendix.

Table 1 - Analysis of reoccurring criteria across definitions of 'complex needs'

Broad Themes	Number of times included in all definitions (A)	Number of definitions including at least one criteria (B)
Education/ Attainment	13	9
Crime (offending, experience)	13	7
Health (inc mental health, disability)	11	7
Poverty (inc debt)	9	7
High-risk behaviour (inc substance	9	7

misuse)		
Housing (inc homeless)	9	6
Life Events/ Social	5	4
Worklessness	5	4
Behaviour	4	2
Developmental/ Parenting	4	2
Neighbourhood	2	2
Service Delivery	2	2
Social issues	3	2
Other	2	2

From the composite table above, it is clear that a definition of complex needs will need to include elements of education, crime and health disadvantage, alongside poverty and risky behaviour, although Field (2011) and the Government's Child Poverty Strategy argues against an undue amount of emphasis placed on income alone as a measure of poverty, given previous focus on short term income distribution over a tackling of the underlying causes of poverty. However, Field does suggest that poverty should be a key aspect of defining families with complex needs.

The table above alludes to the fact that definitions may also draw on aspects of housing and specific life events (such as teenage pregnancy) that may compound these disadvantages. It is worth noting that worklessness as a general category is placed towards the middle. While this is linked to educational attainment and poverty, it is questionable that it is given such a low priority.

In addition, the categories above closely follow the domains within the Indices of Deprivation (ID), an area-based measure of deprivation produced by CLG, last released in 2011. The Indices of Deprivation was also used to help derive the initial figure of 735 families mentioned above. As discussed in a later chapter, the Indices can be used to identify areas experiencing high levels of multiple deprivations across themes such as employment, income, housing and crime, which may contain higher concentrations of families with complex needs. Given the amount of relevant data available at a small area level (Census output area), areas with high concentrations of specific criteria can be identified and a typology incorporating a number of various factors could be developed specifically for Leicestershire.

However, what the table above does not consider is the severity of need and the scope of the disadvantage. In order to develop a robust definition for placing families in or out of scope, we need to be able to quantify each criteria within a definition. For example, the level of educational attainment (e.g. no GCSEs), the length of time out of work, level of substance misuse (e.g. recreational use or dependency). In pursuing a definition, we should avoid a simple tick box approach to categorising families which would overlook the complexities of the disadvantages they face.

Looking further, and for consistency, a general definition for complex needs may follow the criteria used to construct the Indices of Deprivation, given the apparent overlap between criteria and the reoccurring criteria across a number of different

definitions identified in the literature. This would provide a joined up approach that would allow partners to identify areas of high deprivation containing higher concentrations of families with complex needs in the interim while partners work to better join up datasets in order to identify individuals and families. This is discussed in more detail below. There is also the benefit of the level of understanding of the Indices of Deprivation across partnerships and the robustness of the indices as a measure of deprivation. Whether deprivation can be used as a shorthand for complex needs, however, will need to be clarified.

Identifying families with complex needs

At an area level

As an interim measure to support the programme while information sharing is being developed, it is possible to identify areas which may contain higher concentrations of families with complex needs using a variety of secondary datasets. The themes previously identified can be related to small area data from a range of sources which can be built into a typology which will help to identify areas and guide the work. This approach has been used effectively previously to support the Life HQ work currently being undertaken in Loughborough. The Research and Insight Team used a variety of socioeconomic data to highlight areas which may form a focus for work.

As eluded to above, the Indices Deprivation (ID) has already been used in terms of initial work to quantify numbers of families with complex needs, and the Research and Insight Team have already undertaken work to analyse the current 2010 data within Leicestershire. In addition, the ID domains and sub domains have considerable overlap with the themes identified as consistent throughout various definitions of complex needs, focused as they are on income, education, employment and health to name but four aspects. This information can be further analysed in the context of families with complex needs, using the data to identify areas according to the various domains and sub-domains of the ID2010 to explore local concentrations around relevant themes.

A word of caution however; the ID was used in the initial identification of priority neighbourhoods in Leicestershire. There would be a danger using the ID that we would simply identify existing priority neighbourhoods, where intervention is already ongoing. There is an argument, however, that neighbourhood management and work with families with complex needs should be more closely aligned. In addition, using the ID to identify areas with families with complex needs shares the same problems when trying to identify deprivation in general; that not all families with complex needs live in deprived areas and not all the families living in deprived areas will have complex needs; DWP (2011c) notes that pockets of deprivation may well exist within 'richer' areas. As a result, it may be useful to develop 'fuzzy boundaries' in order to not be too specific when exploring areas. Furthermore, the same problem exists; that partners will still have to identify families within these areas, it is just that the area of search is smaller.

This analysis of robust local data has been used by Durham County Council, who identified three areas with the greatest levels of need within which to work with families 'at risk'. DWP (2011c) note that "a number of authorities already focus on areas with high levels of deprivation and child poverty" although an approach with focuses on the family would be a better approach.

When considering the value in identifying families with complex needs on an area level, we must be aware of the potential drawbacks of taking a purely (area) approach to intervention. Buchanan notes that;

"Whilst those who live in such communities may derive benefit from targeted service provision, we need to remember that many disadvantaged families are just beyond the reach of "zoned" areas and have limited access to new services. Consequently, there is a need to develop new ways of identifying those families not captured by community-based initiatives."

Buchanan (2007, in Spratt, 2007)

Although DfE (2010) note that identifying areas and mapping data will "assist in making decisions about where to target (interventions)", we need to be mindful that there may be families living outside areas of high deprivation and they will require intervention as much as those living within these areas. Ultimately, an individual approach will need to be used.

At an individual level

Identifying families at an individual level is a more ambitious aim of the Community Budgets work, especially in terms of being able to flag up families as they develop, or come close to developing complex needs. In many cases, families with complex needs will already be known to many agencies (DfE, 2010) while in other cases, identification may involve more sophisticated processes of data sharing. This identification will need to use existing sources of data from agencies but also incorporating methods of data collection, including the Common Assessment Framework.

Different methods of identifying families have been used across the literature. Some methods of identification of individuals or families with complex needs incorporated a cross referencing of the top fifty individuals or families known to partners (Victoria Human Services, 2003a; DfE, 2010). Maras (2008) focused on families identified and referred by frontline staff, as did the Westminster Family Recovery Project (Bishopp, 2011). Using this approach can ensure that the families which are the most well known, or incurring high costs in terms of the levels of work involved, will be identified but risk overlooking those families experiencing significant need, yet not reaching a specific threshold. These families are equally important in terms of preventing 'just coping' families moving into complex needs. This approach will obviously involve data sharing agreements, with identification taking the form of either self referral or an assessment by services based on the assembled data.

Conclusions

The stories and experiences of families affected by a range of disadvantages are complex and it difficult to understand their experiences without the kind of in-depth ethnographic work that is currently being carried out in the county. Whilst it is a useful basis for the work to attempt to gain insight into what could be meant by 'family' and 'complex needs', exploring definitions will only provide us with a general framework within which to place the Community Budgets programme. However, the work does reveal a number of key points which will need to be considered in more detail going forward.

With regards to the specific definitions, both 'family' and 'complex needs' are difficult to define and we need to ask ourselves what value – at this point in the process at least – a robust and accurate definition will provide us with. Work is already ongoing that will attempt to provide insight into nature of both families and complex needs within Leicestershire. Looking into what we mean by family has provided important questions with regard to scope and the types of relationships and role we must take into account when working with a family unit; the most important point being that the types of need affecting a family will define the family unit. If we are focusing primarily on the needs affecting families, then we will need to go where the need takes us. Using a technique employed in conducting a Social Return on Investment (SROI, explored in later chapters), we need to adopt a method of exploring the linkages between family members and the impact their various needs have on other members of the family. We will need to find a point for each family where the impact is too small or the family member is too distant to be within scope.

CLG state that identifying families with complex needs “is a matter for professional judgement, on the ground, based on an appropriate assessment tool.” Generally, we lack detailed information on individuals let alone the ability to combine this information; building links in order to better understand families. A lot will eventually hang on effective data collection, both in terms of individual needs and across the board in order to develop a standard definition if we do indeed go down that route. In the meantime, existing datasets such as those held by the Common Assessment Framework (CAF) and Family Intervention Project (FIP) will provide us with information on families facing multiple disadvantages and can serve as a useful starting point. However, Devaney points out that “identifying needs without providing for them is wasteful and morally wrong”, as such; we need to be sure that in attempting to identify families with complex needs, which we are in a position to provide interventions and not simply cherry-pick cases.

Notions of the family and social connections have wider linkages to social capital and social network analysis and could prove useful in order to understand the flows of resources between family members and wider friend and community networks. The RSA has undertaken work (2010) that attempts to gain a better understanding of the links between people in communities and in terms of the wider implications of the Community Budget programme, this could prove useful in providing insight. Given

the blurring of lines between family and community, it would be a mistake to discount the importance in gaining understanding around these wider issues.

It is apparent that family and complex needs must be explored together in order to build a coherent picture of the experiences of families and how partners across the county can provide effective interventions in order to reduce associated costs to public finances but also improve their life chances. Notions of family and complex needs can help to define the scope of the problem, but it will be the knowledge and understanding around how services interpret with families that will be key to developing effective and efficient solutions.

Key Points

- 'Family' and 'complex needs' are difficult terms to define and various definitions are used across various sources;
- Rigid definitions, whilst useful and lending a scientific method to work will only act as artificial constructs and may risk defining out key characteristics of a family's make-up. Whatever definition of families and complex needs that we decide upon, there will be the possibility that we miss a key factor because it is outside the scope for identification;
- Working definitions, which can guide work and are refined over time may be a better approach rather than attempting to develop a definitive definition early on;
- At the core of notions of family is the relationship between a mother and child(ren);
- Families may have to be defined by the needs they face and the impact these needs have rather than by a set criteria;
- Complex needs can be used to describe a variety of social, economic and health disadvantages and the way in which they interrelate to each other;
- Consistent themes within complex need include education, crime and health disadvantage, alongside poverty and high-risk behaviour;
- Partners will need to listen to how families themselves view their relationships with others and their needs;
- Needs can be looked at in terms of the complexity, costs, duration and severity of need. Little work exists on exploring the severity or scope of need, instead focusing on a more 'tick-box' approach of whether a family exhibits a need or not;

- Family functions and structures matter less than how well the family is performing;

Recommendations

- It is recommended that a rigid definition of complex needs is not sought until we have a better understanding of the picture within Leicestershire;
- Partners should be open to the notion that a rigid definition with which to define families and family members as either 'in' or 'out' of scope may not be suitable and work should be conducted ultimately on a case by case basis;
- Arguably, what we mean by a definition is a set of access criteria in order to place families in or out of scope. As such, a definition may be open to change as the programme progresses. These access criteria should be refined over time as we understand more about the families involved;
- When referring to the Social Exclusion Task Force definition, attention should be drawn to the way in which it was developed and its potential shortcomings;
- Analysis of the potential range of costs involved in providing interventions to needs should be fully explored in order to develop a focus for work and to support future work such as SROI.

Chapter 2 - Policy, Reviews and Evidence Base Documents

Introduction

This chapter focuses on the policy and strategy background to the area, covering a number of interconnected areas relating to families with complex needs. In addition to strategy and policy documents, it highlights some of the various reviews that have helped to shape and guide policy in this area. In addition, attention is drawn to previous literature reviews in the subject area. This section is not meant to be an exhaustive overview but rather a summary of relevant documents that cover issues relating to families with complex needs. Given the policy area, new information is constantly being released and a process for collecting and synthesising this information will be developed as part of this work.

The chapter also highlights key points and makes recommendations based on the assembled literature. This will help build on the previous chapter's discussion on definitions and will place the work in the wider policy and strategic context before the discussion on best practice in the following chapter. A full list of key points and recommendations from each document is included in the appendix for reference.

Policy and Review Documents

The policy background to work with families with complex needs covers a broad area encompassing Early Intervention, health, child poverty and social mobility. Easton et al (2011) note the "strong policy thread" running through the various literature surrounding the subject. From this assembled literature, the following key areas have been identified.

Early Intervention

The notion of an intergenerational cycle of poverty and disadvantage is mentioned above and breaking this cycle is a key focus of work around families with complex needs. Early Intervention is defined by the Department for Education as:

"Programmes which ensure that babies, children, and young people build a strong bedrock of social and emotional capabilities to fulfil their potential and help break intergenerational transfers of disadvantage and underachievement."

DfE (2010) quoted in Lexmond et al (2011)

Early Intervention shares considerable overlap with work around families with complex needs, with the notion of a more proactive approach to families experiencing complex needs and intervening to ensure that children do not go on to experience the same disadvantage as their parents. This theme will run through this and the following two chapters. Early - and *earlier* - intervention will be key to developing a more proactive approach, ensuring that families are supported before disadvantages become chronic and have significant and long-lasting detrimental

effects. In turn, the pooling of individual budgets at a local level will help to create a 'critical mass', making it easier "to work towards Early Intervention as a common goal" (GLA, 2011). However, at the same time, remedial work will need to be conducted with adults experiencing disadvantage currently. As Allen (2011a) puts it; "swatting the mosquitoes and draining the swamp."

Initial work on Early Intervention was produced by Allen and Duncan Smith (2008), setting the scene for Early Intervention which has been carried through to current Government policy documents. They argued that a short-term and reactive approach to intervention was "expensive and of limited success" and argued for an increasingly long-term approach to intervention. The need for a longer term approach is also stressed in the recent Child Poverty Strategy (2011) and was supported by Tickell (2011) who states that early identification of need followed by appropriate support is the most effective approach for tackling disadvantage.

In terms of the practical developments, Allen (2011a, 2011b) highlights the Early Intervention Model used in Nottingham City and the underpinning evidence base, which will be discussed in more detail in the next chapter. Allen also notes that a number of the Community Budgets pilot areas have also come forward as Early Intervention Places and that more should be done to join up the two initiatives, further supporting the overlap between the two policy areas.

Early Intervention also sits well with the Coalition Government's policy of reducing the amount of state spending (Allen and Duncan Smith, 2008. Field, 2010), a disproportionate amount of which is focused on small numbers of families experiencing multiple disadvantages. Supporting this, Allen (2011a) draws attention to the range of savings that Early Intervention can bring about. Further, Heckman (in GLA, 2011) stresses that "an optimal investment strategy should focus investment in the early year's as compared to the later years."

Evidence, Funding and Measurement

As mentioned briefly above, Allen and Duncan Smith (2008) and Allen (2011a) propose an Early Intervention Model incorporating examples of best practice which has been used in Nottingham to great success. The model draws from a list of 72 interventions which have been assessed for their impact, outcomes and cost-effectiveness. Nineteen of the interventions included in Allen have been categorised as meeting the highest standards. These interventions focus on the early year's, but also cover aspects of childhood, moving towards 16+ and parenthood. The importance of evidence-based interventions is also stressed in Field (2010) and Marmot (2010).

The funding implications for an effective Early Intervention strategy are discussed in detail by Allen (2011b), including the use of payment by results and the use of social impact bonds. The funding arrangements for a more longer-term approach will need to be addressed as the results of such a programme will not manifest themselves until children move into work and parenthood themselves which may take sixteen

years. As a result, Allen makes recommendations on how to fund a programme based on the savings made further along the life course.

The importance of pooling data to track how services impact upon families is stressed by Field (2010), who specifically advocates focusing on those experiencing prolonged material and financial deprivation. Supporting this, Field proposed the development of new suite of life chance indicators" in order to inform and drive policy and narrow outcomes" between those on low and higher incomes.

Recognise that solutions may not manifest themselves for years

A consequence of Early Intervention is that the outcomes may not manifest themselves for many years. This proactive approach to public spending is at odds with the perceived appetite for more reactive and punitive measures, even though it makes good sense to invest earlier before problems become evident (Gladwell, 2006). Overcoming this and arguing for proactive approaches will be an important, yet difficult task, both nationally and locally. Allen (2011b) acknowledges that interventions aimed at early year's will arguable not be measurable until those children reach early adulthood, and this poses significant questions not just in terms of measurement, but also in terms of funding. The current focus on providing short-term, late intervention as issues arise has almost immediate impact, albeit with questionable levels of success. A move towards Early Intervention would mean investment now on the understanding that money will be saved later in terms of reduced need for intervention when issues appear in later life. As a result, being able to quantify the costs of disadvantage will be increasingly important, so we have a clear understanding of the balance between intervention now, or remedial intervention further down the line.

Children are the focus, but adults are key

As mentioned in the previous chapter, the parent-child relationship is at the heart of notions of family. Similarly, children are placed at the heart of Early Intervention. A number of sources note that Early Intervention should focus on children between the ages of 0-5, including pregnancy (Allen and Duncan Smith, 2008. Child Poverty Strategy, 2011) in order to negate the effects that negative experiences during pregnancy (such as stress and substance misuse) can have on unborn children. The Early Intervention Model proposed by Allen (2011a) used in Nottingham City covers early year's through to early adulthood (termed 'child-ready') in order to provide young adults with the necessary skills to become good parents themselves, with an aim of breaking the intergenerational cycle of poverty. On a similar notes, the Social Mobility Strategy (2011) states that social mobility should also be "considered across the life cycle" with interventions at each point. Allen (2011a) and Munro (2011) also emphasises that parents and good parenting are the key to achieving those outcomes.

Field (2010) stresses the importance of parents in early year's development and the Social Mobility Strategy (2011) draws attention to the fact that life chances at birth

are a determinant of outcomes later in life. In addition, a policy objective of Marmot (2010) is to provide every child with the best start in life. All of the policy documents make reference in one way or another to the intergenerational cycle of poverty and as a result, understanding and providing effective interventions to help break the cycle must be one of the focuses of work with families with complex needs.

Field (2010) proposes a package of care for parents and children, noting that interventions should focus on better parenting, a good home learning environment and high quality childcare. Furthermore, Field argues that parents should be supported to return to work, although Action for Children (2010) criticise Field for not stressing the role to be played by sure start Children Centres in supporting this. Marmot (2010) stresses importance of better employment opportunities, a better standard of living in terms of health inequalities. CPS (2011) importance of income on poverty.

Skills play an important role in terms of empowering families and providing them with the necessarily tools to overcome or guard against disadvantages at every stage. Tickell (2011) stresses that “personal, social and emotional development, communication and language and physical development are essential foundations for children’s life, learning and success.”

Intergenerational cycle of disadvantage and the inverse care law

Allen and Duncan Smith (2008 and Allen (2011a, 2011b) make numerous references to the intergenerational cycle of disadvantage that ensure that children more often than not experience the same issues that their parents display. Parental behaviour, along with societal norms of the wider community mean that children grow up with negative examples which hamper attempts at creating better outcomes. These create a culture of learned helplessness which prevent children from moving out of disadvantage given a lack of positive role models. Nixon et al (2008, in Gregg, 2010) for example, found that families accepted into Family Intervention Projects “tended to conform to the values of the communities in which they lived.” As discussed above, a parental focus can help to provide a positive atmosphere which will enable children to progress and move beyond the experiences of their family and wider community. The notion of breaking the intergenerational cycle of poverty and improving life chances for the most vulnerable is key to aspects of social mobility (Social Mobility Strategy, 2011).

Two of the sources referenced (Field, 2010, Tickell, 2011) make reference to the inverse care law; that those most in need of support find it hardest to access it. This should be a key consideration for practitioners working with families with complex needs given that these families already lack many of the resources and skills needed to access services. This notion also has links to the Access to Services work that forms part of the wider Community Budgets programme in Leicestershire.

Appreciate the strong links between health and disadvantage

There are strong links between health and disadvantages, reflected in earlier literature on complex needs which tended to focus on issues such as disability and mental health (Rosengard et al, 2007. Victoria Human Services, 2003a). More recently, Marmot (2010) stresses the links between health inequalities and disadvantages, highlighting the presence of a 'social gradient to health' and calling for "intervention in the early year's to reduce health inequalities." This inequality, Marmot argues brings about considerable costs and intervention should increase in intensity for those with complex needs.

The importance of health in terms of poverty is the main focus of the Marmot Review of Health Inequalities (2010) and the key determinants of health listed by Marmot share obvious overlaps with aspects of complex needs discussed earlier:

- Inequalities in early child development and education;
- Employment and working conditions;
- Housing and neighbourhood conditions;
- Standards of living, and, more generally; and
- The freedom to participate equally in the benefits of society.

Furthermore, Allen (2011a) stresses the role of GP consortia and health and wellbeing board can play in terms of delivering effective Early Intervention. Those working around families with complex needs must appreciate the close links with health disadvantages and needs and how health concerns can cause, and because by wider disadvantages.

The white paper Equity and Excellence: Liberating the NHS White Paper covers the following changes to healthcare provision:

- Abolition of Primary Care Trusts (PCTs), and development of GP commissioning through GP Consortia; and
- Development of personal health budgets for children and young people.

Given the clear links between health and complex needs, the role of local healthcare provision will be important in terms of delivering better outcomes to the most disadvantaged. The increased emphasis on personal budgets may be a way of ensuring that families are able to direct support to the areas that they feel most need The NHS White Paper Healthy Lives, Healthy People outlines the transfer of Public Health responsibilities to the Local Authority, whose new duties will include;

- Improving mental health to improve outcomes for children;
- Reducing child poverty; and
- Tackling childhood obesity.

In relation to families with complex needs, mental health is mentioned across the piece in terms of the possible criteria used in defining complex needs, as is poverty.

In terms of early intervention, a focus on child poverty will be key to ensuring that the intergenerational cycle of poverty is tackled in order to improve outcomes for children and subsequent generations.

The Revised Children Act guidance sets out how local authorities should carry out care planning, placement and review of children in care, including:

- Duty to provide short breaks; and
- Changes to independent reviewing officers (IROs) responsibilities.

The SEN Green paper, Support and aspiration: A new approach to special educational needs and disability sets out the Government's proposals for SEN provision. The paper has been informed by the "views and expertise of families, teachers, local authorities, health professionals and national and local organisations working with them." The Green paper makes the following proposals with regards to SEN provision:

- A new approach to identifying SEN through a single Early year's setting-based category and school-based category of SEN;
- A new single assessment process and Education, Health and Care Plan by 2014;
- Local authorities and other services will set out a local offer of all services available;
- The option of a personal budget by 2014 for all families with children with a statement of SEN or a new Education, Health and Care Plan;
- Give parents a real choice of school, either a mainstream or special school; and
- Introduce greater independence to the assessment of children's needs.

Given the presence of learning disabilities across definitions of complex needs, the future direction of SEN policy will be of interest to those involved in work with families. The role of health disadvantage more widely, as both a cause and an effect of wider need should be considered by those involved in work with families with complex needs.

Key role for voluntary sector and local communities

The importance of the community and voluntary groups is included in much of the literature reviewed for this report (Allen and Duncan Smith, 2008. Social Mobility Strategy, 2011. Tickell, 2011) with local infrastructure cited as key in delivering effective outcomes. This issues, along with the role of Early Intervention, permeates all aspects of this literature review. Specifically, the voluntary sector can act as an important partner in delivery of outcomes, acting as a more neutral and less threatening source of support. Families with complex needs that have previous experience of public services may be distrustful of their interventions, while voluntary services are seen as increasingly neutral as well as having valuable local knowledge and links that will aid intervention (Munro, 2011).

The role of the family within the local community and how poverty can reduce this connection is an important issue noted by the Social Mobility Strategy (2011) along with the empowerment a family can gain from being involved in the local community (Marmot, 2010). In terms of families with complex needs, local communities can represent a valuable source of support and information.

However, the local community can also represent a barrier to resisting or overcoming disadvantage as it represents societal norms. If the community contains many of the disadvantages faced by a family, not only does it represent a norm which the family will aim for, but it may lack the positive role models needed to inspire and motivate a family. In addition, given these norms, a family may not be aware that it exhibits complex needs and as such may be difficult to engage with.

The role of local services and the community is further strengthened by the localism agenda. The Child Poverty Strategy (2011) highlights the role local areas have in publishing local data, enabling community groups to better understand their communities and the need to move towards a more place-based approach to child poverty.

Sure Start and Family Nurse Partnerships are key for supporting families

Sure Start and Family Nurse Partnerships are mentioned through the literature, being referenced by a number of sources as examples of best practice, key to the delivery of effective interventions with families with complex needs (Allen, 2011a. Tickell, 2011. Child Poverty Strategy, 2011). Allen (2011a) includes the Family Nurse Partnership in the list of 72 evidenced and assessment interventions and the scheme forms part of Nottingham City's Early Intervention model.

Good quality child care, especially delivered through Sure Start Children's Centres is noted by various literature (Field, 2010. Child Poverty Strategy, 2011. Social Mobility Strategy, 2011). Specifically, Field notes the important role Sure Start can play in reaching out to families and acting as a community hub, linking in with aspects of community involvement noted above. In addition, Sure Start can offer quality childcare which will support parents in returning to work (Field, 2010). Indeed, Sure Start often represents a neutral service that families engage with and have positive opinions of (Tunstall et al, 2003). Linked to this, Tickell (2011) stresses the importance of a well-qualified early year's workforce in the delivery of interventions.

The Child Poverty Strategy (2011) makes the following recommendations for Sure Start Children's Centres:

- Improving accountability arrangements for children's centres – with greater local transparency;
- Increasing the use of evidence-based interventions in centres;
- Using payment by results, so that local authorities are rewarded for supporting the most vulnerable families more effectively;

- Working with the sector to develop a Sure Start core purpose that helps parents and improves the outcomes of the most disadvantaged children; and
- Increasing the involvement of the voluntary and community sector to help reach those families who would most benefit from these services.

Many of these recommendations for reform echo previously discussed issues such as the increased role for localism (a key area of Government policy), the importance of evidence-based interventions, the use of payments by results and an increased role for the voluntary sector. This would suggest that Government policy is supporting the move towards a greater role for Children's Centres in terms of supporting families with complex needs.

Employment and Income

Worklessness is a complex problem that often cannot be addressed by one agency, instead involving a number of different agencies working in partnership (DWP, 2011c). In terms of the links between poverty and complex needs, The Child Poverty Strategy (2011) notes that poverty is more than just income, echoing Field (2010) who argues that the previous government's focus on improving income measures has done little to improve rates of child poverty. This point is carried through to Leicestershire's Child Poverty Needs Assessment (2011, forthcoming). The Child Poverty Strategy stresses the role to be played by education and health in terms of combating poverty.

The Child Poverty Strategy (2011) makes reference to the many aspects of child poverty which overlap with previous discussions on criteria for definitions, including worklessness, lone parents, health issues and substance misuse. As a result, child poverty must be seen as area that overlaps considerably with notions of families with complex needs.

The strategy notes the following aims, which it argues can help to reduce child poverty:

- Reforming funding structures
- Supporting strong, stable families
- Enabling children to achieve their potential
- Improving health outcomes
- Addressing specific barriers

These aims have obvious overlaps with Community Budgets work and work with families with complex needs. The reform of funding structures and building strong, stable families are especially pertinent in this context. In addition, the Social Mobility Strategy (2011b) makes reference to the following support to aid social mobility:

- Parenting support and advice, relationship support
- Support for maternal health and well-being
- High quality early year's services

- Work life balance through flexible working and leave

Again, these aims have considerable overlap with the aims of work with families experiencing complex needs. As a result, social mobility will need to be recognised and considered alongside the work area as the aims and objectives are clearly aligned with work aiming to support those families experiencing multiple needs and disadvantages.

Literature Reviews and Evidence Bases

In addition to the main policy documents discussed above, through the process of the literature review, three key existing literature reviews were identified. Although these are no longer current, they still represent a valuable source of information which will become increasingly important as work around families with complex needs progresses. A summary of each report is included below and the main points will be incorporated into the following chapters.

Scottish Executive - Rosengard et al (2007)

The report has a UK focus, exploring the links between complex needs and mental health, echoing the point made above that aspects of health have been central to the concept of complex needs. The report specifically notes how complex needs interrelate and exacerbate each other.

The report notes that there is “increasing attention to ‘multiple and complex needs’ in policy and practice” and includes five key policy objectives that are relevant to this literature review:

- To examine definitions of ‘multiple and complex needs’ and to identify client groups who are identified as having these needs;
- To explore people’s awareness of services and options; to explore factors affecting access to services;
- To examine service users’ experiences; and
- To identify best practice in service provision and lessons for implementation.

The report focuses on how people with complex needs fare in terms of the services they receive across three key areas: awareness, accessing services and experience of services. With regards to the policy discussion above, given the links to wider Community Budgets work on Access to Services, this information will prove valuable as the programme progresses in terms of the insight it can provide. The findings echo the points above about the inverse care law, stating that many people with multiple and complex needs do not gain access to the services they need or end up in inappropriate services.

The report makes note the silo-working and the management of transitions (for example, from one service to the next) which can have a negative impact on the quality of service for those with complex needs. In addition, the report makes

reference to the way in which services users can be 'defined out', inflexible service criteria and repeated assessments.

Rosengard et al offer a list of examples of best practice, most notably the use of effective information provision, personalised and person-centred services responses, outreach services that 'stick with' service users and the role of community development and empowerment approaches.

In addition, Rosengard et al lists the following policy developments and practice guidance that will be discussed in more detail in the next chapter:

- Support, care or pathway plans as useful tools for moving forward;
- IT and information sharing;
- Involving service users (and carers) at all levels of service planning, development and delivery, alongside access to advocacy; and
- Recognition in target setting that 'soft' rather than hard or quantifiable outcomes may be most appropriate for clients with multiple/ complex needs.

Think Family Literature Review - Morris et al (2008)

The Think Family literature review focuses on the whole family approach across a range of needs identified as possible criteria for a definition of complex needs (domestic violence, mental health, disability, housing etc). In addition, Morris et al make clear the links between complex needs and wider issues such as poverty and economic disadvantage.

Morris et al make reference to the links between work with families with complex needs and social capital, mentioned above in terms of the role for the wider community. Social capital represents a method of understanding the value inherent in social networks which can help to support families with complex needs and provide access to information, resources and wider networks.

A key aspect of working with families with complex needs mentioned in the report is the importance of understanding the lived experiences of the families identified and targeted for intervention. This links back to the discussion in the previous chapter on the difficulty in fully understanding the family structure and the way in which disadvantage manifests itself in relation to the family. As useful as formal identification methods will be in terms of sharing information in order to initially identify families falling within scope, a rich understanding of their experiences will be invaluable for developing interventions that are applicable to families.

Furthermore, Morris et al highlight that a deeper understanding of families within scope will provide practitioners with information on the potential resources and strengths that a family may have. Previous literature (source) makes reference to the fact that we should not let the disadvantages affecting a family come to define them and a family rarely lacks *any* resources or strengths upon which to build.

Finally, Morris et al make reference to factors which will help to facilitate an effective working relationship with families with complex needs, such as trust, openness, respect and responsibility, regardless of the actual services involved. This supports their advocacy of an increasingly co-produced method of intervention, working with families in order to design solutions rather than simply providing them with off the shelf interventions.

Understanding the risks of social exclusion across the life course - Oroyemi et al (2009)

Oroyemi et al's focus on social exclusion is consistent with the close links between social exclusion and families with complex needs, highlighting the direct links with the indicators used and the disadvantages faced by families with children. The links between social exclusion and families with complex needs is supported by Devaney (2008). Their analysis includes the use of data from the Families and Children's Survey, which has in turn been used to develop an initial definition of families with complex needs as discussed in the previous chapter.

Oroyemi et al argue that social exclusion is more than just poverty; rather it is a combination of linked and mutually reinforcing problems, consistent with complex needs. Their analysis found eighteen markers for social exclusion which has significant overlap with the criteria used in various definitions of complex needs.

In their discussion of policy implications, Oroyemi proposes that:

“Understanding in a more nuanced way how different risks cluster among vulnerable families, and the types of families most likely to experience such risks, may assist public service providers to better identify the range and complexity of need among families, as well as inform the targeting and prioritisation of services. It also highlights the need to provide tailored, whole family approaches that address the diverse and different risks experienced by both parents and children.”

Oroyemi (2009)

In addition, Oroyemi et al argue that “families may access support from different public services from a range of entry points” which has implications for our attempts to identify those families that are either just coping or are exhibiting complex needs already. The majority of analysis in the previous chapter focused on definitions developed through existing contact with agencies. The challenge will be to ensure that public services in Leicestershire can also identify those families who are experiencing significant disadvantage but are not yet in contact with services and provide interventions before their needs become complex.

Conclusions

The policy surrounding families with complex needs covers a range of different areas, including social exclusion, Early Intervention, child protection and social

mobility. The links between families with complex needs and the work around Early Intervention, as promoted by Allen and Duncan Smith is particularly strong, with the notion that intervening early in a child's life to bring about positive change that will lead to better outcomes later in life.

Early Intervention has progressed through from the initial report by Allen and Duncan Smith (2008) to Allen's most recent report on the funding arrangements for Early Intervention (2011b) and is prominent in the Government's Strategies for Child Poverty (2011a) and Social Mobility (2011b). As a result, it is foreseeable that Early Intervention and its key principles will remain an important element of government policy going forward. The potential savings that Early Intervention brings about are attractive in terms of the Government's policy to reduce the deficit as well as reduce the amount of public spending in general, although how the initial investment will be found in order to guard against later costs remains to be seen. Allen (2011b) offers a comprehensive account of how this investment can be facilitated, but it will still require a serious rethinking of how we tackle families with complex needs and the interventions considered will need to be evidence based and evaluated to ensure the investment is sound.

Given the innovative nature of work with families with complex needs, a solid policy basis as well as existing information to draw upon is limited. As the programme progresses and information comes out of government and the initial 16 pilots, the policy and strategy base, as well as the available wider literature will grow. Given the lag in publishing an academic paper, over the next year to eighteen months, it is expected that the amount of academic literature will also grow, focusing on specific elements of the Community Budgets programme as well as specific work on families with complex needs. This will further help to support and inform the work area.

Key Points

- There are no specific policy documents relating directly to families with complex needs. However, policy on Early Intervention, Child Poverty and Social Mobility does overlap;
- Early Intervention and child poverty have significant overlaps with the work of Community Budgets, building on the work of Graham Allen and Ian Duncan Smith (2008, 2011a, 2011b) and Frank Field (2010). Nottingham's Early Intervention model - referenced by Allen - will be discussed in more detail in the following chapter;
- Alongside Early Intervention, there will need to be a focus on remedial measures for adults already down a path of complex need and disadvantage. Work cannot focus purely on the intergenerational cycle of disadvantage - it will also need to address current issues;

- Community Budgets relate directly to localism, which should form a key aspect of delivery in terms of placing the programme within the community and the role the community has to play in delivery;
- Allen (2011a) contains evaluations of 72 Early Intervention policies which can help to guide commissioners in terms of the interventions to incorporate into work with families with complex needs;
- Effective interventions for tackling child poverty should focus on better parenting, a good home learning environment and high quality childcare. Sure Start Children's Centres are key in terms of providing support and guidance to parents and families and helping parents back into work (these will be discussed in more detail in the next chapter);
- Pooling data will help partners to identify those most in need and to track how services impact upon them, focusing on those experiencing prolonged material and financial deprivation. This would also support the development of a robust definition for families with complex needs in Leicestershire;
- Tickell stresses the importance of parental involvement in a child's learning, effective parental engagement in the work of early year's practitioners, personal, social and emotional development as well as communication and language and physical development;
- Understanding and tackling both the inverse care law and health inequalities are key to work with families with complex needs;
- A more long-term approach is needed with regards to working with families experiencing complex needs, but remedial work should also focus on those experiencing problems now;
- Evidencing, funding arrangements and effective measurement will be key to delivering interventions for families experiencing complex needs;
- The benefits of earlier (and earlier) intervention will not manifest themselves until years into the future;
- Children are the focus of Early Intervention work, but parents are the key in terms of the delivery of services;
- The voluntary sector and local communities will have key roles to play in the delivery of interventions given their local knowledge and more neutral position;
- Sure Start and the Family Nurse Partnership are mentioned many times as models of best practice which will be key to the delivery of effective interventions.

Recommendations

- It is recommended that the Community Budgets work area (and specifically work on families with complex needs) is kept up to date on policy developments around areas such as social exclusion, social mobility, Early Intervention and child poverty;
- Links between Community Budget areas and Early Intervention areas should be explored fully, including opportunities for joint working between Leicestershire and these areas;
- The findings and recommendations of these policy developments are assessed for their relevance to the work area both to ensure work is aligned to policy guidance, but also that examples of best practice contained in reports are considered;
- Other relevant policy areas are monitored for their relevance to the work area.

Chapter 3 - Good Practice Models

Introduction

This chapter focuses on examples of good practice in terms of work with families with complex needs, highlighting key points and ways of working which are relevant to and can be incorporated into an approach in Leicestershire. Although examples of evidencing and robustness are included wherever possible, the examples included below represent approaches, or ways of working which could be incorporated into a strategy for working with families with complex needs.

The findings from this chapter will feed into the following chapter on reoccurring issues and key points which will further inform the development of an approach to working with families with complex needs. After each entry, a short list highlights the key characteristics of each model.

Good Practice Models

The UK does not have an extensive pool of evidence on the effectiveness of various interventions upon which to draw. Much of the literature from Allen (2011a) and Field (2010) references international evaluations, with a distinct US bias. Furthermore, Ross et al (2011) notes that in terms of interventions that focus on youth crime and ASB, “the UK lacks a strong evidence base.” It is envisaged that as the Community Budgets programme progresses and there is an increased interest in the effectiveness of various interventions, this evidence base will improve.

This section is not meant to make recommendations as to the types of interventions that *should* form the basis of work with families with complex needs in Leicestershire. Rather it highlights from the literature those approaches, interventions and services that are referenced across various sources which have robust evaluation and are worthy of further analysis.

Early Intervention Model

The Nottingham Early Intervention Model has been developed as a ‘virtuous cycle’ of care and intervention which focuses on the prenatal stage for child development, through early year’s and into young adulthood and ‘parent-readiness’. At each stage, interventions are prescribed which aim to provide the best possible protection from poor outcomes and to help break the cycle of disadvantage from generation to generation. Allen notes the links between Community Budgets pilots and Early Intervention, adding that:

“In addressing families with multiple needs, local areas need advice on how to use Early Intervention policies and programmes, which will prevent these issues arising in the first.”

Allen (2011b)

The Nottingham Early Intervention model was highlighted in Allen and Duncan Smith (2008) and further elaborated in Allen (2011a), which discussed in more detail the various interventions and the wider suite of evaluated and evidence evaluations that the model draws upon. Allen notes that:

This Report has used standards of evidence agreed by leading scientists in North America and Europe. These, rather than opinion or advocacy, have guided our view on 'what works'. They are based on standards of evidence prepared for the Greater London Authority by the Social Research Unit at Dartington.

(Allen, 2011a)

Nineteen of these interventions are classed as being high-level according to the criteria used by Allen, who notes that the review team tasked with identifying interventions devised "clear standards of evidence against which each potential policy, programme or practice could be assessed." The final model incorporates "Early Intervention programmes endorsed by many experts from around the world" (Allen, 2011a). The Nottingham Early Intervention Model uses three levels to assess the robustness of interventions. A complete list of Level 1 interventions - reaching the highest standard - are included in Appendix 2. The full criteria is included below:

Level 1

All of the Level 2 criteria must apply plus:

- programme gets a 'best' on evaluation quality and/or impact criteria. In the case of evaluation quality this means that any of the 'best' criteria must apply, while in the case of impact criteria both of the 'best' criteria must apply.

Level 2

All of the Level 3 criteria must apply plus:

- programme meets all evaluation quality criteria.

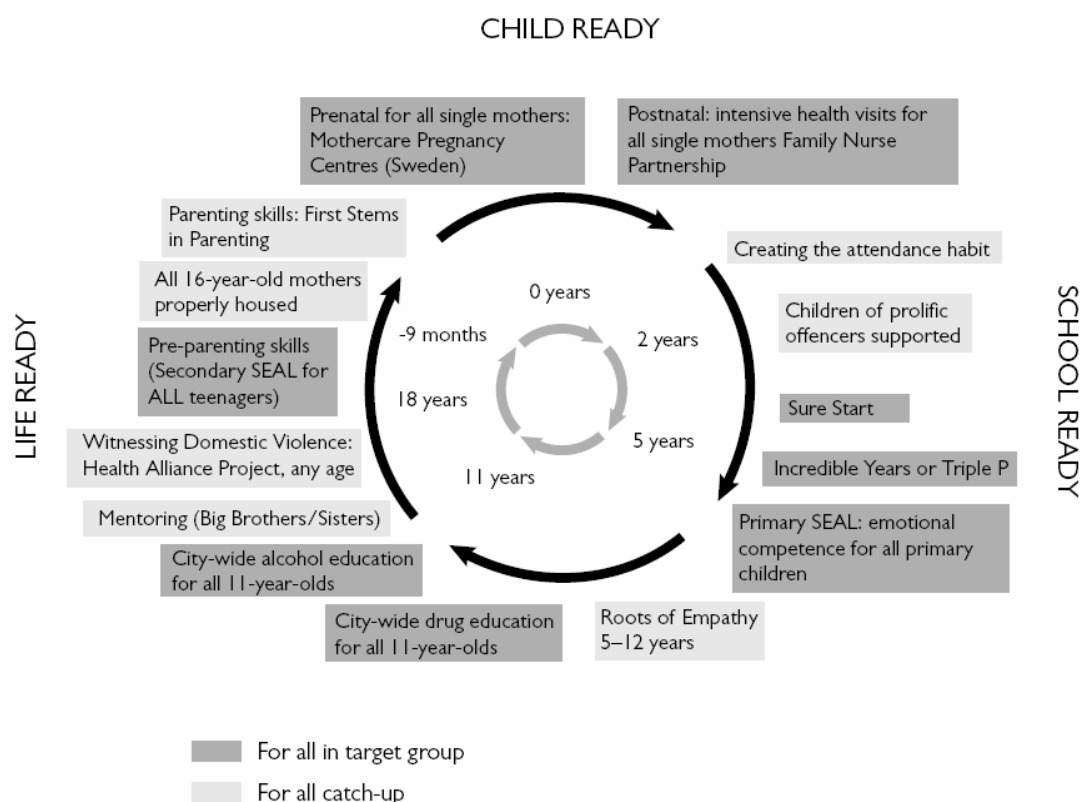
Level 3

All of the following must apply:

- programme has one randomised controlled trial (RCT) or two quasi-experimental designs (QEDs);
- programme has a positive impact on an Allen Review outcome;
- programme has no iatrogenic effect; and
- there are no obvious concerns about intervention specificity or system readiness.

Nottingham has invested heavily in the process (£17million per year) and has shown to boost Nottingham's Foundation Stage results above the national average (Allen, 2011b). The investment benefit-to-cost ratio for Early Intervention data in the US suggests that £40 million invested in positive parenting interventions could save £400 million over a 15-year period (Grint and Holt, 2011, in Allen, 2011b). these savings would be avoidable costs rather than cashable savings.

Figure 1 - Nottingham City Early Intervention Model



Source: Allen (2011a)

A full list of the 19 best practice interventions as included in Early Intervention: The Next Steps is included in the Appendix. Family Nurse Partnership, Incredible Years and Sure Start are explored in more detail below.

Nottingham City’s Early Intervention Model represents a proven suite of interventions that can be applied through childhood and young adulthood. As a result, there is no reason why the model cannot be implemented in Leicestershire, although work would need to be done to test the appropriateness of the various interventions with regards to the issues and challenges facing Leicestershire as well as differences on population structure which may make some interventions more or less relevant.

Key characteristics: Early Intervention Model

- Early intervention
- Life-cycle model
- Evidenced
- Evaluated approaches
- Implemented in UK
- Proven results
- Government support
- Tackling poverty and poor health

Incredible Years

Incredible Years is a parent training intervention which aims to strengthen parent's skills (monitoring, positive discipline, confidence) and increase their involvement in their children's schooling. Allen (2011a) notes that this approach has been shown to improve children's academic, social and emotional competences and reduce conduct problems. In the context of families with complex needs, the use of Incredible Years could be constructive in terms of building the resources available to families and facilitating better outcomes in children through more effective parenting.

Allen notes that Incredible Years has been implemented widely across the UK, including the Welsh Early year's Service and Manchester's Children and Parents Service. Incredible Years is noted by Allen (2011a) as an example of an intervention which has undergone significant international¹ evaluation² and research and has been included in the list of nineteen best practice intervention in Early Intervention; The Next Steps. In addition, analysis of the scheme by Karoly et al (2005) found statistically significant results in treatment for behaviour problems and social competence

In terms of the effectiveness of outcomes, Allen (2011a) points out that the National Institute for Clinical Excellence (NICE) has identified Incredible Years as cost-effective in reducing conduct disorder, which have been shown to have a lifetime estimated average lifetime cost of between £75,000 in milder cases to £225,000. Obviously these figures represent the wider costs of conduct disorder, but interventions would only need to have a small impact to achieve significant outcomes in terms of the potential for reduced costs. In addition, the intervention has been shown to:

Significantly reduced antisocial and hyperactive behaviour in children;
Reduction in parenting stress and improvement in parenting competences; and
Positive effects on child behaviour and parenting.

Allen also notes that;

"The Welsh Assembly Government has embedded the Incredible Years parenting programme into every children's centre. This additional programme targets children showing the early signs of conduct disorder and produces strong returns on investment."

Allen (2011a)

C4EO (2010) note that Incredible Years has been identified by the University of Colorado as a 'Blueprint' programme, meeting the highest standards of effectiveness (for more information, see Appendix 3). Given the inclusion of Incredible Years in the Nottingham Early Intervention Model, the intervention could be applied as part of a similar model in Leicestershire, or it could be used as an intervention in its own right as part of a suite of interventions delivered through Children's Centres, for example.

¹ http://www.incredibleyears.com/library/show_countries.asp

² <http://www.incredibleyears.com/evaluation/evaluation-studies.htm>

Key characteristics: **Incredible Years**

- Effective parenting
- Increased parental involvement in schooling
- Implemented in UK
- Proven results
- Significant evaluation
- Cost-effective
- Delivered through Children's Centres

Co-production

Many of the reports referenced in this chapter refer to co-production as a method of delivering effective public services. Needham and Carr (2009) note that co-production "emphasises that people are not passive recipients of services and have assets and expertise which can help improve services." Boyle furthers this by stating that it involves people "in an equal and reciprocal relationship with professionals and others, working together to get things done" (Boyle et al, 2010). Its aim is to ensure that professionals and the public are seen as equals in the rebuilding of services. Boyle et al (2010) consider Family Nurse Partnership (FNP, also referenced in this chapter) to be an effective example of co-production, with practitioners working closely with families to develop outcomes.

Boyle et al note that traditional models of service delivery have a tendency to disempower people, fail to recognise strengths and assets and develop a culture of dependency. All of which are counterproductive and leave service users feeling disengaged with public services. Boyle suggests the following co-production framework, consisting of the following characteristics:

- Recognising people as assets;
- Building on people's existing capabilities;
- Promoting mutuality and reciprocity;
- Developing peer support networks;
- Breaking down barriers between professionals and recipients; and
- Facilitating rather than delivering.

In addition, Boyle makes reference to the following potential barriers:

- Commissioning co-production activity;
- Generating evidence of value;
- Taking successful co-production approaches to scale; and
- Developing professionals' skills.

It is argued that by delivering services in such a way, "services and neighbourhoods become far more efficient agents of change" and can help to reduce silo-working through mutual understanding. Co-production is shown to offer transformative

solutions across a range of areas connected to families with complex needs: health, social care, housing, criminal justice and education. Co-production is also at the heart of notions of localism and the Big Society; seeing communities less as purely recipients of services and more as partners in the delivery of services and sources of valuable information in their own right. After all, without communities, there would be no need for public services.

The report recommends that a move towards a more co-produced model will involve changing the way services are managed, delivered and commissioned. In addition, new opportunities for co-production should be opened up. However, Boyle et al note that the current structure and culture may make it difficult to change.

Building on previous discussions within this literature review, work with families with complex needs would seem to lend itself well to co-production, given that we know little about the way in which families manage with multiple disadvantages and how ineffective work has been in the past that focuses purely on delivering services to families. Leicestershire is also engaging in ethnographic research in order to understand the lived experiences of some of our families which will be used to inform the development of a co-produced approach to delivering services that takes into account the experiences of those families they set out to help.

In their discussion on what does not work, Ross et al (2011) note that youth crime interventions that are focused on control or coercion (including surveillance, deterrence and discipline) “are among the least effective and in some cases can make matters worse.” This would seem to further support the role for co-production in providing effective interventions. At the same time, the point about what does not work is a relevant one and interventions that have been shown to work elsewhere may not be applicable to Leicestershire or some communities within the county.

There are many examples of co-production that have been evaluated, but few of these are from the UK. Nef and NESTA are working to develop a toolkit and a range of evaluations to develop a model for the UK, the results of which will be fed back into the Community Budgets process.

Needham and Carr (2009) reference research that suggests that co-production is:

“especially relevant for areas in which services are individualised, site-specific and of sustained importance to people’s lives, requiring ongoing dialogue between many people and agencies and frequent review.”

Hunter and Ritchie (2007b) in Needham and Carr (2009)

This would certainly suggest that co-production would lend itself well to a families with complex needs settings. Needham and Carr go on to discuss four international examples of co-production in practice within adult social care, providing insight into the strengths and limitations of co-production in practice. Key features of the co-production approach are noted as being:

- That it can be used with different people who use social care services;
- That it recognises that the people who use services are experts in determining their own requirements;
- That it enables people who use services to play an active role in meeting their own needs, rather than positioning them as passive dependents;
- That it demonstrates mutual aid between people who use services, promoting new mechanisms of peer support;
- That the broader community (including families) are active in the production of support, offering a collective model of co-production; and
- That it involves a redefinition of what constitutes an 'outcome' in public services, often focusing on less quantifiable, personal aspects, such as befriending, building relationships and broader quality of life issues.

Needham and Carr also list the following strengths and limitations of the co-production approach based on the projects explored:

Strengths:

- Value for money;
- Incorporation of expertise from the people who use services;
- Health benefits and prevention;
- Practical skills; and
- Social capital.

Limitations:

- Co-productive schemes need to build as well as reinforce social capital;
- Co-production may challenge existing frameworks of service provision;
- Co-productive schemes require sustained, secure funding and organisational support but also need to be independent; and
- Co-production requires support for staff.

Of particular relevance to Community Budgets work around families with complex needs would be the benefits in terms of value for money and health benefits and prevention along with the building of social capital, echoing sentiments elsewhere in this report.

Key characteristics: **Co-production**

- Family involvement
- Multi-agency approach
- Professionals and families seen as equals
- Existing examples in other approaches
- Empowerment
- Building social capital
- Difficult to evidence value
- Significant evaluation, but outside UK
- Involves significant culture change

Multi-Systemic Therapy (MST)

The Social Exclusion Task Force states that Multi-Systemic Therapy (MST) is an intensive intervention that combines family and cognitive-behavioural therapy strategies with a range of other support services. Originally developed for use with serious juvenile offenders, it is now being applied more generally to Early Intervention approaches focusing on preventing offending behaviour (Ross et al, 2011). Central to the model is an acceptance that school, work, peers and the wider community are inter-connected systems that can influence the behaviour of young people and their families. This link with the wider community and social networks is key in terms of delivering effective intervention, with various literature sources stressing the important role the community has in both providing interventions and taking responsibility for supporting families with complex needs.

Allen (2011a) notes that MST is an intervention for young people that “focuses on improving the family’s capacity to overcome the known causes of delinquency.” The intervention involves a team of four trained MST therapists, working with between four and six families and each intervention lasts between three and six months.

Allen (2011a) includes MST on a list of nineteen thoroughly evidenced and evaluated interventions (see Appendix 3) that form part of the Nottingham Model for Early Intervention. C4EO (2010) note that MST has been identified by the University of Colorado as a ‘Blueprint’ programme, meeting the highest standards of effectiveness.

Outcomes to date indicate that the programme improves young people’s engagement in education and training, reduces the likelihood of them re-offending, increases parents’ confidence and also the likelihood that parents will engage in work or training. Henggeler (1997) states that MST has “demonstrated decreased criminal activity and incarceration in studies with violent and chronic juvenile offenders, and results are promising in studies of other populations that present complex clinical problems.”

Although the approach is costly (Flint et al, 2011), evidence has shown it to be cheaper to administer than traditional interventions as well as being cost effective. Aos et al (2004) quotes analysis from the US that MST has a benefit-to-cost ratio of £2.5 in avoidable cost savings for every £1 invested. In addition, the report included information on the following outcomes:

- Reductions of 25–70% in long-term rates of rearrest;
- Reductions of 47–64% in out-of-home placements;
- Improvements in family functioning; and
- Decreased mental health problems for serious juvenile offenders.

Although the majority of evaluation of MST and FFT (see below) has focused on the US, literature suggests (DfE, 2010; Ross et al, 2011) note that initial UK evaluations show similarly positive results. MST is currently being used in ten locations across the

county, covering 700 families. The first randomised controlled trial of MST in the UK is currently being run by the Brandon Centre in partnership with Camden and Haringey Youth Offending Services, with initial findings showing:

“Positive outcomes in terms of reduced offending, particularly for boys, and, in line with the international evidence, appear to work well with various populations, here holding across ethnicities.”

Ross et al (2011)

DfE (2010) note that providing family therapy costs around £2,000 per participant, but saves an estimated £52,000 over a longer term.

As with Incredible Years, MST could be applied in Leicestershire in its own right or as part of a wider, more coordinated model for Early Intervention. The links to the wider community, friends and peers would also suggest that the intervention would lend itself well to delivery through the voluntary sector or through schools, rather than being local authority led.

Key characteristics: **Multi-Systemic Therapy**

- Whole system approach
- Youth justice focus
- Involving community and building social capital
- Building resilience
- Supporting families
- Effective parenting
- Thoroughly evaluated and evidenced
- Positive outcomes
- Cost effective
- Implemented in UK

Functional Family Therapy (FFT)

Functional Family Therapy is referenced by Allen (2011a) as part of the list of nineteen ‘best’ interventions which could be incorporated into a model for Early Intervention. Sexton and Alexander (2003, in Ross et al, 2011) describe FFT as a “clinic-based intervention designed to help dysfunctional children aged 11-18.” Whereas MST broadens the focus out to include wider linkages to communities etc, FFT remains focused on the family and as a result, may be more suitable to work with families with complex needs in the first instance.

Ross et al (2011) refer to numerous evaluations of FFT over the forty years it has been in use, associating it with a 35% reduction in felony and 30% reduction in violent crimes. Aos et al (2004) state that FFT returns almost eight times the initial investment in savings, although it is not clear from the research whether these are pure cashable savings or not.

Key characteristics: **Functional Family Therapy**

- Thoroughly evaluated and evidenced
- Focus on dysfunctional children
- Family focus
- Cost effective

Family Working

Family Working utilises the whole family assessment principles of identification, assessment, support and review and has close links with the Common Assessment Framework discussed in more detail below.

Kendall et al (2010) provides an overview of the work of 15 local authorities who received funding to test family focused models of working, with the aim of “together tailored services and systems reform to ensure that families with complex needs receive coordinated, family focused packages of support.” Bringing together children’s and adult’s services was a key component of this work.

Kendall et al refer to three approaches used by local authorities for whole family assessment:

- Hybrid Model and the CAF+ Model based on the CAF form;
- Service-led Assessment Model using existing assessment tools developed or used by their services;
- Information Model using existing family data and information to make an assessment of family need but not developing a new family assessment tool.

Evaluation of the approach have reported an increase in resilience, a reduction in family risk levels, which has stopped child protection concerns escalating and earlier or swifter identification of child protection concerns (Kendall et al, 2010). Flint et al (2011) note that a multi-agency, whole family approach is essential in providing positive outcomes affecting children and their families.

Family Working could be applied to Leicestershire in terms of the way in which families are assessment and that services work together to coordinate efforts to provide interventions.

Key characteristics: **Family Working**

- Close links with CAF
- Implemented in UK
- Whole family approach
- Supporting families
- Building resilience
- Multi-agency, whole family approach

Family Intervention Projects

Family Intervention projects were set up in 2006 as part of the Respect Action Plan to combat antisocial behaviour and aimed to work with families for between six and 12 months (White et al, 2008). White et al highlight the following features critical to successful outcomes:

- Recruitment and retention of high quality staff;
- Small caseloads;
- Having a dedicated key worker who manages a family and works intensively with them;
- A whole-family approach, as discussed below;
- Staying involved with a family for as long as necessary;
- Scope to use resources creatively;
- Using sanctions with support; and
- Effective multi-agency relationships.

DfE (2010) quotes independent research by NatCen which shows improved outcomes for families when supported by Family Intervention Projects including:

- 72% reduction in housing enforcement actions;
- a drop in anti-social behaviour by almost two-thirds;
- 58% reduction in truancy, exclusion and bad behaviour at school;
- 59% decline in domestic violence;
- 47% decline in drug and alcohol problems; and
- 42% decline in child protection concerns.

More generally, the evaluation suggests that support increases “the likelihood of positive outcomes for the family, the adults and of the family as a whole” furthermore, support may improve life for neighbours and the wider community.

Evaluation of the FIPs suggests that they have resulted in positive outcomes; costing between £8,000 and £20,000 per family to implement, compared to the costs of families not going through the FIP, which range from £250,000–£350,000 per annum (DCSF, 2010). In addition, White et al make reference to suggestions that the FIP scheme should focus on more preventative work with vulnerable families who have severe support needs, “replicating the intensity of FIPs without the sanctions.” The report does note, however, that there is a lack of evidence on the sustainability of outcomes in the longer term.

Building on this, and referencing White et al in his analysis of multiple FIP evaluations, Gregg (2010) calls into question the reported effectiveness of FIPs and the rigor of the evaluation that has been undertaken, suggesting that calls for “improved data collection and for long term studies of family outcomes” have been in vain. Gregg argues that FIPs have targeted “the wrong people for the wrong reasons” and have failed to tackle the underlying causes of disadvantage within the families accepted onto the project. Indeed, Gregg points out that acceptance onto

the FIP is skewed from the outset, with projects overlooking the “less cooperative, more resistance families.” In addition, Gregg is damning in his account of evaluations, arguing that they involve “limited sampling, incomplete datasets, subjective assessments and badly biased samples.”

Gregg points out that while focusing on ASB, Family Intervention Projects fail to acknowledge the underlying causes of such behaviour which is often linked to health disadvantage, especially mental health. These problems are long term and persist long after the intervention has ended, without being properly addressed. Furthermore, when families exit the project, they are “returned to communities where there is little tolerance for those who are mentally impaired.”

Seemingly contradicting the NatCen evaluation of FIPs mentioned above, Hodgkinson and Jones (2011) note that “there is limited information in the public domain about how FIPs work, the characteristics of the families they work with, their successes and challenges”. Furthermore, “no up-to-date independent research has been conducted into their use and effectiveness and the academic literature on FIPs is scarce.” “Little is known about their effectiveness or under what conditions they may yield the greatest success.” The forthcoming report will contain information on best proactive recommendations about effective engagement with multi-risk families.

Family Intervention projects are already being used across Leicestershire. An evaluation of FIPs within the county is currently being conducted by Loughborough University and is scheduled to be completed during the Autumn of 2011.

Key characteristics: Family Intervention Project

- Early intervention
- Cost effective
- Whole family , multi-agency approach
- Limited evaluation
- Supporting families
- Need for better data to fully evaluate
- Implemented in Leicestershire

Think Family Approach

Lexmond et al (2011) note that the Community Budgets concept “clearly builds on the Think Family approach that the Labour Government developed through its Family Pathfinder project” given its focus on local areas developing intensive support for ‘families at risk’. The Think Family approach aims to coordinate children’s, adults and family services in order to understand and intervene with problems across the whole family (DCSF, 2009) rather than dealing with individuals. This approach allows practitioners to understand the connectedness of the family structure and develop a much more complete view of need. The approach utilises a ‘no wrong door’ view;

that interventions are shared across practitioners to ensure that a complete picture of a family's need to developed (Social Exclusion Task Force, 2008).

Think Family aims to build “a strengths based approach (which) builds families’ capacity to deal with present and future problems and supports them to take responsibility for their own lives” (Social Exclusion Task Force, 2009). A key aspect of the approach is to tackle the intergenerational cycles of poverty as mentioned above (DCSF, 2009).

Furthermore, the approach focuses on families’ strengths rather than their weaknesses, which helps to avoid the disadvantages facing a family defining them in the eyes of practitioners. Linked to this, support is tailored to the family’s need rather than being universal. Identified unmet need can result in the development of a ‘team around the family’, using a coordinated approach to manage interventions across a variety of service areas. This helps to underline the point made in the previous chapter on definitions that a family’s issues should not come to define them, and that all families will have access to some resources which they can use to help themselves out of disadvantage.

Think Family approaches “have been remarkably successful in engaging and bringing about change for families with whom services have not been successful in the past.” (DCSF, 2009). DCSF have found that children with health or behavioural problems or who are involved in anti-social or criminal activity, poor school attendance, and parents with mental or physical health problems or drug and alcohol dependence have all been shown to benefit from this approach. In addition, Think Family approaches in various local authorities have been subject to independently evaluation (Blackburn with Darwen LPSB, 2011).

The Think Family Pathfinder Research Update (DCSF, 2010) highlights the characteristics of delivery, including the role of family-based assessments, joint assessment and delivery and intensive, one-to-one support, minimising the numbers of professionals involved with the family. Key to this involvement is the role of the Team Around the Family (TAF), “providing a coordinated and integrated response to families’ needs, which actively engages families in the process.” The TAF approach has been used in the Westminster Family Recovery Project, discussed below.

The Think Family approach has obvious close links with the aims of the Community Budgets work around families with complex needs in terms of building a more comprehensive understanding of families and the ways in which services interact with them. In addition, both aim to build resilience and break the intergenerational cycle of poverty.

Key characteristics: **Think Family Approach**

- Early intervention
- Whole family, multi-agency approach
- ‘No wrong door’

- Builds capacity and resilience
- Focus on family's strengths
- Supporting families
- Wide range of benefits
- Independent evaluation
- Intensive, one-to-one support

Common Assessment Framework (CAF)

The Common Assessment Framework is;

"A shared assessment and planning framework for use across all children's services and all local areas in England" help the early identification of children's additional needs and promote coordinated service provision to meet them."

(CWDC, 2011).

The CAF acts as "a common front-end to more specialist assessments" (DfES, 2004) which could represent a model for bringing together the various agency data held on families with complex needs. CAFs have been "actively promoted" by the Think Family Pathfinders as an assessment criteria for identifying families with complex needs.

DFES (2004) notes that the aims of the CAF are "to support earlier intervention, encouraging practitioners to look outside their normal work area and recognise where the provision of extra support (by themselves or another practitioner or agency) is necessary." This could equally be applicable to families with complex needs. The CAF already "helps the practitioner to identify the child and family's strengths, additional needs, the nature of any additional needs, and the appropriate response to those needs" and this multi-agency approach to identifying unmet need for children and young people could equally be expanded to cover families in general. Easton et al are quoted as stressing;

"The importance of the Common Assessment Framework (CAF) and associated processes in providing the systematic underpinning for effective integrated working that makes a positive difference to the outcomes for vulnerable children and families."

Easton et al (2011)

Easton et al are quoted as stating that "the costs invested in assessments and interventions identified in the [study] cases are consistently and significantly lower than the future costs avoided", with the majority of cases resulting in savings of between £41,000 and £60,000, compared to a CAF cost of below £3,000 in most cases. However, Easton et al are quick to note that these results may not be representative of cases in general, stressing that a "larger sample of cases would be valuable both locally and nationally."

The notion of understanding the strengths inherent in a family relates back to points made in the chapter on definitions. DWP (2011c) cite a number of different authorities who state that the CAF is a key resource for identifying families with complex and multiple needs. C4EO (2010) go further, stating that “the CAF should be developed into the standardised tool for conducting assessments into children’s additional needs and for developing [...] a process to meet those needs.” Easton et al point out that the CAF shows “particular improvements for children, young people and families in their engagement in education.”

However, Flint et al (2011) note that current mechanisms such as the CAF “may not always capture the actual extent and complexity of issues impacting upon vulnerable young people and families.” Furthermore, Easton et al note that the CAF may not be generally cost effective given the current strain on public spending and the reduction in demand for more costly specialist services.

The Common Assessment Framework is already in use across Leicestershire. An evaluation of the use of the CAF in Leicestershire is currently being produced by Loughborough University and is scheduled for publication in December 2011 (Holmes and McDermid, 2011).

Key characteristics: **Common Assessment Framework**

- Multi-agency approach
- Coordinated intervention
- Focus on strengths
- Uncertainty around cost-effectiveness
- Already in use in Leicestershire

Sure Start Children’s Centres

Sure Start Children’s Centres provide integrated services for young children and their families (DfE, 2011). As mentioned in the previous chapter, Sure Start has been referenced across a wider body of policy documents, where they are seen as key in delivering the services needed to address issues around complex needs and Early Intervention as well as more generally serving as a community hub. Allen (2011b) highlights the possible role for Sure start as a source of integrated support as well as their potential to be developed into more integral community hubs.

In their response to the Field Review of Child Poverty (2010), Barnardos stress that “[Sure Start’s] integrated, multi-agency approach is one of the most effective means we have for breaking the cycle of poverty and transforming patterns of poor parenting and educational underachievement” (Barnardos, 2011).

Sure start offers a range of services, including child and family health services, childcare and early learning, parenting advice and classes and training options (DirectGov, 2011). Current Government policy is to return Sure Start to its original purpose of “improving the life chances of disadvantaged children” with a focus of

“targeting Early Intervention on families who need the most support” (Lexmond et al, 2011).

Allen (2011a) notes that “there is also good evidence that Sure Start children’s centres contribute to improvements in child well-being in the early year’s in the communities in which they are provided” and “The Welsh Assembly and Birmingham City Council have demonstrated how children’s centres are a valuable neutral context in which to offer advice or evidence-based programmes on parenting or relationships.”

Allen (2011a) also notes that “It is known that the availability of free or low-cost quality childcare that allows parents to go to work, thus increasing household income, also makes a difference.” He also recommends that Sure Start children’s centres are used as “a source of integrated support for targeting disadvantaged families of young children, offering integrated support to children with disabilities and/or special educational needs.” Allen (2011b) notes that “The Government has said that it wants to retain a network of Sure Start children’s centres, accessible to all families but focused on those in greatest need.”

DfE (2011) note that a forthcoming statement will set out the Government’s vision for reform, which will include greater involvement for the voluntary sector within children’s centres, greater local transparency, increased use of evidence based interventions and payment by results (both of which are discussed above). This echoes sentiment from the DoH (2009) that SSCC “have a strong track record of community engagement and user participation”, making them ideal for use as a community hub.

The DoH (2009) note that Sure Start Children’s Centres are “becoming the focus for integrated children’s service ... and parenting support.” They also note that:

“Children’s centres offer a way of delivering services in a community setting that makes them more visible and accessible to families that may be less inclined to access traditional services.”

Department of Health (2009)

Research has shown that “an evidence based parenting intervention delivered with fidelity by regular Sure Start staff” can bring about improvement in measures of parenting and problem behaviour in children (Hutchings et al, 2007). Evaluation of Sure Start Local Programmes (SSLP) in 2008 found that children living in SSLP areas had:

- Better health outcomes;
- Lower levels of problematic parenting;
- Higher quality home learning environment;
- More likely to access services; and
- Showed more positive social behaviour.

(Lexmond et al, 2011)

Sure Start Children's Centres have been developed across the UK, including Leicestershire, meaning the infrastructure is already in place. What is important is to understand the form and functioning of the services that Sure Start offers across the county. This will help partners to plan effective services in conjunction with Sure Start Centres.

Key characteristics: **Sure Start Children's Centres**

- Integrated service
- Involving community and building social capital
- Multi-agency approach
- Effective parenting
- Supporting families
- Delivers a range of services
- Tackling poor health
- Evidence of effectiveness
- Neutral context
- Evaluated
- Already in use in Leicestershire

Healthy Child Programme

The Healthy Child Programme for the early life stages focuses on a universal preventative service, providing families with a programme of screening, immunisation, health and development reviews, supplemented by advice around health, wellbeing and parenting (DoH, 2009). This echoes the sentiments of Allen (2011a) and Field (2010) that the focus of effective intervention should be on the early years of life.

The Government's Social Mobility Strategy (2011b) notes that "early year's provision has improved in recent years with the creation in England of Sure Start Children's Centres, the Healthy Child Programme, and free early education for three and four-year olds." The Strategy adds that the Government is committed to supporting all parents and children through the Healthy Child Programme, which will be provided as part of the Sure Start service (discussed above).

DoH notes that the following characteristics will be key in delivering an effective Healthy Child Programme, although they could be applicable to most work with families with complex needs:

- Multi-skilled team working involving a range of practitioners;
- An agreed and defined lead role for the health visitor;
- A team with up-to-date knowledge and skills; and
- Team with competences to work in partnership with children, mothers, fathers and families to work effectively across service boundaries.

The Department of Health (2009) state that “there are plenty of examples of high-quality, evidence-based Healthy Child Programmes across the country.” Furthermore, the DoH notes that given the differences in local populations, Healthy Child Programmes will need to be tailored to individual areas. As a result, “commissioners need a systematic, reliable and consistent process for assessing needs. At an individual level, families need a skilled assessment so that the programme is personalised to their needs and choices.” Guidance makes reference to identification of risk factors as well as protective factors which may be woven in with work around identification of families with complex needs.

The Department of Health (2009) also note the close links between the use of the Healthy Child Programme and the work of Family Nurse Partnership, suggesting that the two services can be delivered as part of the same whole, through GPs, Sure Start Children’s Centres, schools etc. The report makes reference to the fact that “more co-located and multidisciplinary services are seen as key objectives for providing the integrated support that many families will need.”

Key characteristics: **Healthy Child Programme**

- Universal service
- Early years focus
- Tackling poor health
- Effective parenting
- Provided as part of Sure Start
- Evidence based
- Highly-trained staff
- Tailored to individual areas
- Co-located

Family Nurse Partnership

The Family Nurse Partnership aims to foster emotional attunement and confident, non-violent parenting (Allen and Duncan Smith, 2008) and attachment between a child and parent(s) (Allen, 2011a). Specifically, the scheme focuses on low-income, ‘at-risk’ pregnant women expecting their first child (GLA, 2011). This focus is linked to the relationship between parent(s) and child that are key to notions of the family and mentioned in the chapter on definitions. Allen notes that:

“Nurse Family Partnership provides intensive visitation by nurses during a woman’s pregnancy and the first two years after birth. The goal is to promote the child’s development and provide support and instructive parenting skills to the parents.”

Allen (2011a)

The Family Nurse Partnership is backed up by “30 years of rigorous impact research in the US” (Social Exclusion task Force, 2008). The core components include:

- A dedicated family nurse from early pregnancy until the child is two years old, who builds up a strong therapeutic relationship with the mother and family through sustained and frequent contact;
- Taking responsibility for family outcomes. Family nurses hold the family in the 'palm of their hand', rather than passing them off to different agencies;
- A preventative, strengths-based approach which helps people to set goals and make changes in their lives;
- The tools and confidence for practitioners to open up and work through sensitive and difficult family issues such as love and trust, relationships and damaging life experiences; and
- Materials and methods that enable parents themselves to provide positive care for their children.

Think Family Report (Social Exclusion Task Force, 2008)

The Family Nurse Partnership is included in Allen's list of evidenced interventions that contribute to the Nottingham Early Intervention Model. Allen draws attention to the fact that The Department of Health is currently undertaking a number of randomised controlled trials across the UK. C4EO (2010) note that FNP has been identified by the University of Colorado as a 'Blueprint' programme, meeting the highest standards of effectiveness.

Boyle et al (2010) note that FNP have "demonstrated significant savings across a range of services, and inspiring improvements in outcomes", a sentiment echoed by the Washington State Institute for Public Policy (Aos et al, 2004). In addition, Boyle et al note that FNP is an example of effective co-production (as discussed above), where families are included in the development of interventions to increase ownership and effectiveness. In terms of cost benefit, research in Nottingham has shown that the FNP can return three to five times the investment in terms of avoidable costs by the time children were 15 (Karoly et al, 2005). Karoly et al also found that the Nurse Family Partnership (the US version of the FNP) had statistically significant results across the following domains:

- Achievement test scores;
- Positive behaviours;
- Child abuse;
- Emergency room visits;
- Hospital days; and
- Arrests.

Furthermore, Karoly et al report that NFP has consistently delivered positive economic returns over 30 years of rigorous research, and that benefit-to-cost ratios of studies examined fall in the range of around 3:1 to 5:1. Some example impacts from the US evaluation include reductions of 32% in emergency room visits at age 2, reductions in reported child abuse, fewer subsequent pregnancies, fewer months on welfare and fewer arrests at age 15. Boyle et al note that:

“Once the costs of the programme are covered, the benefits per child are estimated at \$17,180. The preventative cost savings associated with the parents include a 20 per cent reduction in months on welfare and an 83 per cent increase in employment for the mother by the child’s fourth birthday.”

Boyle et al (2010)

However, GLA (2011) stress that:

“No evaluation has yet been conducted in the UK that considers a counter-factual (i.e. what would have happened in the absence of the programme), but initial monitoring, and evidence from the US suggest that there is strong economic case for implementing this programme.”

Current Government policy is to double the number of families who have access to the Family Nurse Partnership to 6,000 by 2015 (Lexmond et al, 2011) and various sources stress that this increase, and the role of FNP in general needs to be viewed in the context of a wider spectrum of support services such as GPs and Children’s Centres (e.g. Lexmond et al, 2011; DoH, 2011b).

C4EO (2011c) state that FNP “can be delivered well in England” based on initial research findings. Initial feedback from families involved in the scheme has been positive and findings suggest that FNP practitioners are viewed more positively largely due to their perceived neutrality over other public sector practitioners.

Key characteristics: Family Nurse Partnership

- Early intervention
- Development of interpersonal skills
- Focus on at risk first time pregnant women
- Intensive intervention
- Tackling poor health
- Effective parenting
- Thoroughly evaluated and evidenced internationally
- No counter-factual UK evaluation
- Single point of contact
- Demonstrable savings
- Co-production approach
- Perceived neutrality

Co-located and Coordinated Approaches

DfE (2011) draw attention to two ways in which services can be delivered to families with complex needs. The first - coordinated, incorporates a key worker or professional that coordinated work between the family and agencies, acting as a single point of contact (see Maras, 2008). DfE note that this approach is currently being implemented by many local authorities in work around antisocial behaviour,

youth crime and child poverty. They also argue that putting in place a ‘whole family’ arrangement has been key to success.

A co-located approach brings together all the practitioners working with a family in one place, alongside a key worker, which facilitates cross-working and joining up of understanding. The approach has formed the basis for the ‘Team Around the Family’ (TAF) approach used by Westminster Family Recovery Project amongst others.

DfE note that “both of these (approaches) are very flexible in their application and delivery.”

Key characteristics: Co-located and Co-ordinated Approaches

- Way of delivering intervention rather than a stand-alone intervention
- Joined up working
- Whole family approach
- Key worker
- Implemented in UK

Westminster Family Recovery Project

Westminster City Council’s Family Recovery Programme (FRP) focuses on treating the root causes of social breakdown rather than dealing only with its symptoms (Allen, 2011a). This ‘whole family’ approach to intervention recognises the inter-relationship of the causes and effects of social breakdown.

For instance, it recognises that poor housing and parental drug misuse are likely to lead to poor health and a lack of educational achievement for children. The programme has developed an innovative ‘cost-avoidance’ methodology. With the council as the lead partner, the FRP brings together a number of public services, as well as national and local voluntary groups, to share resources, intelligence and expertise and provide a single focus for dealing with the deep-rooted problems suffered by the individual families concerned.

The ‘Team Around the Family’ (TAF) consists of a range of different expertise, including adult mental health, substance misuse, housing advice and intensive outreach work to engage hard-to-reach families.

The TAF receives referrals from a wide range of statutory and non-statutory organisations. It acts as a single unit, based in one location, and reports directly to a single operational head. TAF members share information from their respective services in a unique way, overcoming agency barriers to provide coherent and consistent action. Integrated support is provided early to young siblings. The TAF seeks a family’s consent prior to intervention – except in cases where crime and children’s safeguarding are of critical importance and thus override data protection legislation – in a clear and commonsense way. It sets clear and achievable goals and

is honest about the consequences for those individuals who fail radically to improve their behaviour.

The scheme has been shown to reduce child poverty, antisocial behaviour, truancy, and youth crime, keeping children and young people out of the care system, and getting them back into school and college.

Bishopp (2011) states that the approach aims to work with work with families who have a history of non-engagement with services, or where, even with multi-agency support, positive change has been limited or not sustained. Support is persistent and aims to improve experience of both families and their communities, supporting and embedding the capacity for change.

Key characteristics in the delivery of the intervention mirror many of the elements discussed in this chapter; the use of an intensive, whole family, co-located approach, the development of a Team Around the Family and an emphasis on building resilience (Bishopp, 2011).

Evaluation of the FRP has found that costs avoidance ranged from between £300 in the least successful family, and £136,000 (in the most successful). A cost benefit analysis found that for every pound invested in the scheme, two pounds are avoided in the first year of intervention. In addition, the scheme was found to have the following risk reduction:

- Anti-social behaviour 60%
- Housing 66%
- Education 42%
- Domestic violence 65%
- Family function 51%
- Health 42%

Similar to Nottingham's Early Intervention Model, the Westminster Family Recovery Project represents a robust and proven method for producing positive outcomes for families experiencing complex needs. although the model in its entirety may not be suitable for Leicestershire, more should be done to see how elements of the approach could fit into a model for the county.

Key characteristics: Westminster Family Recovery Project

- Early intervention
- Whole Family approach
- Team Around the Family
- 'Cost avoidance' model
- Co-located approach
- Supporting families
- Multi-agency approach
- Clear and achievable goals

- Persistent support
- Building social capital
- Cost effective
- Robust and proven method of intervention

Building Bridges

Building Bridges is a “professional, home-based family support service which is designed to meet the needs of families with multiple complex needs” (Family Action, 2011). The approach focuses on interpersonal skills and building strengths within the family that will benefit all family members, using “a coherent theory of change that is evidence based and developed through use of research and practice knowledge” (MacLeod, 2011).

MacLeod notes that “the model is built on principles found to be effective in meta-analysis of studies of intensive family support services.” In addition, the approach incorporates the following key characteristics:

- Holistic;
- Goal oriented and problem-focused;
- Carefully targeted;
- User tailored;
- Strength-focused;
- Working through relationships; and
- Offering practical assistance,
- Relational, behavioural and emotional help.

Although initially focusing on families with mental health issues, of interest to Leicestershire, MacLeod notes that the approach has been expanded to cover families with a range of complex problems.

Family Action note that the families they work with have a range of issues which consistently overlap with the disadvantages highlighted in the discussion on definitions of families with complex needs, suggesting that Building Bridges could represent a relevant intervention that could be included in any future model or programme for Leicestershire.

Family Action note that “Building Bridges works holistically in the family home with parents and children to develop an action plan to support the family and improve their situation”, this could build upon ongoing ethnographic work with families with complex needs in Leicestershire and has obvious overlaps with other intensive and family-focused interventions discussed in this chapter.

Building Bridges Family Support Service is noted as a “cost-effective and multi-agency approach, adding value to adult and children’s services, health officials, education and social care” (Family Action, 2011). It has been validated by the Centre

for Excellence in Outcomes (C4EO) and represents one of their evaluated practices. The evaluation highlights the following key points:

- Including need for child protection register reduced by 54% and need for local authority care cut by 70%
- Rated highly by majority of commissioners and colleagues and by the majority of service users helped
- In 84% of cases, holistic support targeted at workless adults
- Findings based on sample of more than 8,000 household members

Building Bridges could be incorporated into a model or approach to work with families in Leicestershire, given its robustness and overlaps with families forming the focus of Community Budgets work.

Key characteristics: **Building Bridges**

- Whole family approach
- Evidence based
- Supporting families
- Strength-focused
- Building resilience
- Goal-orientated and problem focused
- Home-based
- Multi-agency approach
- Validated, evaluated and cost effective

General

The following are examples of good practice but are either not specifically interventions or ways of working, or do not have robust evidence bases or supporting information at present. Nevertheless, they could be viewed as potentially useful to work with families with complex needs, dependant on further exploration and evaluation.

C4EO

The Centre for Excellence and Outcomes in Children and Young People's Services (C4EO) has been used throughout the assembled literature both as a source of information and as an evaluative body. Field (2008) draws upon work from C4EO on the evaluation of early year's provision and Allen (2011a) notes that C4EO has "been cataloguing and validating emerging good practice across the country and is a more reliable source of interesting local initiatives." Partners in Leicestershire should be aware of the value of this learning, in a similar vein to the Dartington social Research Unit and the added value that these institutions can bring to work with families with complex needs.

Key characteristics: **C4EO**

- Evaluative body
- Cataloguing and validating examples of best practice

Role of the Third Sector

Although also considered in the next chapter on reoccurring themes, the role of the third sector can also be considered as a model for best practice, given the number of sources that advocate its involvement. Voluntary organisations are often seen as less threatening for families experiencing disadvantage given the negative experiences that some families have had with public services. Allen (2011b) notes the importance of the third sector in supporting and delivering Early Intervention. Strengths and experience of the sector in understanding needs of the community to use in designing best interventions.

Flint et al (2011) however, point out that “although there is an important role for local communities and volunteering, this should not take the form of directly substituting for the withdrawal of other sources of funding or specialist and highly qualified expertise.”

The role of the third sector is discussed in more detail in the next chapter.

Key characteristics: **Role of the Third Sector**

- Often seen as neutral
- On the ground knowledge
- Helps to embed families within local community
- Involving the community and building social capital

Family Systems Theory

Family Systems Theory is a method for understanding the complexity of relationships within a family structure. Building on the previous work around definitions of family, this will be key to our understanding of complex needs and how we can develop effective interventions. Family Systems Therapy offers a practical method of building knowledge of the family system and the human behaviour within it.

Key characteristics: **Family Systems Theory**

- Helps to understand family systems
- Aid to intervention

Family Group Conferencing

Family group conferencing is a system of family-led decision making which draws on the resources of the extended family and empowers those involved to negotiate

their own solutions to a problem, rather than imposing external remedies (doing things with rather than doing things to).

The approach involves the preparation of plans to minimise the disruption caused to families if the family situation deteriorates (Social Exclusion Task Force, 2008). Burford and Hudson (2001, in Devaney, 2008) note that family group conferencing has “been shown to be effective in a wide range of situations.”

Key characteristics: **Family Group Conferencing**

- Family-led
- Effective parenting
- Supporting families
- Focus on resources
- Co-production approach
- Shown to be effective

Intensive Intervention Projects (IIPs)

Flint et al (2011) Present an evaluation of Intensive Intervention projects (IIPs), which has obvious links with work around families with complex needs, focusing on “challenging and problematic young people” who shared many characteristics with the criteria discussed in Chapter 1 on definitions; learning difficulties, family break-up, mental healthy issues and violence. IIPs consisted of intensive work with 8-19 year olds through a combination of support and sanctions.

Flint et al make note of a range of key principals which will be included in the next chapter, as well as challenges and information on the cost benefits of the scheme, conducted by the Department for Education. It was shown that IIPs produced a return of £8 of savings for every £1 invested.

A key finding suggested that IIPs are implemented as part of a “holistic whole family approach” with a coordinated and proactive role for agencies, the community and family.

Key characteristics: **Intensive Intervention Projects**

- Intensive nature
- Combination of support and sanctions
- Cost effective
- Holistic, whole family approach

Eliciting Behaviour Change

The House of Lords Science and Technology Select Committee report on behaviour change (2011) represents an evidenced and robust overview of the ways in which behaviour can be altered in order to produce effective outcomes. The report

suggests the following spectrum of behaviour change interventions which could be used to bring about positive behaviour:

Table 2: Behaviour change interventions

	Regulation of the individual		Fiscal measures directed at the individual		Non-regulatory and non-fiscal measures with relation to the individual					
	Eliminate choice	Restrict choice	Fiscal disincentives	Fiscal incentives	Choice Architecture ("Nudges")					
Guide and enable choice										
Interventions category					Non-fiscal incentives and disincentives	Persuasion	Provision of information	Changes to physical environment	Changes to the default policy	Use of social norms and salience
Examples of policy interventions	Prohibiting goods or services e.g. banning certain drugs	Restricting the options available to individuals e.g. outlawing smoking in public places	Fiscal policies to make behaviours more costly e.g. taxation on cigarettes or congestion charging in towns and cities	Fiscal policies to make behaviours financially beneficial e.g. tax breaks on the purchase of bicycles or paying individuals to recycle	Policies which reward or penalise certain behaviours e.g. time off work to volunteer	Persuading individuals using argument e.g. GPs persuading people to drink less, counselling services or marketing campaigns	Providing information in e.g. leaflets showing the carbon usage of household appliances <i>*Regulation to require businesses to use front of pack nutritional labelling, or restaurants to provide calorific information on menus</i>	Altering the environment e.g. traffic calming measures or designing buildings with fewer lifts <i>*Regulation to require businesses to remove confectionery from checkouts, or the restriction of advertising of unhealthy products</i>	Changing the default option e.g. requiring people to opt out of rather than opt in to organ donation or providing salad as the default side dish	Providing information about what others are doing e.g. information about an individual's energy usage compared to the rest of the street <i>*Regulation to require energy companies to provide information about average usage</i>

Source: House of Lord Science and Technology Select Committee (2011)

Given that much of the work around families with complex needs focuses on eliciting positive behaviour, the learning and recommendations from the report could prove useful when developing interventions for families.

The report highlights a framework for behaviour change, which could help to develop suitable interventions. When working with families with complex needs, practitioners will need to be aware of the full range of actions available to them when trying to bring about positive behaviour change with families.

In addition, the MINDSPACE report from the Institute of Government offers a framework for robust and non-coercive behaviour change that can help to underpin work with families with complex needs. The MINDSPACE report proposes that in order to facilitate behaviour change, we need to explore the following aspects of behaviour:

- **Messenger** - we are heavily influenced by who communicates information
- **Incentives** - our responses to incentives are shaped by predictable mental shortcuts such as strongly avoiding losses
- **Norms** - we are strongly influenced by what others do
- **Defaults** - we go with the flow of pre-set options
- **Salience** - our attention is drawn to what is novel and seems relevant to us
- **Priming** - our acts are often influenced by sub-conscious cues
- **Affect** - our emotional associations can powerfully shape our actions
- **Commitments** - we seek to be consistent with our public promises, and reciprocate acts
- **Ego** - we act in ways that make us feel better about ourselves

With an appreciation of the various forces acting on behaviour, we can develop suitable interventions and activity to help facilitate more positive behaviours whilst at the same time, helping to remove the barriers that exacerbate complex needs.

Key characteristics: **Behaviour Change**

- Framework for behaviour change
- Can be implemented throughout interventions rather than intervention itself

Working Families Everywhere

The Government's Working Families Everywhere aims to re-engage the 100,000 'never worked' families with the world of work, building of successful family intervention approaches. The approach utilises Family Champions who sit within family intervention services and work directly with families on employment-related issues DFE (2011).

Each Family Champion acts as a mentor for their respective family, using existing resources to promote positive outcomes across a range of disadvantages such as parenting challenges, poor health, debt, addiction, dependency or lack of motivation which has clear links with definitions of complex needs as discussed earlier.

Working Families Everywhere has obvious links to the localism and Big Society agenda through the use of mentors and would be an obvious scheme to facilitate through the voluntary sector given the emphasis on the voluntary nature of mentors.

The Government's Child Poverty Strategy highlights the links between Working Families Everywhere and Community Budgets:

"Working Families Everywhere ... will work with a number of local authorities in Community Budget areas to test out and share learning from a new approach to supporting families into employment."

Child Poverty Strategy (2011a)

Given that Working Families Everywhere is a new strategy, there is little in the way of evaluation, but the approach has many similarities with other robust methods of intervention, including the use of a single point of contact, a high-level advocate and intensive intervention that 'sticks with' families. While the role of employment is important in supporting families with complex needs, Family Action (2011) note that many families who do not work also experience a number of other issues (i.e. having complex needs) and that measures should be taken to ensure that worklessness does not come to define a family and that returning to work does not result in detrimental effects for the children involved due to lack of parent presence.

Key characteristics: **Working Families Everywhere**

- Focus on worklessness

- Supporting families
- Advocate/ single point of contact
- Intensive intervention
- Tackling poverty
- No current evaluation
- Building social capital

Conclusions

This section represents some of the good practice examples identified by the author throughout the literature review. These are either specific interventions, models for intervention or ways of working that can form part of a model for intervention to support families with complex needs in Leicestershire.

Many of the examples of good practice contains consistent messages or overlap in terms of their delivery (for example, the role of Sure Start Children's Centres as a possible hub for the delivery of Family Nurse Partnerships, Healthy Child Programmes and Incredible Years). In addition, many of the interventions identified as possible models of good practice either form part of the Early Intervention Model promoted by Allen and Duncan Smith, or could easily be considered as part of a variation thereof.

Interventions will need to be robustly evidenced, not only in general, but also at a local level, given the differences in population and characteristics across Leicestershire. The emphasis placed on Community Budgets and the work around families with complex needs will mean that there will be an inevitable growth in evidence to support the work of related interventions.

Key Points

- Early Intervention is a shorthand for much of the work around families with complex needs and relates to the core aspects of Community Budgets work; producing better outcomes at reduced costs;
- The Nottingham Early Intervention Model represents an evidenced and tested 'off the shelf' approach which could be tailored to the needs of Leicestershire;
- The interventions provided by Allen (2011a) represent a source of possible approaches that could be applied to various aspects of work with families with complex needs. These approaches and others like them will need to be incorporated into Leicestershire's own model for supporting families;
- Sure Start, Family Nurse Partnerships, Family Intervention Projects and the Common Assessment Framework are referenced by many sources and have an important role to play when working with families;

The best practice models highlight some of the key aspects of effective family working, including:

- The value in a co-production/ co-designed approach, taking on board the views, opinions and definitions of success of families themselves. This is not something we can 'do to' families, we will need to deliver interventions with them in order to achieve maximum impact and ensure buy-in from the families. Coupled with this is the notion of viewing families as a whole, rather than individuals and providing interventions that will benefit the whole family;
- Linked to this is the importance of an approach that takes into account the whole family - such as the Think Family approach - that provides multi-agency support and has 'no wrong door' (that is, any contact with services opens the door to additional services). A co-located or coordinated approach can support this by increasing the sharing of information between services;
- Work with families will need to have clear success criteria, both for the purposes of performance monitoring but also if we are to utilise funding approaches such as payment by results. The literature makes reference to the importance of understanding the 'distance travelled' by a family rather than pure performance measures;
- Empowerment of families should be at the forefront of work with families. This will ensure that the effects of interventions will be maintained over time and provide families with the resources and skills to prevent against future shocks. Part of this work will involve understanding the strengths and resources already available to a family and building upon them;
- Various interventions aim to develop interpersonal skills, that will help to build family resilience and resources and aid empowerment;
- The role of the wider community and third sector will become increasingly important as a source of information, as a more neutral provider of services in the eyes of the family and as a source of wider support and resources, both for families and services in general;
- Numerous sources of evidence stress the importance of high-quality services and staff, intensive one-to-one support and intensive services that 'stick with' a family. However, there is no clear consensus what is meant by 'high quality' staff other than the obvious when considering the work area. This should be an area for further analysis. Sticking with a family can refer to the intensiveness of the interventions as well as maintaining contact through transitional periods to ensure that families are not lost as they are passed between services;
- The majority of families referred to in the literature were identified through existing contact with services. Identification of families can be views as threefold; through existing contact with services, identification through disparate datasets

to identify those at risk of developing complex needs and identification of areas that may contain higher concentrations of families with complex needs.

Recommendations

- It is recommended that Leicestershire explore the merits of a complete approach such as Nottingham's Early Intervention Model as it has been effectively evaluated and implemented;
- Partners should explore the relevance of the various interventions highlighted by Allen (2011a) as possible solutions for various aspects of complex needs;
- Families will need to be effectively engaged throughout all aspects of the intervention work in order to ensure that interventions have the maximum impact and relevance. It is recommended that this will take the form of a co-produced/ co-designed approach. Practitioners will also have to 'stick with' families throughout the intervention to create stability and continuity;
- Interventions should focus on what resources the family has access to and aim to empower and build relevant interpersonal skills to develop resilience against disadvantages and shocks;
- It is recommended that - given the emphasis placed on them by the literature - Family Nurse partnerships, Family Intervention projects and the Common Assessment Framework are fully utilised as core elements of an approach to families with complex needs;
- It is recommended that the third sector is engaged with as far as possible, both as a source of information and as a method of delivering interventions. In addition, ways to involve the local community should be explored;
- It is recommended that Sure Start Children's Centres play a key role in the delivery of services, developing their role as a community hub for all families, not just those with complex needs;
- Given the inherent difficulties in funding longer-term, Early Intervention approaches (especially relevant given the current reductions in spending); a range of funding mechanisms such as those laid out by Allen (2011b) will need to be considered.

Chapter 4 - Reoccurring Themes

Background

This chapter aims to extract the reoccurring themes from the previous three chapters on definitions, policy and strategy, and best practice. These common themes and reoccurring issues should be considered alongside the key characteristics of the best practice examples in the previous chapter when developing approaches for work with families with complex needs.

Early Intervention

The links between Early Intervention and families with complex need are clear and have been highlighted by numerous sources and as such are understandably referenced throughout this report. By intervening early, public services can help to **prevent disadvantages developing later** on in life. This not only helps to break the intergenerational cycle of poverty and help to create social mobility but it is more cost effective in the long run although the initial outlay may be considerable compared to how services have operated in the past. Financially, the high initial costs of early intervention need to be balanced against the higher long-term costs of later intervention. When we are talking about families which may cost public services £250,000, interventions costing £50,000 with proven results do not look so unattractive in comparison.

Gladwell (2006) notes that **while long-term approaches are not always popular, they will have better results**. However, most of the savings that come about through early intervention are avoided cost rather than actual cashable savings, as early intervention aims to invest early to avoid the costs of negative outcomes later in life. Funding earlier intervention, however, even in times of relative affluence would be difficult. Given the current situation with regards to the economy and public finances, innovative methods of financing early intervention need to be sought. Allen (2011b) provides an overarching and detailed discussion of the funding options for early intervention, incorporating methods such as social impact bonds and payment by results.

Allen (2011a, 2011b) offers a comprehensive model for Early Intervention which has been implemented in Nottingham City. Not only does Allen propose a complete model, he also balances this with a menu of independently evidenced and evaluated interventions which can be incorporated into Early Intervention work. Some of these have been mentioned across the literature, such as Family Nurse Partnership, Incredible Years and Functional Family Therapy and have been discussed in the previous chapter and a full list of 'top-rated' interventions is included in Appendix 2. These interventions have been noted due to the regularity that they have appeared in the literature and their high-level nature as opposed to some of the more niche interventions mentioned by Allen. Other interventions will be applicable as an approach to work in Leicestershire becomes apparent and specific areas of focus have been identified.

More generally, various sources (GLA, 2011; C4EO, 2011) have also suggested those characteristics which constitute effective Early Intervention. Aspects such as **targeting the most in need, involving the parents and community, intensive interventions with highly trained staff are mentioned time and again**. These points are not just characteristics of effective Early Interventions; they are characteristics of *all* effective interventions. They will need to be built into the very fabric of an approach to working with families with complex needs.

Building Resilience

A reoccurring point, made by various sources is the way in which families with complex needs may be lacking the resilience needed to overcome the problems they face (for example, Pratt, 2007; DfE, 2010). Resilience is a key factor in being able to cope with shocks as they occur and any effective solution should pay particular attention to how to **generate and build resilience**. In some respects, resilience is bounded in other resources such as time, income and education, which also help to guard against shocks. In other cases it is related to interpersonal skills that help to manage crises as they develop.

Furthermore, resilience is key to ensuring that changes in life circumstance - or transitions - do not become problematic or develop into a tipping point. The Social Mobility Strategy (2011) aims to help those with little wealth build up their assets to protect themselves from shocks and can grasp opportunities and also stresses the role employment plays in protecting families and individual from shocks.

C4EO (2011) provide a framework for promoting resilience within families with complex needs, incorporating considerations such as the **protective nature of resilience, raising aspirations and developing 'scaffolding' and mediating force against adversity**. The concept of 'scaffolding' proposes that "appropriate social interactional frameworks must be provided" for development to take place (Bruner, 1978, in Foley, 1993). The term is usually used in the context of child learning, but can be applied to development more generally. In all cases, a focus on strengths and the resources available to a family is key. In most, if not all cases, families will have access to resources both within the family and the wider community upon which to draw and act as a catalyst. Understanding this, **identifying those resources and building on them will be key to turning round families experiencing multiple disadvantages**.

Stability, Continuity and Transitions

As mentioned above, closely linked to resilience is the role played by transitions and the importance of continuity and stability (Social Mobility Strategy, 2011b). Suitable approaches need to focus on generating stability, continuity and developing a **better understanding of the role played by transitions, either between services, life events or locations**. Research has shown that the mother's perception of whether she has control over her own life or actions is significantly associated with cognitive, non-cognitive and health outcomes at age eight to ten (Field, 2010). Transitions

often represent the tipping points that turn a 'just coping' family into one with complex needs and these periods need to be effectively managed and supported in order to create periods of continuity upon which to build resources and develop solutions.

Transitions can fall into two categories; those representing change within the family and transitions between services. Transitions within the family may be a change in the circumstance of either the family or a family member which brings with it considerable upheaval and change. This could be represented by a period of unemployment, a house move or pregnancy (DWP, 2011).

Transitions relating to services often reflect the way in which services impose mandatory cut off points, effectively allowing the individual to 'fall off a cliff edge' (Hannon, 2010) when they reach a specific point, such as the change for Children's to Adult services when a child reaches a specific age. **Agencies need to ensure that these transitions are managed effectively** and that life changes do not upset the balance of the family (Rosengard et al, 2007). This is echoed by C4EO (2011), who state that "transitions need to be handled with care" and practitioners must ensure that they **create and maintain sustained relationships**. This has obvious links with the coordinated model, **using one key worker per family which acts as a conduit, providing stability and continuity**.

Transitions can also complicate the nature of need, triggering additional needs and adding to an already complicated picture, especially if they are not dealt with effectively and quickly enough. For example a transition from employment to worklessness can trigger poverty and mental health needs if not managed effectively or without the necessary resources needed to guard against it. Transitions also represent a potential source of tension between family members and for families and services (LGA, 2009).

The Government's Child Poverty Strategy (2011a) highlights the importance of the following transition points in early life, placing particular stress on what it terms the 'transition years' between 16 and 24, which, it argues, represents the move from education to adult life. Given the importance of the early years in terms of providing a solid base for development, particular attention will need to be paid to these points:

- The early years of development;
- School readiness at age five;
- GCSE attainment;
- The choice of options at 16;
- Gaining a place at university or on an Apprenticeship; and
- Getting into and on in the labour market.

Life chances at these points are critical and will need to be managed effectively by both families and services to ensure smooth transitions at these points. In addition,

critical life events such as periods of worklessness, pregnancy and health issues will need to be monitored to ensure they have as small an effect on families as possible.

Effective Parenting and Supporting Families

It is obvious that **effective parenting** should form the basis of any strategy to approach families with complex needs, not least due to the effects of intergeneration transition of disadvantage. Much of the literature on Early Intervention makes reference to the **importance of effective parenting** and the Child Poverty Strategy stresses that “**parenting style is particularly important for child outcomes.**” The focus on parents as the agents for change in the wellbeing of their children is highlighted by Field (2010) above, pointing out that what parents do in the home is at least as important as early year’s and school education.

These sentiments are echoed by Tickell (2011), who states that children benefit most when they experience the **consistent support** and presence of caring adults – carers, parents or other family members – from the earliest possible age. In addition, Tickell goes on to point out that “strong bonds between parents and their children, forged from the outset, are critical for the development of wellbeing.”

In terms of solutions, the Social Mobility Strategy (2011) stresses **helping parents to parent well** and importance of effective leave and working arrangements and stresses the value of affordable and high quality early education and care. In some cases, all that is needed is time and space for families to work themselves out of problems, but finding this time is difficult given the sheer breadth of challenges facing them. In these situations, the role of social networks (family, friends etc) in providing informal caring support can be crucial. In addition, Tickell (2011) advocates the introduction of flexible parental leave and request for flexible working for all employees.

Sure Start Children’s Centres are mentioned by numerous sources as critical for the delivery of effective parental support. The Social Mobility Strategy (2011b) notes that centres can improve child outcomes and narrow gaps by focusing on parenting capacity, health and well-being and child development and school readiness. However, charities have suggested that government spending plans could result in the closure of up to 250 Sure Start Centres across the country (Ramesh and Gentleman, 2011), obviously it will be imperative that the economic situation does not impact negatively upon those services which are deemed to be central to the delivery of effective services to those most in need of support. The importance of Children’s Centres is echoed by Tickell:

“There is broad agreement on the vital importance of children’s centres and other support services in helping children and their families, and children’s centres should be well placed to guide this joined-up working.”

Tickell (2011)

The support for Sure Start is supported by Field (2010) who states that Children in Sure Start areas have been shown to have improved behaviour and greater independence partly because of better parenting and home learning environment. In terms of the delivery of Children's Centres, C4EO proposes that parents need to be included in the design, delivery and evaluation of schemes. This can help to ensure that services are tailored to the needs of families but also helps to empower family members and value their involvement.

Tackling Educational Performance

Focusing on educational performance will help to break the intergenerational cycle of poverty and ensure that the next generation have the ability to avoid developing complex needs. The Social Mobility Strategy (2011b) stresses the importance of affordable and high quality early education and the importance of the home learning environment, echoing the sentiment of Field (2010) and building on the notion of developing those softer skills essential for the development of effective parenting. Furthermore, in the strategy the Government sets out its aim to develop provision of additional education for all disadvantaged two-year olds by 2013.

Field stresses that **parents have to be partners in the education system** from their child's conception through to eighteen. What parents do in the home is more important than what schools do, so it is vital that early year's services, nurseries, schools and other professionals involve parents and build on their strengths.

The Child Poverty Strategy highlights importance of supporting children to reach their potential through **improved aspiration, attainment and progression** and **empowering practitioners** to have most impact on the disadvantaged. Supporting this, Field (2010) highlights the importance of **high quality teaching** in closing gaps. Furthermore, schools have an important role to play in developing and maintaining **social capital** in communities, both through high quality education, but also by acting as a community hub. The importance of social capital and the role for communities in supporting this with complex needs is mentioned below.

Although education should be focused on the early year's and childhood in order to have maximum effect in tackling intergenerational disadvantage, education should be an issue for all ages and at all stages of life. **Adults need access to education** to increase employment opportunities which in turn helps to guard against critical life events. There is also the **overlap between children's education and parental education**, acknowledging that some parents may still be young people themselves.

Capabilities and Skills Development

Developing capabilities and skills has obvious links with education and employment, but refers to more general, wider abilities which can help to negate the negative effects of complex needs. These skills are important for both children and adults and include **empathy, attachment and understanding**. These interpersonal skills help

individuals and families to work around problems and issues both within and outside of the family.

The Social Mobility Strategy (2011) suggests that parents should be encouraged to help development of **soft skills such as communication and interpersonal relationships**. Parker and Pharaoh (2008) echo this sentiment when discussing the importance of 'protective factors' such as **social and emotional skills**.

In terms of children, the Social Mobility strategy argues, **parenting and life skills** should be reflected in curriculum from primary to GCSE, including the teaching of core life skills and providing relevant "high-quality, inspirational information" for pupils. This will help to develop "the self-awareness, self-esteem and confidence to ... seize control of their future learning and careers." As a result, building capabilities and skills has obvious links with the role of resilience in dealing with complex needs. Parker and Pharaoh argue that attention should be paid to people and assets, rather than problems and deficits.

Tackling Worklessness

Ensuring that families have regular employment is seen as a key aspect of building resilience and reducing poverty (Child Poverty Strategy, 2011). In addition, it is invaluable in terms of developing skills, resilience and independence with the Child Poverty Strategy stressing that work benefits family's material, social and emotional well-being.

The Child Poverty Strategy highlights the importance of employment by references research stating that 65 percent of parents in poverty who enter work move out of poverty (Browne, J and Paul, G. 2010). However, not all people experiencing poverty are out of work, with in-work poverty a considerable issue given the problems on identifying those families it affects. Research suggests that around 55 per cent of children who are currently in poverty are living in working families (Child Poverty Strategy, 2011).

In terms of specific worklessness interventions, the DWP consultation on ESF support to deliver a number of activities that progress customers towards work exploring using the appropriate support from a wide menu of possible work-related progress activities. These include:

- Attitudinal change, such as improved aspirations and motivation;
- Life skills, such as time-keeping and coping with authority;
- Work place skills, such as problem solving and improved organisation;
- Personal skills, such as improved presentation and health;
- Basic employment skills, such as brushing up literacy, numeric or use of IT; and
- Improved labour market knowledge.

DWP are currently working with Jobcentre Plus and five Local Authorities to "develop new solutions to address specific problems of worklessness" (DWP, 2011). It is

envisaged that this work will develop new models around policy areas and client groups, including;

- Family interventions;
- Receipts of inactive benefits;
- Intergenerational unemployment; and
- Employer engagement

In terms of solutions, the government has developed the Working Families Everywhere campaign, mentioned previously which aims to set up Family Champions. These are a new type of worker who will provide direct support to families, building their confidence and job seeking/ work-related skills, brokering employment links, finding job opportunities and providing in-work support. The use of a mentor or advocate is one that reoccurs throughout the literature.

Tackling Poor Health

Tackling poor health is a key aspect of work with families with complex needs as health disadvantages can cause chronic problems for families across the life course. In many cases these issues can be persistent and have long-term effects. The Marmot Review of Health Inequalities (2010) acknowledges that a **social gradient to health** exists, stressing that “the lower a person’s social position, the worse his or her health.” Marmot notes that action should focus on reducing the gradient in health.

Health outcomes are also closely linked to worklessness, with work improving health and periods of worklessness affecting health, especially mental health. The Government’s Child Poverty Strategy (2011a) states that:

“Work generally improves people’s well-being and mental and physical health, with positive implications for their children. Conversely, being out of work, especially for long periods of time, can have a devastating impact upon people’s confidence, relationships, health and well-being.”

Waddell and Burton (2006) in Child Poverty Strategy (2011).

Numerous sources have stressed the importance of health related interventions and the importance of health in work with families with complex needs. The Family Nurse Partnership is mentioned by various sources as a source of support during pregnancy and the first two years of life. It has been suggested that Family Nurse Partnerships are incorporated into the range of services offered by Sure Start Children’s Centre, which in turn it has been argued should move towards a more health and well-being focus. This relates directly to the importance of co-location, as discussed in the previous chapter.

Tackling Poverty

As mentioned above, poverty is closely linked to worklessness (Child Poverty strategy, 2011) for obvious reasons, but poverty is closely related to various other outcomes such as health with a clear link between social gradient and health. The Marmot Review (2010) notes that longitudinal analysis of three British Birth Cohort Studies shows that being in social housing as a child increases the risk of multiple disadvantages in adulthood.

Alongside worklessness, Allen and Duncan Smith (2008) note that place is a key determinant of poverty. Areas of deprivation across the county have remained relatively constant as families that escape their disadvantage move out, leaving disadvantaged families behind. In addition, peer groups and lifestyle represent important aspects of poverty that will need to be explored and understood in the concept of families with complex needs. For example, high concentrations of poverty represent social norms which make it more difficult to break away. Understanding poverty, its various dimensions and the importance of poverty as an element for definitions of complex needs should be at the forefront of a potential model.

Involving Communities and Building Social Capital

The House of Lords Science and Technology Select Committee quote the Government in saying that

“The involvement of private and Voluntary, Community and Social Enterprise sector organisations will be crucial when they are trying to change behaviour... Those who are most affected by an issue are the most likely to be able to solve it.”

Behaviour Change, House of Lords (2011)

The role for the local community in developing better outcomes for families with complex needs is a crucial one, and one that is mentioned by various sources. In addition, the community represents a valuable source of resources and support in helping to deal with disadvantage. Cole (2011) found that in disadvantaged neighbourhoods, respondents' bonds with family and friends were an important source of support for 'getting by' and helped them to manage their daily, immediate challenges. **Families with complex needs often experience limited social networks and feeling isolated as a result** (LGID, 2010) and social networks represent an important source of resources in terms of building capability, resilience and protecting families from shocks (Social Exclusion Task Force, 2008). C4EO (2011) suggest that knowing your communities is a key aspect to working with families with complex needs.

Social capital and social network analysis represent theoretical frameworks for understanding the value and connections within social relationships, respectively. Spratt (2007) points out those families with complex needs are “low in the production of social [...] capital.” **Understanding social capital can benefit service**

users and practitioners alike. From a service user's point of view, understanding the value of social relationships in terms of support, obtaining information and accessing services etc can be an incredibly powerful tool. From a practitioner standpoint, understanding the networks available to an individual or family can be used to understand potential resources available which can be used to develop positive outcomes. There is a history of work around social capital in Leicestershire. In 2007 and 2009, the Stronger Communities Board of the LAA worked with DeMontfort University to attempt to measure levels of social capital in 20 communities across Leicestershire.

The National College for School Leadership (2010) provides a brief outline of the benefits of social capital in positive development. Most models of social capital include the following elements which could equally be incorporated into a list of effective characteristics of early intervention:

- A strong sense of shared values;
- Trust;
- Collaborative action;
- Levels of volunteering and social engagement;
- Co-operation on economic and social projects; and
- A sense of ownership and investment in the future.

Research shows a strong statistical correlation between high levels of social capital and positive child development. In communities with high levels of social capital, people communicate well with one another, have a sense of mutual obligation and shared values, and are willing to assume responsibilities. As such, communities benefit from high levels of overall engagement among inhabitants.

Field (2010) stresses the importance of involving the community in improving the capacity of local parents to help each other and ensuring that local voluntary services have the opportunity to run services. A reoccurring theme throughout the literature was the way in which **families with complex needs are often wary and distrustful of services.** By involving the local community, these effects can be reduced and allow the community to take ownership of the problem. In addition, often the community is best placed to understand the needs of those people living there. In the same way that a whole family approach looks beyond individual family members towards a more systems-based approach to exploring need, so to does social capital look beyond the family and places the household in a wider community.

Further, the Strategy for Social Mobility (2011) stresses the importance of community and voluntary sector in delivery of early year's services. The Child Poverty Strategy (2011) acknowledges that a child's experiences vary by their community and solutions need to be tailored accordingly and makes the suggestion that communities, voluntary and private sector need to be involved in the delivery of an effective early year's service. The Marmot Review (2010) makes reference to the **importance of social networks in reducing negative health outcomes** (p.137-8). In

addition, Parker and Pharaoh (2008) draw attention to the limited social networks and genuine friendships evident in 'just coping' families.

Rosengard et al (2007) lists rural locations a exacerbating problems for people with complex needs, most likely due to issues around access to services which compound disadvantage (DWP, 2011). There are also negative effects of community, with families living in disadvantaged areas often not motivated to improve their circumstances as their behaviour becomes normalised. Allen and Duncan Smith (2008) state that "it is far better to come from a troubled family in a good neighbourhood than a good family in a troubled neighbourhood." This point is echoed by the Department of work and Pensions in their report on child poverty:

"The communities that families live in, and the services and infrastructure that surround them, influence families' prospects of moving into and progressing in work, breaking intergenerational cycles of poverty, and improving children's life chances."

DWP (2011)

In the spirit of localism, both DWP and The Child Poverty Strategy (2011a) stress the importance of delivering services as close to the families as possible. This will have implications for the role of Sure Start as well as the role for communities in general in the context of the Big Society. Field (2010) also points out that an effective early year's service will **"build capacity in the community."**

Examples of best practice include the Royal Society's Connected Communities report (Rowson et al, 2010). The work "draws on a wealth of recent research that reveals the striking extent to which social networks affect behaviour and wellbeing." The RSA has been working in two communities in London and Bristol to apply knowledge at a local level, exploring the extent to which **social networks can build resilience within communities**. The report found that any public policy benefits from understanding social networks and that understanding patterns of connectivity offers a new approach to policy making.

Kendal et al (2010) highlight the way in which the Common Assessment Framework (CAF) "looks at the interrelationships between family members and how these impact on individuals in the family." This understanding of relationships and the flows across bonds would be an effective starting point in bringing social network analysis into work on families with complex needs. The Social Exclusion Task Force (2008) notes that the Department of Health are exploring the development of a Common Assessment Framework for adults.

The Institute for Government (2008) stresses the **importance of community in bringing about behaviour change**, acting as a more neutral voice than (central or local) government and other public sector organisations. Kendall et al (2010) notes that many families with complex needs have a history of non-engagement with services, which may hamper efforts to identify and ultimately engage with them. In addition, **working with families in itself may be stigmatising** (Ross et al, 2011 and

others) and the voluntary sector could be viewed as a more favourable alternative to working with public sector organisations. Furthermore, C4EO (2011a) stress the importance of “knowing your communities” and the important role they play in terms of providing local intelligence and shaping service design.

Dartington Social Research Unit

Allen (2011a) makes a number of references to - amongst other international institutions - the work of the Social Research Unit at Dartington, which aims to conduct and promote research which is “fundamental to improving how a society brings up its children.” This work is invaluable in terms of early intervention and work with families. The work of Dartington has informed the development of the list of interventions labelled as ‘best practice’ in Allen (2011a) and represents an invaluable source of information to support work going forward as well as acting as an advocate for robust evidence.

Working with Families with Complex Needs

Aside from the main themes mentioned above, the literature makes a number of additional reoccurring points relating to work with families. A full list of the criteria identified across the literature is included in the appendix and should be considered within the context of developing approaches to working with families. Field (2010) notes that “several overarching messages come through including that the most effective programmes are:

- Targeted at specific populations;
- Intensive;
- Voluntary;
- Maintain fidelity to the original model; and
- Work with both parents and children.”

In addition, looking across the literature on interventions which are deemed to be the most effective, the following characteristics are evident:

- Clear success criteria and clear outcomes;
- Co-located;
- Co-produced;
- Key workers;
- Building social capital
- Developing interpersonal skills;
- Empowering families;
- Focus on strengths;
- Intensive, one-to-one support;
- Quality services and staff;
- Role of the wider community/ voluntary sector;
- Whole Family, multi-agency support, ‘No wrong door’; and
- Workers that ‘stick with’ families, providing a consistent point of contact.

The importance of staff continuity is directly connected to issues around transitions as well as supporting the need for coordinated approaches, with the notion of a **single key worker that 'sticks with' a family** throughout the lifespan of intervention, helping to manage and support transitions between services and through life experiences.

Flint et al (2011) note that interventions should **focus on outcomes** (changing things) rather than outputs (doing things) and that their outcomes can be hard and soft outcomes. Munro (2011) argues that support should be tailored to the families themselves, "reflect(ing) the needs of children and families." Indeed, many sources stress the importance of families **defining their own success criteria** as well as defining the pace of the intervention (Flint et al, 2011).

Devaney (2010) notes that skilled workers and intensive interventions seen as reducing likelihood of families getting 'stuck'. Attempting to quantify what we mean by 'skilled' or 'high quality' workers is problematic and many different definitions and criteria exists. A focus on and dedication to delivering effective outcomes should be paramount, along with high quality interpersonal skills, given the closeness with which they will be working with families. Practitioners also need a clear framework of policies and procedures to work within.

Given the difficulties in measuring the extent of need, as discussed in the definitions chapter, some sources have suggested using 'distance travelled' as a method of assessing the progress made by a family, in terms of how they have developed since the start of intervention.

Conclusions

The reoccurring themes in this chapter need to be considered alongside the best practice models presented in the previous chapter and will act as key guiding principals for an approach in Leicestershire. While the best practice models present possible ways of working, the reoccurring and consistent themes will help to shape interventions.

Across the literature, various key aspects of work with families with complex needs and related areas are stressed again and again. While there is debate as to the form and function of a model for intervention, and whether such an approach is transferable between locations, there are specific issues that must be included. These include the role of the third sector and local community, the importance of stability and management of transitions and the tackling of specific issues such as poor health, worklessness and poverty. These will need to form the backbone of work going forward and must be at the forefront of practitioners' minds, being woven into the fabric of an approach to developing effective and robust interventions for families with complex needs.

Key Points

- The Early Intervention work of Graham Allen and Ian Duncan Smith is referred to throughout the breadth of the literature. There are close links between Early Intervention and work with families with complex needs;
- Various key themes appear across the literature. These are at the core of work with families with complex needs and will need to be considered through the development of a model for intervention and into practical work;
- Key reoccurring themes include the importance of stability and continuity and the way in which these help to provide a solid base of families to build upon. Often, families' problems are a result of being unable to cope and a period of stability allows them to take stock and develop solutions;
- Transitions are referred to throughout the literature as a source of difficulty for families, both for their destabilising effects and their experiences of services (for example, when a young adult moves from the responsibility of Children's to Adult services). These transitions will need to be managed effectively and their effect minimised;
- The role of effective parenting and parenting skills are stressed across the literature and are important in enabling families to cope with issues relating to relationships with children. Similarly, more generic interpersonal skills are central to a family being able to cope with and manage shocks effectively as they arise;
- Worklessness, poor health and poverty are key aspects of complex needs and are referenced across the literature. In addition, they can become persistent and entrenched needs that have far reaching effects throughout a family unit. These aspects of need relate directly back to the discussion on definitions in Chapter 1 and offer some direction in terms of which needs are more central to notions of complex needs;
- The common characteristics mentioned in this report (e.g. Field, 2010) should be at the forefront of commissioners' minds when interventions and services are being developed;
- In addition, a composite list of effective working with families is included in Appendix 4. It is recommended that these characteristics are considered when developing an approach to working with families with complex needs;
- Understanding the effects of intervention should focus on the distance travelled by a family from their starting point rather than using agency-centric measures. Success will only be defined in the terms of the family themselves and how they perceive their own progress;

- The relationship between deprived communities and families with complex needs is key. Measures such as the Indices of Multiple Deprivation (IMD) highlight areas experiencing a range of disadvantages across various indicators which may help services direct their attention when attempting to identify families. However, not all disadvantaged people live in these areas and not all people who live in these areas are deprived; and
- The work of the Social Research Unit at Dartington and other institutions will be key in understanding what works in the context of practical interventions for families.

Recommendations

- The links between families with complex needs and Early Intervention need to be fully appreciated and explored;
- The key themes in this chapter need to be considered by all involved in work with families with complex needs and
- Work with families with complex needs requires a combination of many different factors, some of which are noted in the appendix. These will need to be fully explored in order to ensure that families benefit most from the interventions they receive;
- Building stability and ensuring continuity will need to form the basis of any approach to work with families in order to build their resilience and capacity in general. It is recommended that approaches focus on developing these factors, thereby allowing families to become increasingly independent of services;
- Parenting skills should also form the basis of any approach to work with families to build resilience, increase capacity and bring families together;
- Any agreed approach or intervention should pay attention to the effective characteristics mentioned above;
- In addition, particular attention should be paid to the work of the institutions mentioned by Allen (2011a) and Field (2010) such as The Social Research Unit at Dartington and Washington State Institute for Public Policy, who have been collecting and assessing examples of best practice;
- More should be done to manage effective transitions to ensure families do not “fall of a cliff edge” when services reach their cut off point. Further analysis should attempt to map out the transitions, building on suggestions in the literature and work should be focuses on these areas;
- A coordinated or co-located approach would help the management of transitions and should be assessed for its appropriateness in ant possible approach;

- The third sector and local community should be viewed as important partners in any approach and should be used as a source of information, insight and to help with the delivery of services; and
- The Social Research Unit at Dartington should be viewed as an important source of effective and robust evidence on what works in terms of work with children and families.

Appendices

Appendix 1

Criteria used in referenced definitions for complex needs

The following are a summary of various definitions used across the literature to define families or individuals with complex needs and provide a point of reference:

Rosengard et al (2007) put forward the following list of individuals who were identified as having multiple and complex needs, including:

- People with mental health problems, including 'severe and lasting' problems
- Those disadvantaged by age and transitions – young and older people
- Those fleeing abuse and violence – mainly women and refugees
- Those culturally and circumstantially disadvantaged or excluded - minority ethnic groups; travelling people
- People with a disability, including profound, severe or long term impairment or disability and those with sensory disabilities with 'additional needs'
- People who present challenging behaviours to services, for example in schools, within residential services/ hostels or in their own neighbourhoods
- People who are multiply disadvantaged by poverty, poor housing, poor environments or rural locations which mean they are distant from services
- People who are 'marginal, high risk and hard to reach', who may be involved in substance misuse, offending and at risk of exclusion (Watson, 2003)
- People who have a 'dual diagnosis' of mental ill health and substance misuse,
- Other combinations of medically defined conditions.

Oroyemi et al (2009), focusing on social exclusion (but with obvious links to complex needs) suggests social exclusion is a combination of the following factors:

- Unemployment;
- Discrimination;
- Poor skills;
- Low incomes;
- Poor housing;
- High crime; and
- Family breakdown.

Rosengard et al (2007) also references the Social Exclusion Unit (2004a), who draws attention to the following groups with complex needs:

- People with mental health problems;
- Those who lack skills or qualifications, both formal qualifications and boarder life skills; and
- People from some ethnic minority groups, including asylum seekers and refugees.

The Social Exclusion Task Force definition is being used in Leicestershire as a starting point and defines families with multiple problems as having five or more of the following:

- No parent in the family is in work;
- Family lives in poor quality or overcrowded housing;
- No parent has any qualifications;
- Mother has mental health problems;
- At least one parent has longstanding limiting illness or disability;
- Family has low income (below 60% of the median), and
- Family cannot afford a number of food and clothing items.

In addition, the work highlights the relevance of the following additional indicators:

- Non-attendance in school;
- ASB and other offending;
- Domestic violence, and
- Parental substance misuse.

Although focusing on individuals with complex needs, Victoria Human Services (2003a) makes reference to the following problems as constituting complex needs:

- Unstable accommodation;
- Homeless;
- NEET;
- Socially isolated and lacking family contact;
- Various high risk behaviours;
- Frequent users of multiple emergency services, and
- Substance abuse.

Spratt (2007) makes reference to the following family factors which contribute to poor child outcomes:

- Low income;
- Low attainment;
- Poor social and emotional skills;
- Poor parenting;
- Low birth weight;
- Poor parental mental health; and
- Living in a deprived neighbourhood.

Spratt and Devaney (2009) explore issues of complex needs surrounding child protection cases. Interviewing practitioners from across the world, they consist of a constant list of factors:

- Economic problems
- Single parenthood
- Domestic violence
- Drug and alcohol abuse
- Mental health of the parent

Maras et al (2008) provide an evaluation of a multi-agency project for families with complex needs. The project used the following access criteria for adults and children:

Adults

- Debt, especially rent arrears;
- Domestic violence;
- Multiple housing moves/cycles of homelessness;
- Neighbour disputes;
- Parenting problems (nurture and control issues), and
- Tenancy problems/impending eviction/impending behaviour contracts/injunctions.

Children

- Developmental delay and/or special educational needs (formally identified and suspected);
- Poor school attendance and exclusion issues;
- Significant control issues, and
- Welfare, neglect, and/or protection issues.

Both Adults and Children

- Anti-social behaviour;
- Drug and/or alcohol problems;
- Mental health issues, including depression and anxiety;
- Offending behaviour, and
- Self-harming behaviour.

Allen (2011) makes reference to the following disadvantages when talking about the role for Early Intervention, discussed in more detail below:

- Wasted potential;
- Low achievement;
- Substance abuse;
- Teenage pregnancy;
- Low work aspiration;
- ASB, and
- Benefit dependency.

The UK Child Poverty Strategy (2011) highlights the following factors of intergenerational poverty (linked to below):

- Worklessness
- Poverty
- Debt
- Strengthening families
- Educational failure
- Poor health

The Westminster Family Recovery Project (Bishopp, 2011) state that most families accessing the project exhibit the following needs:

- Poor health
- Obesity
- Mental health
- Worklessness
- Poverty
- Domestic violence
- Overcrowding
- Poor family functioning
- Anti-social behaviour and crime
- Poor educational attendance
- Attainment
- Substance or alcohol abuse

Alphabetical List of Contributing Factors

The following list is a composite list of all the various factors included in the above definitions. Duplicate/ near duplicate criteria have been removed.

- Anti-social behaviour (ASB)
- Benefit dependency
- Debt
- Developmental delay
- Disability
- Domestic violence, and
- Drug or alcohol abuse;
- Family cannot afford a number of food and clothing items
- Frequent users of multiple emergency services
- Homeless
- Homelessness
- Lack of formal/ informal qualifications
- Lack of formal/ informal skills
- Lack of family contact
- Long-term limiting illness
- Low achievement
- Low income (below 60% of the median), family or individual
- Low work aspiration
- Mental health issues, including depression and anxiety
- Multiple housing moves
- Neighbour disputes
- No qualifications
- Not in education, employment or training (NEET)
- Offending (general)
- Overcrowded housing
- Parenting problems (nurture and control issues)
- People from some ethnic minority groups, including asylum seekers and refugees
- Poor quality housing
- Poor school attendance
- Rent arrears
- School exclusion issues
- Self-harming behaviour
- Significant control issues
- Socially isolated
- Special Educational Needs (SEN) - Formal or suspected
- Teenage pregnancy
- Tenancy problems
- Unemployment
- Welfare, neglect, and/or protection issues

Appendix 2

Summary of Verbatim Recommendations/ Key Points from Policy/ Strategy Documents

Allen and Duncan Smith (2008) Early Intervention, Great Parents, Great Kids, Better Citizens

General Points:

- Only parents can deliver - children are the focus but parents are how we achieve that change
- Accepting the concept - late intervention does not work
- Only a cross party approach will deliver
- Let the localities get on with it

Allen (2011a) Early Intervention; The Next Steps

Key recommendations:

- I recommend that the 19 'top programmes' identified in my Report should be supported and work undertaken with local areas to explore how they might be expanded to demonstrate our commitment to Early Intervention. However, I also recommend that this list of 19 should not be regarded as exhaustive or complete: all 19 should be reviewed and reassessed by the new Early Intervention Foundation (proposed below) before a 'living list' is evolved.
- I recommend that Early Intervention should build on the strength of its local base by establishing 15 local Early Intervention Places to spearhead its development. These should be run by local authorities and the voluntary sector, who are already the main initiators and innovators of Early Intervention.
- I recommend the establishment of an independent Early Intervention Foundation to support local people, communities and agencies, with initial emphasis on the 15 Early Intervention Places. I recommend that the Foundation should:
 - support local people, communities and agencies, with initial emphasis on the 15 Early Intervention Places;
 - be led and funded by non-central government sources, including local authorities, ethical and philanthropic trusts, foundations and charities as well as private investors who have already expressed an interest in this;
 - lead and motivate the expansion of Early Intervention;
 - evaluate Early Intervention policies based on a rigorous methodology and a strong evidence base, and encourage others to do the same; and
 - Develop the capacity to attract private and public investment to Early Intervention.

- The Government should champion and encourage this concept. Whitehall should neither control nor isolate the Foundation but welcome it and engage with it as a source of complementary activity and advice.

List of Level 1 (highest scoring) interventions:

- Curiosity Corner (as part of Success for All)
- Early Literacy and Learning Model (ELLM)
- Functional Family Therapy (FFT)
- Incredible Years
- Let's Begin with the Letter People
- Life Skills Training (LST)
- Lions Quest Skills for Adolescence
- Multidimensional Treatment Foster Care (MTFC)
- Multisystemic Therapy (MST)
- Nurse Family Partnership (NFP)
- Parent–Child Home Program
- Project Towards No Drug Abuse (Project TND)
- Promoting Alternative Thinking Strategies (PATHS)
- Reading Recovery
- Ready, Set, Leap!
- Safe Dates
- Safer Choices
- Start Taking Alcohol Risks Seriously (STARS) for Families
- Success for All

Allen (2011b) Early Intervention, Smart Investment, Massive Savings

Key Recommendations

- Government sets out as a policy objective that all babies, children and young people should have the social and emotional bedrock essential for their future development and their ability to make effective life choices
- Government leadership and co-ordination must improve, not least through an Early Intervention Task and Finish Group made up of experts from across Government departments which will establish, measure and progress-chase Early Intervention outcomes
- The expected “Families and the Foundation Stage” statement must include regular and purposeful assessments for the 0-5s to help spot and correct dysfunction early
- An independent Early Intervention Foundation is set up to promote Early Intervention, spread best evidence based policies and complement the work being done inside Government. The Prime Minister is called upon to challenge private, local and philanthropic sources to co-fund with government a £20 million endowment to sustain the Foundation
- We must be more creative in bringing additional non-government money to investment in Early Intervention and that payment by results through outcome based contracts is promoted and funded from within existing budgets.

- As part of building a social finance market we should establish an 'Early Intervention Fund' or Funds to raise around £200 million of private investment.
- HM Treasury should commission a thorough review of Early Intervention growth incentives ahead of the 2012 Budget.

Marmot (2010) Fair Society, Healthy Lives

Key Messages

- Reducing health inequalities is a matter of fairness and social justice. In England, the many people who are currently dying prematurely each year as a result of health inequalities would otherwise have enjoyed, in total, between 1.3 and 2.5 million extra years of life.
- There is a social gradient in health – the lower a person's social position, the worse his or her health. Action should focus on reducing the gradient in health.
- Health inequalities result from social inequalities. Action on health inequalities requires action across all the social determinants of health.
- Focusing solely on the most disadvantaged will not reduce health inequalities sufficiently. To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage. We call this proportionate universalism.
- Action taken to reduce health inequalities will benefit society in many ways. It will have economic benefits in reducing losses from illness associated with health inequalities. These currently account for productivity losses, reduced tax revenue, higher welfare payments and increased treatment costs.
- Economic growth is not the most important measure of our country's success. The fair distribution of health, well-being and sustainability are important social goals. Tackling social inequalities in health and tackling climate change must go together.

Reducing health inequalities will require action on six policy objectives:

1. Give every child the best start in life
2. Enable all children young people and adults to maximise their capabilities and have control over their lives
3. Create fair employment and good work for all
4. Ensure healthy standard of living for all
5. Create and develop healthy and sustainable places and communities
6. Strengthen the role and impact of ill health prevention

Delivering these policy objectives will require action by central and local government, the NHS, the third and private sectors and community groups. National policies will not work without effective local delivery systems focused on health equity in all policies.

Effective local delivery requires effective participatory decision-making at local level. This can only happen by empowering individuals and local communities.

Field (2010) The Foundation years; preventing poor children becoming poor adults

Key findings

- UK needs to address the issue of child poverty in a fundamentally different way if it is to make a real change to children's life chances as adults;
- Children's life chances are most heavily predicated on their development in the first five years of life;
- Family background, parental education, good parenting and the opportunities for learning and development in those crucial years that together matter more to children than money;
- Healthy pregnancy; good maternal mental health; secure bonding with the child; love and responsiveness of parents along with clear boundaries, as well as opportunities for a child's cognitive, language and social and emotional development are key;
- Good services matter too: health services, Children's Centres and high quality childcare;
- The most effective and cost-effective way to help and support young families is in the earliest years of a child's life;
- Schools do not effectively close the gap;
- GPs, midwives, health visitors, hospital services, Children's Centres and private and voluntary sector nurseries together provide fragmented services that are neither well understood nor easily accessed by all of those who might benefit most;
- High quality, professionally led, childcare programmes to support parents, and some intensive programmes are well evidenced to show they can be cost effective;
- Current services are also very variable and there is generally both a lack of clear evidence of what works for poorer children and insufficient attention to developing the evidence base;
- A shift of focus is needed towards providing high quality, integrated services aimed at supporting parents and improving the abilities of our poorest children during the period when it is most effective to do so

Overarching recommendations

- To prevent poor children from becoming poor adults the Review proposes establishing a set of Life Chances Indicators that measure how successful we are as a country in making more equal life's outcomes for all children. Nothing can be achieved without working with parents. All our recommendations are about enabling parents to achieve the aspirations that they have for their children.
- To drive this policy the Review proposes establishing the 'Foundation Years' covering the period from the womb to five. The Foundation Years should become the first pillar of a new tripartite education system: the Foundation Years leading to school years leading to further, higher and continuing education.

Recommendations

The Foundation Years

- The Review recommends that government, national and local, should give greater prominence to the earliest years in life, from pregnancy to age five, adopting the term Foundation Years. This is for several reasons: to increase public understanding of how babies and young children develop and what is important to ensure their healthy progress in this crucial period; to make clear the package of support needed both for children and parents in those early year's; to establish the Foundation Years as of equal status and importance in the public mind to primary and secondary school years; and to ensure that child development and services during those years are as well understood.
- The Review recommends that the Government gradually moves funding to the early years, and that this funding is weighted toward the most disadvantaged children as we build the evidence base of effective programmes. The Fairness Premium, introduced in the 2010 Spending Review, should begin in pregnancy.
- No longer should governments automatically increase benefits for children but in each financial year consider whether the life chances of poorer children will be increased more by transferring any benefit increases into building the Foundation Years.
- The increased funding should be targeted at those factors we know matter most in the early year's: high quality and consistent support for parents during pregnancy, and in the early year's, support for better parenting; support for a good home learning environment; and, high quality childcare.
- Government should start now to develop a long term strategy, to increase the life chances of poorer children by narrowing the gaps in outcomes between poorer and richer children in the Foundation Years. This will prove the most cost effective way of addressing inequalities in adult life outcomes. We hope that the Government's social mobility strategy, to be published in the New Year, will reflect this recommendation.
- The strategy should include a commitment that all disadvantaged children should have access to affordable full-time, graduate-led childcare from age two. This is essential to support parents returning to work as well as child development.
- The Review has focused on the early year's, but recognises that important changes can and do take place later in children's lives and that investment in the early year's will not be fully effective unless it is followed up with high quality services for those who need them most later in childhood. The Review therefore recommends that the Government extends the life chances approach to later stages in childhood.

Foundation Years service delivery

- Sure Start Children's Centres should re-focus on their original purpose and identify, reach and provide targeted help to the most disadvantaged families. New Sure Start contracts should include conditions that reward Centres for reaching out effectively and improving the outcomes of the most disadvantaged children.
- Local Authorities should open up the commissioning of Children's Centres, or services within them, to service providers from all sectors to allow any sector, or combination of sectors, to bid for contracts. They should ensure services within

Children's Centres do not replicate existing provision from private, voluntary and independent groups but should signpost to those groups, or share Centres' space. This should encourage mutuals and community groups to bid and help ensure that efficiencies are made. Non-working parents should spend one nursery session with their children. The pattern of provision that has been developed in Wales, Scotland and Northern Ireland in order to meet local needs of the most vulnerable children should act as a template to those providers in England who have successfully won contracts.

- Local Authorities should aim to make Children's Centres a hub of the local community. They should maintain some universal services so that Centres are welcoming, inclusive, socially mixed and non-stigmatising, but aim to target services towards those who can benefit from them most. They should look at how they could site birth registrations in Centres, provide naming ceremonies, child benefit forms and other benefit advice. Children's Centres should ensure all new parents are encouraged to take advantage of a parenting course. Midwives and health visitors should work closely with Centres and ensure a consistency of service is provided, with continuity between the more medical pre birth services and increasingly educational post natal work. Children's Centres should seek to include parents' representation on their governance and decision-making bodies.
- Local Authorities should consider joining with surrounding authorities to establish Poverty and Life Chances Commissions to drive policy in their localities like the Liverpool City Region has pioneered.
- The Department for Education, in conjunction with Children's Centres, should develop a model for professional development in early year's settings, looking to increase graduate-led pre school provision, which mirrors the model for schools. The Department should also continue to look for ways to encourage good teachers and early year's professionals to teach in schools and work in Children's Centres in deprived areas, through schemes such as Teach First and New Leaders in Early Years.
- Local Authorities should pool data and track the children most in need in their areas. A Local Authority should understand where the children who are most deprived are, and how their services impact upon them. Central Government should review legislation that prevents Local Authorities using existing data to identify and support families who are most in need with the intention of making use of data by Local Authorities easier, and provide a template for successful data sharing which respects data privacy issues. In particular, Department for Work and Pensions should ensure that new legislation on the Universal Credit allows Local Authorities to use data to identify families most in need.
- Local Authorities should ensure use of services which have a strong evidence base, and that new services are robustly evaluated. Central Government should make a long term commitment to enable and support the bringing together of evidence around interventions, learning from examples such as the National Institute for Clinical Excellence and the Washington State Institute. We understand this will be covered in more detail by the Graham Allen Review on Early Intervention.
- Ofsted ratings for childcare and schools in disadvantaged areas compared with more affluent areas should be included as one of the Department for Education's

indicators in its Business Plan and government policy should aim to close the gap. Ofsted should continue to report on schools and childcare settings' engagement with parents. This is a particularly key area, for which settings should consistently be held to account.

- The initiatives for the wider society should be taken up by the Behavioural Insight Team based in the Cabinet Office. This Review recommends that it leads, along with key Departments, an examination of how parenting and nurturing skills can be promoted throughout society.
- A Cabinet Minister should be appointed for the Foundation Years, at the next re-shuffle.

Continuing Foundation Years progress in narrowing attainment gaps

- The Department for Education should ensure schools are held to account for reducing the attainment gap in the same way they are for improving overall attainment. Where a school has a persistent or increasing attainment gap, this should have a significant bearing on the inspection for the school, ultimately this should be a major factor in a decision on whether the school is judged inadequate.
- The Department for Education should continue to publish and promote clear evidence on what is successful in encouraging parental engagement in their children's learning.
- The Department for Education should ensure that parenting and life skills are reflected in the curriculum, from primary school to GCSE level. This should culminate in a cross-curricular qualification in parenting at GCSE level which will be awarded if pupils have completed particular modules in a number of GCSE subjects. The Manchester Academy is currently developing a pilot scheme which could be used as a basis for this GCSE.

New measures of poverty and life chances

- The Review recommends a new suite of measures to run alongside the existing financial poverty measures. The new measures will inform and drive policy, as well as spending decisions aimed at narrowing the outcome gaps between children from low and higher income families. The Review's primary measurement recommendation is that the Government adopts a new set of Life Chances Indicators. These indicators will measure annual progress at a national level on a range of factors in young children which we know to be predictive of children's future outcomes, and will be created using national survey data.
- Existing local data should be made available to parents and used anonymously to enable the creation of Local Life Chances Indicators which can be compared with the national measure. In order to make this local data as useful as possible, information collected by health visitors during the age two health check, which this Review recommends should be mandatory, and information collected as part of the Early year's Foundation Stage (following the results of Dame Clare Tickell's review) should be as similar as possible to the information used to create the national measure.

- The Government should develop and publish annually a measure of 'service quality' which captures whether children, and in particular children in low income families, have suitable access to high quality services.
- This Review is about ensuring that the life chances of the very poorest children are enhanced. We suggest that a new measure of severe poverty should be developed. This will focus attention on prolonged material and financial deprivation and we recommend the Government begins to develop a strategy specifically to help the most disadvantaged children.

Tickell (2011) The Early year's: Foundations for life, health and learning

Recommendations

An inclusive, accessible and flexible EYFS

- I recommend any revised welfare requirements are checked against the Independent School Standards to ensure there is no conflict between the two.
- I recommend that there should continue to be a framework that applies to all providers working with children in the early years. I recommend that Government consider whether the learning and development exemptions process could be widened to allow professional organisations representing groups of independent schools to seek exemptions on behalf of the schools they represent who do not wish to deliver the EYFS learning and development requirements. This would apply in circumstances where the professional organisations can show both support from parents whose children attend the schools seeking the exemption, and demonstrate how the professional organisations would continue to ensure delivery of high quality early year's provision.
- I recommend that the Government extend the exemptions from these early learning goals to all settings within the Steiner-Waldorf Foundation.
- I recommend simplifying the procedure for exemption applications for providers meeting the existing stringent criteria – by replacing the requirement to consult local authorities with a requirement to inform them.
- I recommend that guidance for wraparound and holiday provision is embedded in the EYFS and that Ofsted continues to ensure that it is embedded throughout the inspection process.
- I recommend that the Skillsactive playwork level 2 award is included as a relevant early year's qualification for holiday providers. Recognising that there will be less support in the future to help early year's providers improve, the EYFS must be redrafted in such a way that the framework is easy to access, understand and navigate, incorporating what is known about how young children learn
- and develop and highlighting the importance of protecting their welfare.
- I recommend that any revised EYFS and guidance for inspectors are both subject to a plain English review, and should seek to be awarded the plain English crystal mark.
- I recommend the development of a high-quality and interactive online version of the revised EYFS, with clear navigation to help people find what they are looking for.

- I recommend that when a child starts in an early year's setting, their parents should be provided with a brief, simple, explanation of what the EYFS is and what they can expect.
- I recommend that the Government increases the emphasis within the EYFS on the role of parents and carers as partners in their children's learning, and in addition ensures that all practitioners continue to have access to the necessary resources needed to support the incorporation of effective parental engagement into their practice.

Equipped for life, ready for school

- I recommend that personal, social and emotional development, communication and language and physical development are identified as prime areas of learning in the EYFS.
- I recommend that the EYFS should include a requirement for practitioners, including child minders, to provide on request to parents and carers, at some point between the ages of 24 – 36 months, a short written early year's summary of their child's development in the prime areas.
- I recommend that an insert is added to the early childhood health record, known as the Red Book, to encourage parents and carers, or their nominee, to enter information arising from this early year's summary and from children's interaction with other professionals, for example speech and language therapists.
- I recommend strongly that the Government works with experts and services to test the feasibility of a single integrated review at age 2 to 2½.
- I recommend that the Government investigate urgently how the development of children's English language skills can be effectively supported and assessed. Alongside the three prime areas of personal, social and emotional development, communication and language and physical development, I propose four specific areas in which the prime skills are applied: literacy, mathematics, expressive arts and design, and understanding the world.
- I recommend that playing and exploring, active learning, and creating and thinking critically are highlighted in the EYFS as three characteristics of effective teaching and learning. Practitioners have told me how helpful they find the non-statutory guidance on ongoing, formative assessment, Development Matters, in tracking children's learning and development from birth through to reception.
- I therefore recommend that this is retained but is reviewed and slimmed-down, and is aligned with my proposed new areas of learning. [I] recommend no changes to the EYFS requirements on formative assessment...[but] that the EYFS explicitly states that paperwork should be kept to the absolute minimum required to promote children's successful learning and development.
- I recommend that the Government adopt the reduced set of early learning goals to provide a framework which defines the expected level of children's development by the end of reception year.
- I recommend that for each early learning goal a simple scale is established. This should define what emerging, expecting and exceeding means for each early learning goal.

- I also recommend that the level of exceeding the early learning goals is set to be consistent with expectations in the current National Curriculum, and evolves in a way that is consistent with expectations to be set out in the new National Curriculum Programmes of Study for Key Stage 1 in the relevant subjects.
- I recommend that, as part of the review of the Development Matters guidance, the Government develops an additional column setting out clearly the key milestones of development for children aged under 24 months.
- I recommend that the EYFS is made more explicit about the different approaches to assessment that practitioners may wish to consider for those children with special educational needs. I have concluded that the assessment at the end of the EYFS, the EYFS Profile, should be significantly slimmed down and made much more manageable, based on my 17 proposed new early learning goals, and have clearer links into the National Curriculum.
- I recommend that guidance sets out that assessment should be based primarily on the observation of daily activities that illustrate children's embedded learning.
- I recommend that the EYFS requirement relating to delivery through play is clarified, including emphasising that this does not preclude more adult direction or teaching, and by setting out what playful adult-directed learning looks like.

Keeping children safe

- I recommend that the welfare section of the EYFS is renamed the 'safeguarding and welfare requirements' and that the welfare requirements are redrafted to improve their clarity. I recommend that the safeguarding and welfare requirements are made more explicit about warning signs in the behaviour of adults working in a setting.
- I also recommend that the EYFS sets out clearly the high level content of the child protection training that lead safeguarding practitioners are required to attend. This should align with the Working together to safeguard children guidance, and include content on safeguarding within early year's settings. I do not recommend banning mobile phones in early year's settings.
- I recommend that the Government act on the report of the Advisory Panel for Food and Nutrition in Early year's and consider providing further advice and good practice for practitioners. I recommend that the Government research as a matter of importance the ratios currently used in reception classes. This should include the use of support staff and identifying and sustaining current good practice if needed.
- I recommend that the Government should take the opportunity when redrafting the EYFS to reflect the parity between the ratio requirements for independent and maintained schools which has been in place since 2009.
- I recommend it is made clear in the EYFS that, when ratios are met and maintained across the whole provision within an early year's setting, it is left to the professional expertise of staff, and the leaders and managers of settings, to work with parents and carers to agree exactly how staff are deployed within the setting throughout the day. However, it should also be made clear that the majority of practitioners' time should be spent working directly with the children. I recommend that clear guidance is included in the EYFS about the amount of paperwork that should be kept in relation to risk assessments.

- I also recommend that practitioners should not have to undertake written risk assessments in relation to outings, but instead be able to demonstrate, if asked – for example, by parents or during inspection – the way they are managing outings to minimise any risk.

A professional, well-supported workforce

- I recommend that the Government retain a focus on the need to upskill the workforce, to commit to promoting a minimum level 3 qualification and to maintain the ambitions for a graduate led sector.
- I recommend the Government discusses with the Careers Profession Alliance how to ensure that careers professionals are well informed about careers in the early years. I recommend that the Government review the content of early year's training courses to test the strength and quality of these qualifications.
- I recommend that the Government consider how the best-performing settings could help to support introduction of the known model of Teaching Schools to the early years.
- I recommend that the Government build on existing work to draw together a progression structure for qualifications, linking these to leadership qualifications and identifying clear career pathways for practitioners.
- I recommend that work continues to develop qualifications to meet the needs of all learners, including young people undertaking full-time college courses and those who have worked in the early year's for a long time who wish to evidence their expertise and progress along the structure of qualifications discussed above.
- I recommend that the Government ensures that new entry qualifications are of a high standard and, once introduced, reviews whether they succeed in conferring the equivalent status of the NNEB qualification.
- I recommend that the EYFS is clear what supervision means in practice, including some good practice examples, and that settings should agree their own procedures for supervision. Child minders should also have access to the challenge and professional support that supervision can provide.
- I recommend that the Government should consider how peer networks, such as child minder networks, and national organisations can provide this kind of support. I recommend that Ofsted and local authorities work together to produce clear, consistent information for early year's providers and communicate this effectively to all practitioners.
- I recommend that Ofsted reviews the training, capacity and capability of the current early year's inspectorate and existing guidance to inspectors.
- I recommend that, as with Ofsted, local authorities avoid creating burdens for practitioners arising from requests to collect unnecessary data and information, and to keep paperwork that is not required by the EYFS. Instead, they should find other ways of testing the strength of practitioners' ability to support children's development.

Child Poverty Strategy (2011)

Key Points

- This is the Government's first national Child Poverty Strategy, setting out a new approach to tackling poverty for this Parliament and up to 2020. At its heart are strengthening families, encouraging responsibility, promoting work, guaranteeing fairness and providing support to the most vulnerable.
- It is set against the backdrop of the Child Poverty Act 2010, which established income targets for 2020 and a duty to minimise socio-economic disadvantage. This strategy meets the requirement to set out the proposed measures to make progress between 2011 and 2014. It is also set against the backdrop of a Spending Review that placed a very high priority on improving the life chances of children and the protection of vulnerable families, while also making crucial progress in reducing the nation's fiscal deficit.
- This Government is committed to eradicating child poverty but recognises that income measures and targets do not tell the full story about the causes and consequences of childhood disadvantage. The previous Government's focus on narrow income targets meant they poured resources into short-term fixes to the symptoms of poverty instead of focusing on the causes. We plan to tackle head-on the causes of poverty which underpin low achievement, aspiration and opportunity across generations. Our radical programme of reform to deliver social justice will focus on combating worklessness and educational failure and preventing family and relationship breakdown with the aim of supporting the most disadvantaged groups struggling at the bottom of society.
- Addressing the root causes of poverty and not just the symptoms means recognising the importance of the context in which a child is raised, alongside factors including education and income. That is why we are committed to supporting strong families. We also know that effective parenting is critical to enabling children to flourish. As part of this Government's drive to make our society more family-friendly, this strategy also sets out how we will enhance relationship and parenting support.
- This, alongside a drive to achieve higher social mobility for all, and help families out of poverty and onto and up the ladder, is our strategy for eradicating child poverty once and for all.
- We have benefited from a wealth of expert input: from our consultation 'Tackling child poverty and improving life chances: Consulting on a new approach'; and independent reviews by Frank Field MP and Graham Allen MP.
- We will measure the success of our approach to tackling child poverty through a new set of indicators including, but not limited to, the income targets set out in the Act. We will work on developing new life chances indicators, taking account of Field's recommendations and those in Dame Clare Tickell's review of the early year's Foundation Stage.

Social Mobility Strategy (2011)

Key points from Executive Summary

- Improving social mobility is the principal goal of the Government's social policy.

- The strategy sets out the vision of a socially mobile country, and how it can become a reality.
- The income and social class of parents continue to have a huge bearing on a child's chances.
- The lack of social mobility is damaging for individuals. It also leaves the country's economic potential unfulfilled.
- This strategy sets out our approach. We are taking a long-term view, and focusing on evidence-based policies.
- We also recognise that this is not just a task for government. Our whole society has a part to play.

A life cycle approach

- To make the most of our interventions in the early year's we need to follow through in later life. There should be help and support at every stage to narrow the gaps and provide second chances. That is why our strategy is based on a life cycle framework. Our goal is to make life chances more equal at the critical points (links to transitions) for social mobility such as: the early year's of development; school readiness at age five; GCSE attainment; the choice of options at 16; gaining a place at university or on an Apprenticeship; and getting into and on in the labour market.

Foundation Years

- That is why the Foundation Years are such a focus for the Government. Our Foundation Years approach moves away from a narrow focus on income measures. We have invested in new provision of 15 hours a week of free pre-school education for all disadvantaged two-year-olds, on top of existing provision for all three- and four-year-olds. We are maintaining Sure Start Children's Centres, expanding Family
- Nurse Partnerships and recruiting thousands more health visitors. Parents and families have to be centre stage. This strategy sets out plans to support a culture where the key aspects of good parenting are widely understood and where all parents can benefit from advice and support.

School years

- Between the ages of five and 16, children develop skills and aspirations that strongly influence their success in further or higher education, and ultimately in the labour market. Children eligible for free school meals are still only half as likely as other children to achieve five good GCSEs, including English and maths, and fewer than 4% achieve the English Baccalaureate. The gaps in achievement between rich and poor actually widen during the school years.
- Every child in our country deserves a world-class education. The education system should challenge low aspirations and expectations, dispelling the myth that those from poorer backgrounds cannot aim for top universities and professional careers. Our schools reforms are intended to raise standards across the system, narrow the

- Gaps in attainment and raise aspirations. The Pupil Premium will provide an extra £2.5 billion a year for the most disadvantaged pupils to radically improve their educational outcomes. This is not just about schools or about government. We can all make a difference to raising aspirations and helping people to make informed choices about jobs and careers. That is why we are launching, with the Education and
- Employers Taskforce, a drive to get 100,000 people going into schools and colleges to talk about the jobs they do. Every member of the Cabinet has already signed up to speak in schools, and we are encouraging civil servants to use special paid leave to do the same.

Transition years

- From 16 onwards, young people's paths diverge sharply. Choices made during this period of life can have a profound, long-lasting impact. Too many young people fall out of education and fail to move into employment or training.
- Too many young people also struggle to get a foothold in the labour market. This is not a new phenomenon – but we are determined to do better. Later this year we will be publishing a strategy setting out how we will improve the participation of young people in education and employment.

Adulthood

- Too many struggle to get on in the labour market, held back by low qualifications or a welfare system that does not sufficiently incentives work. Too many do not get the vital second chances they deserve. We are improving access to education in later life. And for the first time, part-time university students will be entitled to a loan for tuition on the same basis as full-time students. We need to ensure that the jobs market is fair all the way up to the very top. Success should be based on what you do, not who you know. A large number of the professions remain dominated by a small section of society. Moreover, the independence and security wealth brings is limited to too few.
- Employers, and in particular the professions, must play their part in opening up opportunities. Many are already doing so, for example by signing up to a new business compact for fairer, more open internship and work experience programmes.

From strategy to action

- Achieving goals for social mobility requires robust mechanisms to underpin the commitments in this strategy. So we are taking steps to ensure:
 1. external scrutiny;
 2. a new set of leading indicators to help us track progress; and
 3. Ministerial activity to ensure social mobility is and remains at the heart of our policy agenda.
- First, we are creating a new statutory Social Mobility and Child Poverty Commission. The Commission will assess progress on both social mobility and child poverty, holding the Government and others to account and acting as

- An advocate for change. Second, we are publishing indicators of progress.
- Social mobility is by definition a long-term objective. For example, we will only be able to observe the full impact of our Foundation Years policies on social mobility in the 2040s, when the under-threes of today begin to reach their full
- Potential in the labour market. However, there are indicators that we can use to estimate progress over a shorter time frame. This strategy identifies
- Seven key indicators that we will use to track progress. And, for the first time, as departments develop new policies, they will need to consider their impact on social mobility. These indicators will be included in departmental Business Plans, ensuring they are at the centre of the work of departments. Third, the Deputy Prime Minister will continue to chair a group of key Ministers to maintain the momentum for change. This social mobility strategy sets out a clear commitment to improving social mobility, identifies and explains the key decisions we have already taken and announces some further steps.

Appendix 3

Best practice interventions

The 19 best practice interventions as included in Early Intervention: The Next Steps. For more information, see Allen (2011a):

- Curiosity Corner (as part of Success for All)
- Early Literacy and Learning Model (ELLM)
- Functional Family Therapy (FFT)
- Incredible Years
- Let's Begin with the Letter People
- Life Skills Training (LST)
- Lions Quest Skills for Adolescence
- Multidimensional Treatment Foster Care (MTFC)
- Multisystemic Therapy (MST)
- Nurse Family Partnership (NFP)
- Parent–Child Home Program
- Project Towards No Drug Abuse (Project TND)
- Promoting Alternative Thinking Strategies (PATHS)
- Reading Recovery
- Ready, Set, Leap!
- Safe Dates
- Safer Choices
- Start Taking Alcohol Risks Seriously (STARS) for Families
- Success for All

Colorado Blueprints

The University of Colorado 'Blueprints' scheme aims to provide a rigorous framework for the evaluation of interventions which “identify truly outstanding violence and drug prevention programs that meet a high scientific standard of effectiveness.”

The Blueprints website notes that:

The Blueprints mission is to identify truly outstanding violence and drug prevention programs that meet a high scientific standard of effectiveness. In doing so, Blueprints serves as a resource for governments, foundations, businesses, and other organizations trying to make informed judgments about their investments in violence and drug prevention programs.

Blueprints staff systematically and continuously review the research on violence and drug abuse programs to determine which are exemplary and grounded in evidence. To date, it has assessed more than 900 programs. Blueprints' standards for certifying model and promising violence prevention programs are widely recognized as the most rigorous in use. Program effectiveness is based upon an initial review by

Blueprints staff and a final review and recommendation from a distinguished Advisory Board, comprised of experts in the field of violence prevention.

Key characteristics of the Blueprints evaluation includes:

- Evidence of Deterrent Effect with a Strong Research Design
- Sustained Effects
- Multiple Site Replication

Appendix 4

Characteristics of Working with Families

Flint et al (2011) proposes the following features of effective IIP working practices:
Accurate and comprehensive assessments of whole family needs;
Linking contracts and work plans to specific needs;

- Creatively engaging young people and families in a persistent and resilient manner;
- Working with a range of family members and peer groups;
- Utilising a range of one to one, group work and peer support;
- Personal budgets; and
- Strong partnership working.
- IIPs faced a number of challenges including:
 - Referral and assessment processes;
 - Securing and maintaining the engagement of young people and families;
 - Relationships with partner agencies;
 - The scale, extent and complexity of young people's and families' problems; and
 - Staffing issues.

C4EO (2011b) identifies the following important aspects of working with families:

- High quality workers working with low caseloads
- Respectful and persistent whole family working that empowers and builds family strengths
- Using incentives/ rewards/ consequences and flexibility to use resources creatively
- Support not time limited for support and available out of hours
- Effective multi-agency working and information sharing

C4EO also state that effective local practice is characterised by:

- Clarity of purpose;
- Interventions being informed by a comprehensive evidence base;
- Clear analysis of local needs (including feedback from children, families and practitioners); and
- Focus on additional outcomes above a measured baseline.

And also share common characteristics of:

- Targeting specific populations;
- Being intensive;
- Focusing on behaviour; and
- Including both parents and children.

GLA (2011) draw attention to the following characteristics of effective early year's interventions:

- Programmes that are targeted at populations who are most likely to benefit from the interventions are likely to yield the greatest benefits.
- Quality of service provision is important, particularly for childcare.
- Programmes that involve parents, the community and direct interaction with the child appear to have the greatest success.
- Practitioners should be accessible, approachable and responsive; as well as culturally sensitive.
- Intensive, behavioural-based programmes appear to have good results.
- Universal services, particularly those linked to health services, are non-stigmatising and can be used to identify at-risk individuals and refer them to more specialised services.
- Home visiting programmes have been identified as a potentially successful intervention, particularly for young, first-time mothers.
- Parenting education and support programmes can be effective, but some have had limited success with disadvantaged families.
- High quality childcare and early education programmes have been identified as potentially successful early year's intervention for children from disadvantaged backgrounds.
- Robust evaluation is necessary to assess what is effective.

Research by Karoly et al (2005) highlighted the following characteristics of effective Early Intervention schemes:

- Better trained care-givers
- Smaller child-to-staff ratios
- More intensive programmes

The Think Family Pathfinders (DCSF, 2010) found three models for work with 'families at risk' which could be used as an overall approach to work with families:

- New practitioner-based delivery teams, working in an assertive, family focused way
- Extension of a pre-existing and tested model of working such as a Family Intervention project (FIP)
- Systems change, ensuring all services 'Think Family'

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